

# SKL Professional Recruitment Agency Limited

## Bushey

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

The inspection took place on the 8 and 19 March 2018 and was announced. We gave the provider 24 hours' notice of our intended inspection. This is because the service is a domiciliary care agency and we needed to make sure the provider and registered person would be available at the office location to facilitate our inspection.

At the last inspection in October 2017. The service was rated as overall requires improvement. The service was in breach of three regulations 11, 12 and 17 of the HSCA 2008 (Regulated Activities) Regulations 2014. 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.

We received an improvement action plan following the last inspection, which the provider regularly updated so we could monitor the progress. The action plan told us how they would make the required improvements. At this inspection we found the provider had made significant improvements in the key areas required. At the time of our inspection, the provider and registered manager were continuing to implement strategies to ensure sustained compliance with the regulations.

SKL Bushey is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older people and adults with physical disabilities, including people living with dementia who live in their own homes. At the time of our inspection there were thirty eight people being supported by the service.

People, their relatives and staff felt that the registered manager was approachable and supportive. Quality assurance checks were not always evaluated effectively. There were some inconsistencies in the way records were maintained. The registered manager demonstrated a good knowledge of the people who used the service and the staff they employed. People's views were sought and feedback evaluated as part of the provider's quality assurance system. People were contacted by phone and visited by members of the management team to check that they remained happy with the service they received.

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.

People felt safe using the service. The management and staff team demonstrated a good understanding of the different types of abuse and knew how to protect people from potential harm and abuse. There were enough staff available to meet people's needs safely and effectively. Staff were recruited through a robust process and pre-employment checks were completed prior to staff working at the service.

People and their relatives told us that the care and support provided was appropriate to meet people's

needs. Staff received training to help them to provide people's care and support. Staff sought people's consent to care. People received support to access support from healthcare professionals when required. People were involved in making decisions about their own care, where they were able and it was appropriate. People felt that they were treated with dignity and respect by staff.

People and their relatives told us they had been involved in developing people's care plans and felt that their opinion was respected. The provider had policies in place to help ensure that any concerns or complaints raised by people who used the service or their relatives were appropriately investigated and resolved.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff had received safeguarding training and knew about different types of abuse and how to report concerns should they need to.

Potential risks to people's health and safety had been assessed and were kept under regular review to take account of people's changing needs.

The provider operated a robust recruitment process to help them ensure that potential staff were of good character and were suited to work in this type of service.

There were sufficient numbers of staff deployed to meet people's needs.

People received their medicines from staff who had been trained and had their competencies checked.

Staff were provided with personal protective equipment (PPE) to help reduce the risk of cross infection.

### Is the service effective?

Good ●

The service was effective.

Staff received regular training and supervision to help them to meet people's needs effectively.

The service worked within the principles of the Mental Capacity Act 2005 and the registered manager was aware of what steps needed to be followed to protect people's best interests.

People when required were assisted to have a varied diet and sufficient fluids.

People's day to day health needs were met through access to a range of healthcare professionals.

### Is the service caring?

Good ●

People and their relatives told us that generally the care staff were kind and caring.

Care was provided in a way which respected people's dignity and maintained their privacy.

People were supported by a consistent team of staff which helped develop positive and meaningful relationships.

People's care records were stored appropriately to ensure their confidentiality was maintained.

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

**Good** ●

People received care and support which was responsive to their changing needs.

Staff knew people's needs well and this helped ensure care was personalised and met their individual needs. The service operated flexibly.

People felt their views were valued and that they were listened to when they gave feedback.

People were encouraged to raise concerns and felt that any complaints were taken seriously to help make continual improvement.

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

**Requires Improvement** ●

The service was not consistently well-led.

Quality assurance processes were not always effective in identifying issues or concerns.

Records were not consistently maintained.

People were generally happy with the overall management of the service.

The registered manager demonstrated an in-depth knowledge of people who used the service and the staff they employed.

There were a range of audits completed to help ensure that the quality of care was maintained and improvements were made when necessary.

# 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 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 the 8 and 19 March 2018 and was carried out by one inspector.

Before the inspection the provider completed 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 received the completed document on the 8 September 2017 and reviewed the content to help with planning our inspection. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with three people who were being supported by the service and one relative. We spoke with two staff and the registered manager. We received feedback via email from another four staff members. We also received feedback from commissioners. We looked at three care plans, four recruitment files Staff training records, quality monitoring and other records relating to the overall quality and safety of the service.

# Is the service safe?

## Our findings

At the last inspection in October 2017, we found that people had experienced mixed and late visits. The service was in breach of regulation 12. This was because people were not consistently kept safe. At this inspection, we found the provider had made the required improvements and were no longer in breach of regulation 12.

People told us they felt safe receiving care and support from staff provided by SKL Bushey. One person told us "I feel safe I know that someone is coming and even if they arrive a bit late it's not an issue for me".

People were protected from the risk of harm, because risks were effectively managed. Staff had received safeguarding training and knew about different types of abuse and how to report concerns should they need to.

We saw that Potential risks to people's health and well-being had been assessed and where possible risks mitigated and reduced. One staff member told us "People we support all have risk assessments in their files in their home, and they are regularly reviewed".

We noted that the registered manager was in the process of reviewing peoples risk assessments and were using a different more personalised system. We saw that risk assessments had been completed for the home environment and individual things like administering medicines.

The provider operated a robust recruitment process to help them ensure that potential staff were of good character and were suited to work in this type of service. Pre-employment checks included staff completing an application form where gaps in employment history were explored. A minimum of two references were taken up one of which was from a previous employer. References were validated to check their authenticity. Potential staff had a disclosure and barring check (DBS) completed before they commenced work at the service.

There were sufficient numbers of staff deployed to meet people's needs. People told us they had the same small team of staff who supported them regularly. One person told us "They [Staff] mostly arrive on time and if they are running a bit behind. They usually call to let me know if they have been delayed". We reviewed rotas and saw that staff were allocated travel time in between visits to help care staff arrive on time.

People received their medicines from staff who had been trained and had their competencies checked. Peoples consent was obtained before staff supported them to take their medicines. Where staff supported people to take their medicines a medicine administration record (MAR) was completed. In some cases, people were able to manage their own medicines with staff prompting them. This helped people to remain independent and less reliant on support.

Staff were provided with personal protective equipment (PPE) to help reduce the risk of cross infection. Staff told us they were provided with a uniform, which included a tabard, disposable gloves aprons and hand sanitizing gel. This helped reduce the risk or spread of infection.

## Is the service effective?

### Our findings

At the previous inspection in October 2017. We found that people had not always had their capacity assessed where they either lacked capacity to make day-to-day decisions or people whose 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.

At this inspection we found that the registered manager had arranged additional training for staff and had also familiarised themselves with the principles of MCA. The registered manager and staff were able to demonstrate they worked within the principles of the Mental Capacity Act 2005 and had a good awareness of what steps needed to be followed to protect people's best interests. For example one staff member told us "If a person I was supporting lacked capacity to make day to day decisions. I would make sure I offered them choices".

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). Staff told us they explained to people the support they were going to provide and obtained peoples consent before carrying out any support tasks. We saw that mental capacity assessments had been completed for two people who had fluctuating capacity. The registered manager had also consulted with the local authority to help ensure they had followed the correct procedure.

People told us they received effective care and support. One person told us "I think they do a good job overall. They do whatever I need them to do. Some are better than others".

Staff members received training and supervision to support them to be able to support people safely and effectively. We saw records that confirmed staff had received training in a number of topics relevant to their role. This included moving and handling, safe administration of medicines, fire safety and food hygiene. Staff spoken with told us the training helped them to provide effective care and support to people.

Staff told us they were invited to attend regular team meetings where they discussed a range of topics relevant to their roles. Staff told us they also had 'individual supervision with their line manager. One staff member told us "We have regular discussions about the people we support, my work, any training or development needs or just general updates and an exchange of information.

People were provided with support where needed to have a healthy diet and fluid intake. Where people had been assessed as requiring help with food and hydration staff supported them. One person told us "[Name] always asks me what I would like to eat and drink. Sometimes I can get my own meals but in the morning I need some support". We saw that care plans detailed how people should be supported and if there were any concerns around people's weight, staff reported this appropriately to the office staff who elevated this to appropriate professionals such as dieticians.

People's health concerns were reported to health professionals in a timely manner. People were supported to make and attend health care appointments. This included GP's, or attendance at hospital, dental or optician's appointments.

# Is the service caring?

## Our findings

People felt that staff were generally kind and caring. One person told us "They are a good bunch of girls. Some are better than other's but that's human nature. Some will have a chat, while others do what they need to do without much conversation." The person went on to say, "It suits me as sometimes I like my own company".

People's family members, told us they were happy with the staff that provided their relatives care. One family member told us "I don't have any complaints, we are quite happy with the service we receive and are very grateful, they are all very nice people".

A staff member told us, "I really enjoy my work. You have to care about people to do this kind of work. I don't feel rushed and think I provide a good standard of care to the people I support". Another staff member told us "I really miss the people when I am off. They become part of your extended family. You spend time supporting them with personal support so I think it's normal for you to develop relationships with people".

People told us the staff that supported them in their homes were respectful. One person told us "They [staff] always knock before coming in. They don't just assume it's ok to come in. Yes I believe they respect me and protect my dignity and privacy".

Staff told us they were aware they were visitors in people's homes and respected that. One staff member told us "I treat people in a way I would like someone to treat me or a member of my family and its different when you are in people's own homes. I respect that they have the right to privacy".

People told us the staff supported them in the way they wanted whilst encouraging them to remain as independent as possible.

People's individual preferences were taken into account for example their cultural or any religious observations were respected along with preferences in relation to the gender of the staff who supported them. One person told us "I did not get on with one staff member who came to support me last year. I phoned and told Name] and they made sure that person did not come to me again".

People received their care and support from a small team of staff, which enabled them to build up positive relationships. Staff told us that they had got to know people very well which helped them to build good relationships and get to know people as individuals. One staff member told us "As soon as I go into [Name] I know if they are having a good day or bad day and can assist them accordingly".

People's care records were stored appropriately to ensure their confidentiality was maintained. Staff told us that there were copies of peoples care plans and risk assessments in their home along with relevant next of kin and GP contact details. This information could only be accessed by staff who had the right to access the information.

## Is the service responsive?

### Our findings

People received care and support which was responsive to their changing needs. The registered manager told us the service they provided was flexible as far as possible. For example people's needs were kept under review to help ensure that when people's needs changed the service continued to meet those needs.

Staff knew people's needs well and this helped ensure care was personalised and met their individual needs. The service operated flexibly. People told us that if they needed to change the time or duration of their visits they could call the office to do this and in most cases, they [Staff] would do their best to accommodate any requests.

People's care plans included personalised information about the type of care and support people required. We saw that the new style care plans included information about people's life histories, preferred times of support. The information talked care staff through all the tasks as well as specifying what the person could do for example 'I can walk myself with my frame'. This helped ensure that people were encouraged to remain as independent as they were able to. This information demonstrated person centred care that met people's needs.

Staff were knowledgeable about people's preferred routines and how they like their care to be provided and they used the information to help them to be responsive to people's needs.

People felt their views were valued and that they were listened to when they gave feedback. The provider had put systems in place to obtain feedback from people who used the service. People felt their views were taken into account. For example one person's needs had changed and they wanted to cancel their lunch time visit and extend the morning visit when their mobility was more problematic. The registered manager was able to arrange this very quickly which meant the person could continue to be assisted at a time to suit them and continued to meet their needs and wishes.

People were encouraged to raise concerns and felt that any complaints were taken seriously to help make continual improvement. We saw that when people raised concerns the registered manager investigated them in accordance with the complaints policy. Complaints were investigated and findings documented to help with future learning. For example we saw where a person had complained about a particular staff member the registered manager ensured that staff member was no longer rostered to attend the person.

# Is the service well-led?

## Our findings

At the last inspection in October 2017, we found that 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 were not always effective in identifying areas of the service that required improvement. There were inconsistencies in the way records were maintained and updated.

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. 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. We found the service was in breach of Regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that although significant improvements had been made in all areas of the service. Further improvements were required to ensure continued compliance with the regulations. For example we found inconsistencies in the way information was recorded. We reviewed accident and incident records and found that they had not always clearly documented what they had learned from the event. The content differed depending on who completed them. This meant that clear learning was not always evident.

Quality assurance processes were not always effective in identifying issues or concerns. We found that although there were quality assurance systems in place. They had not always been fully completed and did not demonstrate how they would address areas of dissatisfaction. For example quality assurance telephone calls and home visits had been completed. One person had raised concerns about the cost of the service but there was no record of this being elevated for further exploration. Another issue raised was about the attitude of a staff member but again this had not been addressed. We saw that the records were not dated and there were no details of when the spot checks had been completed.

People were generally happy with the overall management of the service. The registered manager demonstrated an in-depth knowledge of people who used the service and the staff they employed. The service had gone through an extensive period of change and the management team were in the process of embedding quality assurance systems to ensure improvements made were sustainable and where issues were identified that they were addressed in a timely way.