KTG Recruitment Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

This inspection took place on the 22 and 30 September 2016 and was announced to ensure that the Registered Manager was available to speak with.

The Registered Manager was present during the visit to the registered premises and was cooperative throughout the inspection process. 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.

KTG Recruitment Ltd is a domiciliary care provider that is managed from well-equipped offices located in the city centre of Preston near to the railway station. KTG Recruitment helps adults to live independently in the community by supporting them with their personal care needs and some domestic tasks. The organisations main focus is to supply qualified 'agency' staff to other providers of health and social care however as this is not a regulated activity this area of the business was not part of the inspection process.

The agency was last inspected on 24 July 2014 using the previously inspection methodology in place. At that time the agency was judged to be fully compliant against the eight standards inspected.

At the time of our inspection the service was delivering a domiciliary support service to 13 people. At our previous inspection the agency was delivering a service to 45 people. We asked the registered manager about the reduction in numbers and they told us that they were concentrating on the other side of the business which provided qualified staff as agency workers to other health and social care providers. The registered manager also told us that the main focus of their work was 24 hour care, palliative care and emergency or crisis care. The service had a contract in place through Marie Curie cancer care for end of life care provision and commissioned work came in via the NHS, local authority and from private funders.

The service had procedures in place for dealing with allegations of abuse. Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns. Staff members spoken with said they would not hesitate to report any concerns they had about care practices. We did however find some recorded incidents and issues when reviewing care plans that should have been referred to the local authority safeguarding team. The registered manager did this immediately and kept us up to date with the outcomes of each incident. However, there were no incident and accident records on the files within the office to reflect the incidents we saw recorded within daily notes. Nor was there evidence that appropriate actions had been taken. We have made a recommendation about this.

We looked at recruitment processes and found the service had recruitment policies and procedures in place to help ensure safety in the recruitment of staff. Prospective employees were asked to undertake checks prior to employment to help ensure they were not a risk to vulnerable people. In addition to undergoing the usual recruitment procedures of completing an application form and attending an interview prospective

employees were asked to fill in a psychometric profiling tool. This helped the agency to recruit people with the right attitude and skills to work in care.

Staffing levels were not seen to be an issue from the evidence gathered at this inspection. The one person we spoke with and relatives of people had no issues regarding the consistency of staff or their competence and attitude.

We looked at the systems for medicines management. We saw clear audits were regularly conducted and detailed policies and procedures were in place. Staff were trained to administer medicines and they told us that the training given was of good quality.

We saw that staff received a thorough induction that was adapted through the care certificate. We saw induction certificates and details of initial shadowing of experienced staff within people's personnel files and staff we spoke confirmed that they had received a thorough induction that was fit for their role.

We spoke with staff about the training and support they received. All the staff we spoke with told us they felt supported and received training that was of good quality and that other support mechanisms such as supervisions and team meetings were in place.

We saw that staff received Mental Capacity Act (MCA) training as part of their safeguarding training. Whilst staff had a good understanding of the legislation and what MCA meant in practical terms we found some issues with consent forms being signed by family members when people had the capacity to do so themselves. We have made a recommendation about this.

People we spoke with told us they were happy with the care they received from the service and that the approach of all staff was caring, compassionate and promoted their dignity. Staff were knowledgeable about areas such as confidentiality, privacy, dignity and independence.

People told us they felt they were involved in making decisions about their care via regular reviews and from speaking with carers. We saw that people and their relatives were involved in care planning if they wished to be.

The person we spoke with and people's relatives told us they knew how to raise issues or make a complaint and that communication with the service was good. They also told us they felt confident that any issues raised would be listened to and addressed. Details of how to make a complaint were within the service user handbook and we saw that contact details were up to date.

We found that people's needs were being met in a person centred manner and that care plans reflected their personal preferences. One page profiles were in place which detailed what people's likes and dislikes were as well as details as to what was important to people and how best to support them.

People and relatives we spoke with talked positively about the service they or their loved ones received. They spoke positively about the management of the service and the communication within the service. All the people and relatives we spoke with knew who the registered manager was and how to contact them.

We saw evidence that a system of quality assurance was in place. We saw that care plans, medicines management, staff files and daily records were audited and that actions were taken and recorded as necessary. However we did find some issues that should have been picked up by the audit process.

The agency had links with other local businesses and one of the directors for the registered provider assisted with new businesses to help them get set up and started. They had also been nominated in a number of categories at the North West care awards.

There were no registration issues. The agency had a registered manager who was also the nominated individual for the organisation. An up to date statement of purpose was in place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The service had safeguarding and whistleblowing policies in place. However, some staff had a poor understanding of what was meant by the term safeguarding.

There were no incident and accident records on the files within the office to reflect the incidents we saw within daily notes or to evidence that appropriate actions had been taken.

We looked at recruitment processes and found the service had recruitment policies and procedures in place to help ensure safety in the recruitment of staff.

We looked at the systems for medicines management. We saw clear audits were regularly conducted and detailed policies and procedures were in place.

Is the service effective?

Good

The service was Effective.

People we talked with spoke highly of the staff that supported them and told us that they believed the staff to be competent, caring and approachable.

We saw that staff received a thorough induction that was adapted through the care certificate and that they received a good variety and quality of training.

Whilst staff had a good understanding of the legislation and what the Mental Capacity Act meant in practical terms we found some issues with consent forms being signed by family members when people had the capacity to do so themselves.

Is the service caring?

Good

The service was Caring.

Good information was provided for people who were interested in using the service.

People told us they felt they were involved in making decisions about their care.

Staff were knowledgeable in all areas and were able to talk through practical examples of how they supported people.

Is the service responsive?

Good

The service was Responsive.

People knew how to make complaints and told us that any concerns raised had been addressed promptly and appropriately.

We found that people's needs were being met in a person centred manner.

We saw evidence that peoples care was reviewed on a regular basis.

Is the service well-led?

Requires Improvement

The service was not always Well-led.

People spoke positively about how the service was managed.

We saw evidence that a system of quality assurance was in place however we found some issues that had no been picked up as part of this process.

The service had been recognised by being nominated for several awards this year and in previous years by external agencies.

KTG Recruitment Ltd

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 22 and 30 September 2016. We told the provider two working days before our initial visit that we would be coming. This was to ensure the registered manager and other members of staff would be available to answer our questions during the inspection.

The inspection team consisted of the lead adult social care inspector for the service and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience made phone calls to people and relatives on the 30 September to talk with them about their experience of the service. The lead inspector visited the registered office on the 22 September to look at records, which included four people's care records, four staff files, training records and records relating to the management of the agency, which included audits for the service.

We spoke with a range of people about the service, this included seven members of staff, including the Registered Manager. We also spoke with one person who used the service, seven relatives of people who used the service and one professional involved with the care of one person.

We contacted the Local Authority contracts team and safeguarding team to obtain their views on the service.

Requires Improvement

Is the service safe?

Our findings

We asked people and their relatives if they, or their loved ones, felt safe when receiving care from KTG Recruitment Ltd. All the responses we received were positive. The one person who used the service we spoke with told us, "They look after me, feed me and leave me comfortable in bed". One relative told us, "I have no reason to feel otherwise". Another relative said, "Yes, everything seems to be alright".

We also asked if carers had enough time to carry out their care. The one person we spoke with said, "They don't rush anything, they make sure I'm comfortable". One relative said, "The girls (carers) are here for 3 to 4 hours, so they're not rushed". Another relative told us, "They don't rush at all".

The service had safeguarding and whistleblowing policies in place. This meant that staff had clear guidance to enable them to recognise different types of abuse and know who to report it to if it was suspected. We spoke with staff about the agencies' safeguarding procedures. The majority were aware of the safeguarding policy and how to report any potential allegations of abuse or concerns raised and were aware of the procedures to follow. However, some staff had a poor understanding of what was meant by the term safeguarding. When we explained what safeguarding was staff were able to explain to us how to recognise and report potential safeguarding issues and that it was the terminology they were unsure of. We discussed this with the registered manager during our feedback following the inspection and they told us they would ensure that all staff would be reminded what the term safeguarding meant and how to access the agency's policy. We saw that all staff had received recent safeguarding training within the last year other than two new members of staff but we saw that safeguarding was being covered via the induction process.

We also found a number of potentially reportable safeguarding issues when reviewing some people's daily notes within their care plans. For example, one person's daily notes made reference to the fact they had fallen earlier in the day. It then went on to say that they had shouted for their carer in the early hours of the morning as they had fallen again. We found no recorded actions or accident and incident forms completed as a result of either incident. There were several other references to unwitnessed falls, some which seemed minor incidents however it was difficult to see what action had been taken as a result. Some of the falls looked as though at least an initial discussion with the safeguarding team needed to be considered. The registered manager did this immediately following our inspection and none of the incidents were deemed to be classed as safeguarding incidents according to the Local Authority.

However, there were no incident and accident records on the files within the office to reflect the incidents we saw within daily notes or to evidence that appropriate actions had been taken. There was an accident and incident file within the office but this only had historical issues recorded within it. The daily notes were detailed and described the incidents well. We discussed with the registered manager the need to formally record accidents and incidents in a central location, as they happened, to ensure that appropriate actions could be taken and that patterns of incidents could be monitored. We did also see one example of a person's care plan that did not reflect their current needs. For example one person who had been having recent falls had a mobility risk assessment in place that stated their mobility risk was low which did not equate to their current experiences. We did only find this issue with one care plan, the issues were very

recent and we were assured that this would be addressed immediately.

We recommend that the provider ensures that formal records are in place following accidents and incidents and that care plans and risk assessments fully reflect people's current needs.

We looked at recruitment processes and found the service had recruitment policies and procedures in place to help ensure safety in the recruitment of staff. Prospective employees were asked to undertake checks prior to employment to help ensure they were not a risk to vulnerable people. We reviewed recruitment records of four staff members. We found that they all had Disclosure and Barring Services (DBS) checks and had filled in an application form prior to being invited to an interview. Any gaps in employment were explained and photographic identification was on file to prove people's identity. We did see that references had been sought but not all the files we reviewed had two references in place. We did see evidence that references had been requested and from discussing the issue with the registered manager we were satisfied with the circumstances around why some of the files we reviewed only had one reference in place.

Further to people undergoing the usual recruitment procedures of completing an application form and attending an interview prospective employees were asked to fill in a psychometric profiling tool. This helped the agency to recruit people with the right attitude and skills to work in care. The registered manager told us that this tool was useful when used in conjunction with other more traditional recruitment methods in helping to recruit people with the right temperament, attitude and skills for care work.

We discussed staffing levels with people who used the service, relatives, staff and the registered manager. People and relatives we spoke with had no issues with the amount of staff that provided their care or that staffing levels were ever too low to be able to provide the care they needed. As the agency had a low member of people using the service consistency of staff was seen to be very good as people had regular carers who knew them and their needs well. This was reflected via discussions with staff, people using the agency and relatives. The registered manager had no concerns with staffing in terms of numbers, ability or attitude.

We looked at the systems for medicines management. We saw clear audits were being regularly conducted and detailed policies and procedures were in place. Some people managed their own medicines. We saw that appropriate risk assessments were in place for people who managed their own medication and it was made very clear in people's care plans if assistance was required with medication management. We did see some gaps within one person's Medication Administration Records (MARS), however this was explained to us that the person also had a personal assistant who had responsibility for administrating medicine. This was not however clear when reviewing the persons MARS so we discussed that this information needed to be clear in the person's documentation. Staff we spoke with told us they had been trained in relation to administering medicines and were happy that they were competent to undertake this task. People and relatives had no issues with how their medicine was administered. The agency had no responsibility for ordering people's medicines.

People and relatives we spoke with raised no concerns regarding staff approach to infection prevention control. Staff told us that they had access to personal protective equipment such as disposable gloves and aprons and we saw that all staff had received infection control training within the current calendar year.

Good

Is the service effective?

Our findings

People we talked with spoke highly of the staff that supported them and told us that they believed the staff to be competent, caring and approachable. We asked people and relatives if the carers were friendly and respectful when they entered their home. One person said, "Very much so". A relative we spoke with said, "Yes, we've only had one lady". Everyone else simply said yes.

We saw that staff received a thorough induction that was adapted through the care certificate. The care certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of the induction training of new care workers. Fifteen of the standards were completed prior to attending a three day training programme. Areas of the induction included medicines management and challenging behaviour. We saw induction certificates and details of initial shadowing of experienced staff within peoples personnel files and staff we spoke confirmed that they had received a thorough induction that was fit for their role.

We spoke with staff about the training and support they received. One member of staff told us, "I'm happy with the support given. I wouldn't be with KTG if I wasn't happy with the support." Staff we spoke with told us that they were happy in their role and they felt that KTG Recruitment Ltd was a good agency to work for.

We saw evidence to back up what staff told us regarding training. We found training certificates for areas such as safeguarding, challenging behaviour, first aid, medicines management and end of life care. We were also given a training matrix which showed that staff training was up to date and covered a wide range of topics pertinent to the role.

We saw evidence within staff files that people received formal supervision to check that they were competent in their role and to ensure that staff had the support and training they needed. Supervisions included a number of areas such as working with service users, dealing with emergency situations, health and safety, rotas, annual leave and training. We also saw evidence that spot checks took place to observe staff in carrying out their role.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. We spoke with staff regarding their understanding of the MCA, the responses we received were good in terms of their understanding of the legislation and staff were very knowledgeable when discussing the issue of consent. All were very

knowledgeable about how to ensure consent was gained from people prior to staff assisting people. We asked care staff to talk us through how they would support people with personal care and they were able to do this effectively whilst giving us confidence that this type of assistance would be done with compassion and dignity. People we talked with spoke very positively about how staff communicated with them.

We saw that staff received MCA training as part of their safeguarding training. We could see that all staff had completed this training in 2016 or late in 2015 apart from two relatively new members of staff. We saw that consent forms were in place within peoples care plans for issues such as consent to answering questions and gaining information for the purpose of people's assessment of needs, physical examination, photographs of skin issues, photograph for use in care plan and that care plans can be read by staff who provide support. We discussed with the registered manager the need to add other health care professionals to people who could read their care plan as it may be that people such as GP's, district nurses and hospital staff would review the information during instances such as hospital admissions. We saw that people who were able to had signed a contract for their care.

However we saw that some people had consent forms signed by family members even though they had the capacity to do so themselves. We discussed this with the registered manager who told us that the people involved did not wish to sign this documentation and were happy for their relatives to do so. We advised that if this was the case then this needed to be documented and that unless relatives had the legal responsibility for people's care and welfare then they did not have the right to sign consent forms on behalf of their family member.

We recommend that the agency reviews it practices regarding the signing of consent forms and ensure that any discussions with people who do not wish to sign elements of their care plan, but have the capacity to do so, are documented appropriately.

We spoke with people about their nutritional needs. Everyone we spoke with who received assistance in this area were happy with how staff assisted them with eating and drinking. One person told us, "They (staff) definitely give me a choice". We did see within one person's notes that they had their food and fluid monitored. This was a decision made by the agency in conjunction with the person's family to ensure they were eating and drinking enough. The quality of how this was recorded varied. The registered manager told us that they would use a good example of how the daily notes were completed and send this to all staff so they were aware of the standards expected. Some of the daily notes were difficult to read so again this was to be addressed by the registered manager with all staff.

Good

Is the service caring?

Our findings

People we spoke with told us they were happy with the care they received from the service and that the approach of all staff was caring, compassionate and respecte their dignity. One person told us, "Staff are very friendly, they sit and talk to me, we have a bit of fun, a bit of laughter, they're considerate". One relative said "They're very good, very kind". Another relative said, "Staff treat (name)with respect, they talk to him nicely, there's no rushing". Another relative told us, "The carer is very kind, they've a high calibre of staff. (Name) likes them and they are kind to him".

We spoke with staff on issues such as confidentiality, privacy, dignity and how they ensured that people retained as much independence as possible whilst being supported. Staff were knowledgeable in all areas and were able to talk through practical examples with us, for example when assisting with personal care. People and their relatives told us that they had no concerns with their own or their loved ones dignity being compromised. The agency had an employee handbook in place which covered these areas within a section entitled 'Principles and Values Underpinning our Service'. We saw that within peoples care plans that people were asked if they preferred male or female carers and that this wish was adhered to.

Good information was provided for people who were interested in using the service. The agency has an internet site and provided people with a service user handbook. The handbook covered a wide range of areas including, Aims and objectives of the organisation, communication, making a complaint, privacy and dignity, standards you can expect and details of key policies and procedures.

People told us they felt they were involved in making decisions about their care via regular reviews and from speaking with carers. We saw that people and their relatives were involved in care planning if they wished to be. Regular spot checks were made to assess the quality of staff which also served as an opportunity to see if people were happy with the care they received. People we spoke with told us they could influence their service as a result of these visits and the communication they had with the office. The registered manager told us that two weekly telephone calls were being introduced so another level of communication was in place to ensure that people were satisfied with their care service and so that any potential issues could be prevented or resolved at an early stage.

We asked if the care people received was any different at bank holidays and weekends. One relative said, "We get different people, but they do the same job". Another relative told us, "No, but we requested that temporary staff don't come again and they haven't". Everyone else said either the care was the same or they did not have carers at weekends and bank holidays.

KTG Recruitment Ltd had a contract in place with Marie Curie to provide end of life care for people at home. The registered manager told us that currently there were limited commissions via this contract. However we saw that the majority of staff had undertaken end of life training. The agency had also been nominated for several categories for the North West Care awards; one of these categories was for palliative care.

No one at the time of our inspection was using the service of an independent advocate. An advocate is an

independent person, who will act on behalf of those needing support to make decisions. We were told by the registered manager that if people required assistance with accessing an advocate then the service would assist with this.

Good

Is the service responsive?

Our findings

The person we spoke with and people's relatives told us they knew how to raise issues or make a complaint and that communication with the service was good. They also told us they felt confident that any issues raised would be listened to and addressed. The person we spoke with told us, "Yes, I used it two weeks ago. It's not quite sorted out yet, I'm still waiting for the results". One relative we spoke with told us, "I would know where to go to find it". Another relative said "I'd phone the office" and another said "It's (the number) in the folder".

The service user handbook contained the agency's complaints policy and gave details for people to raise complaints directly to the agency or to external agencies such as the Care Quality Commission, social services, local clinical commissioning group and the local government ombudsman. All contact details were up to date. Staff we spoke with knew about the complaints procedure and how to assist people if they needed to raise any concerns.

The agency had complaints and compliments file in place. The agency had recently introduced a centrally held complaints log that had been put in place following an external review of the agency's processes. We saw that there was one formal complaint within the complaints log which had been appropriately investigated and resolved. We saw a large number of compliments on file from families via letters, cards, emails and telephone conversations.

We found that people's needs were being met in a person centred manner and that care plans reflected their personal preferences. One page profiles were in place which detailed what people's likes and dislikes were as well as details as to what was important to people and how best to support them. Day and night care support plans were in place that also contained peoples recorded preferences such as what time people wished to go to bed, what they liked to wear and what their favourite food and drinks were. If people wished to be supported doing activities this was also recorded within their care planning documents. All the care plans we looked at contained a detailed care needs assessment carried out by the agency.

We saw evidence that peoples care was reviewed on a regular basis and people we spoke with who used the service told us that they aware of, and involved with their care plan reviews if they wanted to be.

We saw good evidence that people were helped to access the community to prevent social isolation. There were dedicated sections in people's care plans associated with activities and accessing the community and people we spoke with gave us several examples of this. Staff also confirmed that they assisted people in the community as well as in the home if this was an assessed need for the person. Some of the carers told us they helped people with their hobbies such as painting. A lot of the people liked to chat to the carers and as they were with them for some time due to the length of the commissioned care, they were able to do this. It was evident from speaking with staff, people and relatives that staff knew the people they cared for well.

Requires Improvement

Is the service well-led?

Our findings

People and relatives we spoke with talked positively about the service they or their loved ones received. They spoke positively about the management of the service and the communication within the service. All the people and relatives we spoke with knew who the registered manager was and how to contact them.

We saw evidence that a system of quality assurance was in place. We saw that care plans, medicines management, staff files and daily records were being audited and that actions were taken and recorded as necessary. For example within a recent round of care plan audits there were some minor issues such as contracts not being signed or checklists not being in the front of the care plan. Actions were sent to take this up with the staff involved with the persons care at their next supervision session. However we found some issues that had not been picked up as part of this process that are detailed within the safe domain. The absence of accident or incident forms in the service user's home or in the office reflects on the effectiveness of the systems in place and whilst client records are audited quarterly, this has not effectively identified risk that occurred between audits Random spot checks were carried out on staff to check their competency in all areas of care delivery. Staff we spoke with told us that they were regularly checked and that they welcomed this as part of their on-going development.

We saw that a 'client and advocate' survey had been sent out in July 2016. This had a return rate of 50% and the responses were seen to be very positive. The surveys were split into the five CQC reporting domains of safe, effective, caring, responsive and well-led. As a result of this survey the agency were introducing a two weekly phone call to people using the service to ensure that any issues could be recognised and resolved quickly.

A staff survey had also been completed in December 2015, Again there had been a positive response rate of over 50% and responses were seen to be positive. When we spoke with staff we asked them if they enjoyed their job and why. One member of staff said, "I love my job, I just like getting to know the clients. When they say thank you, it makes me feel good". Another said, "I love my job", but could not tell us why and another told us, "It's nice to feel you've done something for someone".

We saw a wide range of policies and procedures in place which provided staff with clear information about current legislation and good practice guidelines. All policies and procedures included a review date. This meant staff had clear information to guide them on good practice in relation to people's care.

The agency had an external quality accreditation via ISO 9001 which is a recognised management accreditation scheme. The latest visit had been conducted shortly prior to our inspection and the report was positive.

We saw minutes from team briefings which discussed the needs of people receiving a service. The meetings also discussed day to day issues such as ensuring paperwork and care plans were up to date and the correct forms were present. The meetings too place regularly and we saw evidence of good innovation within them such as team building meetings and discussing each other's roles so they were aware of each other's

responsibilities. Staff we spoke with told us that the agency was well run and that good methods of communication were in place.

The agency had links with other local businesses and one of the directors for the registered provider assisted with new businesses to help them get set up and started. The agency was also working with the Lancashire Workforce Development Partnership (LWDP) to look at putting a course together for newly registered managers and how to share good practice. There were also links in place with the University of Central Lancashire.

The agency had been nominated for six awards at the North West Care awards in November 2016. They had been nominated in the categories of palliative care, employer of the year, care coordinator of the year, front line manager of the year, home carer of the year and best care innovator.

There were no registration issues. The agency had a registered manager who was also the nominated individual for the organisation. An up to date statement of purpose was in place.