Care Quality Commission

SKL Professional Recruitment Agency Limited

Bushey

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?	**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 the 2, 8, 16 and 17 August 2016 and was in response to concerns received by CQC. At the previous inspection on 7 October 2015 the service was assessed as requires improvement in the areas inspected. At this inspection we found the provider was in breach of regulations 17 and 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered person had not ensured sufficient staff were available at all times to support people in a timely way and the quality assurance systems were inadequate in identifying the issues we identified at our inspection. The recruitment process was not robust to ensure fit and proper staff were employed. The provider sent us an action plan to tell us the improvements they were going to make following this inspection.

At the time of our inspection SKL professional recruitment agency were supporting 65 people with support in their own homes.

People who were being supported by the service had various needs including age related frailty, dementia and physical health conditions.
The service had a registered manager in post. The registered manager had been away from the service for three months. However the branch manager had recently submitted an application to CQC to become the registered manager and the application was in progress at the time of our inspection. 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 2008 and associated Regulations about how the service is run.

People did not always have their visits at the agreed times and they were not usually informed when care staff were running late. We found records were not completed fully. Electronic call monitoring systems were not effectively monitored and staff did not always comply with the requirement to log in and out of the system to register their arrival and departure times. People who required the assistance of two staff did not always receive safe and effective care as the two staff members did not arrive at the same times.

Staff had received some training in relation to Mental Capacity Act 2005 (MCA) however did not always understand their responsibilities in relation to MCA. Staff sought people's consent before assisting them and consents were recorded in some of the care plans we saw and were reviewed periodically. However, not all care plans we reviewed had people's consent recorded.

People's needs were assessed prior to receiving a service from SKL Professional Recruitment Agency. However some of the care plans were incomplete and did not always ensure people's individual needs, preferences and choices were taken into account and implemented. People told us that most of the care staff were very kind and caring however they did not always have a consistent care worker.

There were risk assessments in place that gave guidance to staff on how the risks to people could be minimised. The systems in place to safeguard people from the risk of harm were reviewed annually and also in response to a change to people's abilities.

Recruitment processes were not robust. We found the policy was very basic and did not detail the actual requirements that the manager told us were in place. We found that while there were sufficient staff employed to meet people's needs people often received late visits and care staff were often changed at short notice.

Staff were supported by the manager and had received up to date training. However staff were not always able to demonstrate their competency. We found that although records indicated that staff had their competency assessed, we could not be assured that individual competency in a range of topics had been assessed as records had been signed collectively. The training was not in depth, we noted that up to five topics were covered in one day. Staff told us the pace of training was too fast and some found the content difficult to absorb.

People were supported to eat and drink sufficient food to meet their needs and wishes. However in some cases where visits had been delayed people had not received their meals or drinks at the required times.

The provider had a procedure in place for the investigation of complaints and concerns. We saw that although complaints were investigated, records did not always detail all the 'mitigating' facts to demonstrate the findings of the complaints.

The provider had some systems and processes in place to monitor the service. However these were not reviewed effectively and had not identified some of the issues we identified at our inspection. The provider report did not demonstrate that improvements had been made as a result of the findings and people told us that despite raising issues nothing changed.

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 consistently safe

The recruitment process was not always consistent or robust in the pre-employment checks that were made.

There were not always sufficient numbers of staff deployed to meet the needs of people safely. Visits were not always at a time when people expected them.

People's medicines were managed safely. However staff competency checks required improvement to help ensure people continue to receive their medicines safely.

Risks were not always managed safely and effectively.

People told us they felt safe using the service some of the time but it depended on which staff were supporting them.

Staff knew how to recognise and report potential abuse.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff felt supported and received supervision and training. However training was not always effective in giving staff the skills required to provide effective and safe care.

People's consent was obtained before care was delivered and when support was provided. However this was not always recorded in care records.

Not all staff had been provided with training in Mental Capacity Act and did not understand the principles.

People were supported to maintain their health and well- being.

Where required people were supported to eat a healthy balanced diet that met their needs.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People were supported in a kind and compassionate way. However not everyone had consistency of care and staff were not always familiar with their needs.

People were sometimes involved in the development and reviews of their care.

Care and support was provided in a way that mostly respected and promoted people's dignity.

The confidentiality of people's medical histories and personal information was maintained.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's visits were often later than expected and this impacted on their routines.

People's care and support was not always person centred and did not always meet their needs.

Staff had access to information and guidance.

There was a complaints policy in place and complaints were investigated but not always fully recorded.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The systems in place to monitor, identify and manage the quality of the service had not identified or resolved some of the issues we identified during our inspection.

Information could not always be located or provided in a timely way.

Processes and systems were inconsistent and we could not be assured that staff were clear about their roles and responsibilities.

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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. The inspection was carried out in response to concerns raised. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The visit to the office took place on 2 and 17 August 2016. On the 8 and 16 August 2016 we contacted people who used the service and staff were contacted by telephone to obtain feedback about their experience of receiving care or working for SKL Professional Recruitment Agency. The inspection was carried out by three inspectors. Two inspectors visited the office and the third inspector spoke with people using the service and staff.

The Inspection was unannounced and was in response to concerns that had been received by CQC. Before our inspection we reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

As part of the inspection we spoke with four people who used the service, three members of care staff, the provider, manager, a care coordinator and two members of the office staff. We received feedback from health and social care professionals. We reviewed eight people's care plans and risk assessments. We looked at 12 staff recruitment records. We reviewed safeguarding records, complaints and compliments records. We looked at quality monitoring records including staff support documents and individual training and supervision records. We also reviewed records relating to the overall management of the service and audits. We looked at visit planning and the telephonic monitoring systems which the provider used to help make sure people's care visits happened at the times they were scheduled.

Requires Improvement

Is the service safe?

Our findings

People were not consistently supported in a safe manner. People told us the staff did not always arrive at the expected time. One person told us, "Some are ok and I do feel safe while others I do not feel so confident with because they are not my regular care workers and so don't know my routine so well." Two other people said they did feel safe with the staff that supported them in their own homes.

We reviewed staff records and found that the recruitment process was not consistently robust. We saw that each staff member had a Disclosure and Barring Service (DBS) Check for the files we reviewed. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who used care services. However, we found that many of the files we reviewed contained inconsistent information. We reviewed twelve recruitment files and found the references were taken over the telephone by the manager. However the manager had told us that they always requested written references as well as taking 'initial telephone' references but we found only four written references out of the files we reviewed. We discussed this with the branch manager who agreed to review the policy to reflect a more robust process they also agreed to review the position regarding obtaining references.

The branch manager told us that references were validated to check their authenticity however we found that there were no evidence of the origin of the references as they were just a mobile number with no company stamp or compliment slip or land line number. We also found that two references taken over the phone by the manager contained conflicting information to the two others we found on the same file. However despite the differences these were not identified or followed up to explore the discrepancies. This meant that we could not be assured that the recruitment process was either safe or effective.

We found that the recruitment process did not always explore gaps in people's employment history for example five of the files we reviewed did not contain a full employment history. Two files had no application form but only contained curriculum vitae which meant that some of the information required on the application form was not present on the CV. The recruitment process was inconsistent.

This is a breach of Regulation 19 as the provider did not ensure that the recruitment process was both robust and consistent to help ensure that staff recruited were suitable.

People told us that staff did not always arrive when they expected them. We reviewed a sample of staff rotas from the electronic monitoring system which linked to the visit planning system. The electronic monitoring system monitors the arrival and departure times of care workers. We found that visits were regularly provided later than the planned time that had been agreed with people who used the service. We found that approximately one in five visits were provided later than the planned time. We also found there where people required the assistance of two staff they did not always arrive at the same time. For example, we noted that a person had an evening visit planned for 7-7.30 pm. One staff member logged in at 7.15pm and the second staff member from 9-9.30pm this meant that the two staff members were not present at the person's home at the same time and would not have been able to provide safe care to the person.

We found in the case of another person the visit was provided 90 minutes later than the planned and agreed time which meant the person had not been provided with care at the time they wanted and needed it to assist them to get ready for bed. This meant that people were not cared for safely and that there was not always sufficient staff available to meet their needs.

People told us that when staff were running late they were not usually advised of this. One person said, "They (staff) don't usually let me know if they are running late." Another person said, "I know they sometimes get delayed at other people they visit and then there is so much traffic so sometimes it can't be helped but I would like to be told."

The provider failed to ensure sufficient staff were deployed to meet people's needs in a timely way this was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People were assisted to take their medicines safely. Staff who supported people with their medicines received the training they required to carry out this task safely and in accordance with the prescriber's instructions. Competency checks were undertaken to help ensure that staff had the necessary skills to assist people to take their medicines safely.

Staff had been trained in how to keep people safe from abuse. The three staff we spoke with who had received recent training in safeguarding were able to describe what abuse was and how they should be observant in identifying potential abuse. One care worker told us about different forms of abuse. They told us that they would report any concerns of the manager or care coordinators if they had any concerns about people's safety. We saw that there was a process in place for recording and responding to any safeguarding concerns.

People's care records included risk assessments and a record of the support needs of people that used the service. The assessments provided staff with information about how they could manage and mitigate risks to people the people they supported.

Requires Improvement

Is the service effective?

Our findings

Some staff had received training to help them to obtain the relevant skills and experience that they required to deliver effective care to people. However training and staff knowledge was inconsistent. Two of the people told us they felt staff had the relevant skills to support them effectively but two further people told us some of the staff were better trained than others. One person told us, "I am grateful for the support and find some more able than others." Another person said, "They could do with a bit more training but I try to guide them to make sure they know what needs to be done, I think some do not have so much experience." The branch manager told us they were a qualified trainer and delivered most of the training. We reviewed the training schedule which we saw included a range of relevant mandatory training and specialist training to meet people's specific needs.

We reviewed the training records which showed that staff had completed the training which equipped them to carry out their roles and responsibilities. However staff did say that training was 'fast paced' which meant the staff found it difficult to grasp all the aspects of the training. Although 'competency checks were undertaken and we saw that staff had been signed off as being competent the 'signing off' covered many topics and did not provide specific detail. We spoke to the manager about this and were assured our feedback was taken on board. The manager was reviewing the training schedule and was reducing the number of courses it would provide per day and they were planning to check that staff had understood the training and are able to answered questions in relation to the training they had received.

They received annual refresher training where required, for example in safeguarding and moving and handling. However, when we spoke with staff they were not always able to demonstrate they understood certain aspects of the training. For example, around the transfer of people who required the assistance of two staff. One staff member told us, "I have had training in moving and handling but sometimes colleagues have not had the same experience so rely on you to show them the ropes."

New members of staff underwent a period of induction and shadowed more experienced staff to enable them understand their role before they started supporting people independently. We received mixed feedback from staff about their induction and training. One staff member told us, "My induction was ok they but it was quick and spread over two days and covered too many topics." Another staff member told us they had received, "Seven or eight hours of induction in two days, we had a lot of notes." A third staff member told us, "The shadowing was not so good as the person did not explain things to me because they don't want new staff coming in because it might affect their hours." Another member of staff said, "I found the shadowing useful to be able to see how other staff worked. This helped me to understand the role in more detail."

We reviewed induction records and saw that five comprehensive topics were covered in one day. Staff told us that the training was faced paced. We noted the content of the training was comprehensive and detailed. We spoke to the branch manager to help us understand how they could deliver the training effectively and cover so much detail in a short space of time. The branch manager told us they were reviewing the training schedule because of feedback from staff about the pace of delivery.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA and found that they were working within the legal framework.

We spoke with three staff about MCA training they told us they had completed it and records confirmed this. However none of the three care staff could explain to us what the MCA meant in relation to their work. Staff told us they sought people's consent before they provided their care or support. We saw that some people had signed their care plans to agree their consent for care and support to be provided. Staff also confirmed they obtained consent before supporting people and talked them through what they were going to do.

People who required support to meet their nutritional needs received this. People's care plans set out the support that they required to ensure that their nutritional needs were met. The support that people received depended on their individual circumstances. Some people lived with their relatives who supported them with their meals. Other people received this support from their care staff.

People were supported to maintain their health and wellbeing and had access health care services when they needed it. Office staff told us they had protocols which included information to guide staff on how to respond to any changes in people's health. People's records showed that where health professionals were involved, this was recorded in their care plan on people's daily care notes. Staff confirmed if they were concerned about people's health they would elevate the concerns to the office staff to take appropriate action. Staff told us that depending on individual circumstances they would inform the next of kin or ask the office staff to keep family members informed.

Requires Improvement

Is the service caring?

Our findings

People told us that staff were kind and caring to them. One person said, "I am very happy with the care I receive, the only thing is I wish I was better informed." Another person said, "They are good when they get here but they are often rushed because they are running late." A third person said, "I have a few that I am used to and I find they really do care about me, some of the others less so, perhaps because they are not my regulars."

Two people told us that they usually had regular care workers and staff told us they did try to assign regular staff to provide consistency. However two further people told us they did not always have the same workers. One person said, "They often get changed at the last minute. I usually call the office to check but often someone different arrives." Another person told us, "I have contacted the office many times to request female care workers to provide my support, but they still keeping sending male workers because I think the male workers are plentiful." The branch manager assured us they would address this issue, but did say they thought the issue had been resolved and may have been an historic issue.

The branch manager told us they recognised the need to provide consistent care workers to enable staff to get familiar with each person's routine and build a positive relationship with the people they were providing support to. Some people told us that they had developed good relationships with their care staff. However, one person told us, "They keep changing the staff so I don't get a chance to get to know them and vice versa." The branch manager told us they were aware that staff come and go which did not help consistency. They told us they would consider offering incentives to try and encourage staff to continue working at the service to support the development of meaningful relationships between people and staff.

People told us that staff sometimes involved them in reviews of their care and support plans. One person told us, "I have a care plan and we look at it every so often, but I couldn't tell you how often." Another person told us, "My care plan gets discussed every few months, one of the girls from the office comes and we talk about everything to see if it's all going well." However people's involvement was not evident in all the records we reviewed and two of the people we spoke with did not remember being involved at all.

Staff had a varied knowledge of the people they cared for. Most were able to describe the type of support they provided to people. Office staff told us that people were involved in the development and review of their care plans, however this was not always demonstrated through recording, or from feedback obtained from people. The manager was reviewing this so that people's involvement was more obvious. They told us that they tried to involve people in the routine for example they chatted through how their support was provided and encouraged and supported people to retain as much independence as possible by supporting them to continue to do the tasks that they could still manage. A staff member told us, "I always offer choices and don't assume anything. For example I check do they want a cup of tea first or want a wash or a shower and check what clothes they want to wear."

People were mostly treated with dignity and respect, however not in relation to requests for gender specific care workers. They told us that staff promoted their dignity when they provided personal care and were

mindful of people's privacy when relatives or family members were around. One person told us, "I think they always treat me with respect." Another person said, "Yes, I think overall they are respectful, you always get the odd one who is a bit brisk but overall I think they do the best they can." Staff knew the importance of promoting people's dignity and privacy and gave us examples of how they would ensure people's privacy and dignity was maintained. For example, one staff member told us, "I would always cover them with a towel while assisting with personal care and make sure curtains and the door are closed." Another staff member told us, "When I am talking with them I make sure other family members cannot hear what we are talking about."

Requires Improvement

Is the service responsive?

Our findings

People did not consistently receive care that reflected their needs and their preferences on how they would like to receive care. Assessments were completed and care plans were reviewed. However care was not always provided at times people required the support. One person said, "I am not sure about them being responsive, they change things around frequently. Others times they get it right."

People gave us mixed feedback when asked if they felt the service provided met all their needs. One person said, "My visit times keep changing and it is not good because I don't know whether to try and do things for myself or wait for someone to arrive." Another person said, "They always have a reason for being late but it happens so often I wonder what is going on." A third person told us "They [staff] usually do everything I ask them to do." Although another person said, "My evening call is too early they came at 7pm last week and it should be 8pm. I have told the girl in the office. I haven't heard from them, but it is better at the moment."

The call monitoring system did confirm some of the concerns that people had raised. For example we reviewed planned visits against actual visits and found anomalies with seven of the nine records reviewed. The planned visit is the time agreed with the person and recorded in their care plan. The actual time is what time the staff actually provide care. In the month of July for the seven records we reviewed at least 15 visits were provided more than an hour later than the agreed time and five were provided an hour earlier than the agreed time. One person told us they were often too late to be assisted with personal care before their day centre transport arrived. Another person who required assistance to use the toilet often was not assisted in a timely way which resulted in them becoming incontinent as they were not mobile enough to be able to assist themselves.

People had their needs assessed before they started using the service. The manager told us they received an assessment from commissioners; however they still visited people to discuss their needs, things that are important to them, their preferences and the outcomes that they would like to achieve in the care and support they received. Care plans were developed from the information obtained. We saw that the detail of care plans had improved since our last visit and was more concise. However further improvements were required to demonstrate a more person centred approach. For example to include information about people's life histories, family involvement and social interests. We found that the format of the care plans made it easy to understand people's needs. Staff reviewed people's care plans regularly, and made changes where necessary. This process ensured that as far as possible staff had access to up to date information about the needs and wishes of the people they supported.

Staff supported people to engage in social activities and maintain relationships with people that mattered to them. This ensured that people were not socially isolated. One person's records showed that they needed encouragement to keep active and to participate in social events and to enable them to be able to continue to enjoy hobbies and interest that they had previously enjoyed. However staff told us that some of the people they supported did not want to be supported with socialising as they had 'no hobbies' or were no longer able to do the things they had previously enjoyed.

The provider supported people to share their experience of the service. They provided opportunities to give feedback about the care that they received. The provider told us that they did this through the annual reviews of people's care and service delivery telephone calls and spot checks where they rang or visited people that used the service to check they were happy with the service they received. People also provided their feedback through the provider's annual survey. One person told us, "Yes, I filled in a survey some time ago. I told them I was dissatisfied because they send staff all over the place." However actions were not always put in place following negative feedback and this meant that the provider was not always responsive to people's views and opinions about the service provided.

The provider had a complaints and compliments policy in place which people received when they started to use the service. People who used the service told us that they were able to raise any concerns with the branch manager. We saw that complaints were investigated and responded to in a timely way. However many of the complaints were only partially upheld. We discussed this with the manager who told us that everything was not quite as it was recorded there were additional circumstances to consider. The manager agreed that in future it would be better to record all the details so that anyone reviewing the complaints would know the full circumstances and outcome.

Requires Improvement

Is the service well-led?

Our findings

People told us while they were grateful for the service they received it was sometimes unreliable and they often felt concerns about the times their support was provided. One person told us, "I don't like to moan but they tell you the same thing stuck in traffic or had to deal with an emergency."

The provider had quality assurance systems for assessing and monitoring the quality of the service. However these were not effective because feedback was not always analysed and actions were not put in place to address shortcomings. We saw on one survey that the person had said the service was 'terrible' we asked the manager what they had done in response to this and they were unable to tell us that any action had been taken to investigate this. Another person raised an issue about constant lateness of visits but again no analysis had been done and visits continued to be provided later than the agreed time.

In addition to an annual survey there were regular home visits and telephone contacts to check that people were satisfied with the service they received. Senior staff also carried out unannounced 'spot checks' to ensure care staff provided a good quality service. However the spot checks we reviewed did not identify any of the concerns in particular around the continual lateness of visits and therefore we could not be assured that the spot checks were effective in identifying and addressing issues.

Records such as the current list of people who used the service and staff contact details were not always maintained and we found that this was an area that required improvement. For example two staff members we contacted for feedback as part of the inspection told us they no longer worked for the organisation and we saw the system contained details of people who no longer used the service. We spoke with the manager about this and they agreed to put actions in place to address the shortcomings.

People told us that although they had regular contact with office staff and knew who the manager was they felt things that they raised did not always get resolved. For example feedback given at quality review meetings were not always followed up. Although these were not recorded as formal complaints the actions required to remedy the issues were not clear and there was no process in place to continually monitor the areas of concern to check that the improvements were being made. One person raised a concern about their visit times and although they told us that initially things improved, it soon went back to times being changed.

Therefore this was a breach of Regulation 17as the provider did not have effective systems and processes in place to monitor the quality of the service.

Another person told us, "I am not sure if it is down to the staff who work in the office, it seems like they organise the rotas and then change them." However a third person told us, "I think they do their best it can't be easy making the arrangements for so many people." People told us they had found the office staff to be helpful when they contacted them.

The service had a registered manager who was not at the service on the day of our visit and had been away from the business for the last three months. However they had not notified the CQC as they are required to do if the registered manager is away for more than 28 days. We spoke to the branch manager about this and they submitted a retrospective notification.

The provider had an effective out of hour's system and when the office was closed the telephones were diverted to a mobile phone. The electronic call monitoring system and any calls to the service were recorded in the out of hours recording book and we saw that appropriate action was taken to manage these.

The manager was working hard to address the areas of concern that we identified at the inspection and was receptive and positive to our feedback. We have received an initial action plan following which the manager told us will be kept under regular review to ensure all areas are addressed in a timely way. However we found that the actions were not specific. For example the plan detailed that 'where negative feedback was received it would be looked into to define areas of improvement'. However it did not say what would be looked into or by whom or within what timeframe. Improvements were required in all aspects of the monitoring of the service.

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 17 HSCA RA Regulations 2014 Good governance The service provider did not have robust systems in place to monitor the service and issues were not addressed in a timey way.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment was not robust.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not always deployed in a timely way to enable them to meet people's needs.