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L K Recruitment Limited

Inspection report

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Date of inspection visit:
19 May 2016

Date of publication:
12 July 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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 19 May 2016 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care and we needed to be sure that someone would be available in the office so we could look at certain documentation. We previously inspected this service in August 2014 and found that it was meeting the requirements and regulations we inspected.

L K Recruitment Limited is a domiciliary care agency that provides personal care and support to adults living in their own homes. There were 61 people using the service at the time of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the procedures in place for ensuring people received their medicines safely were ineffective. This was because there was insufficient information recorded in people's care files on the medicines they were taking. Also, the process in place to check people received their medicines when due was not sufficiently robust to identify gaps in medicine administration records completed by staff.

The registered manager and staff knew what constituted abuse and who to report it to if they suspected people were at risk. People were protected from avoidable harm. Risk assessments were conducted and care plans gave staff information and guidance on how to manage the risks identified.

People were supported to stay healthy and well. Staff were knowledgeable about the signs and symptoms to look out for that indicated a person's health may be deteriorating. If staff had any concerns about a person's health, appropriate professional advice and support was sought. People were supported to eat healthily, where the agency was responsible for this. Staff also took account of people's food and drink preferences when they prepared meals.

Staff knew people well. They understood their preferences, routines and support needs. Staff provided people with the support they required in line with their care plans. Staff reviewed people's needs to identify if the level of support they required had changed, and care plans were updated accordingly.

People were involved in decisions about their care. Where appropriate, staff liaised with people's relatives and involved them in discussions about people's care needs. Staff supported people in line with the Mental Capacity Act 2005.

Staff arrived on time and stayed for the time allocated. Staff had developed caring and friendly relationships with people. Staff respected people's privacy and dignity. There was a sufficient number of staff to help care for people safely. People were given the opportunity to express their views on the quality of care they

received.

Staff were recruited using appropriate recruitment procedures which were consistently applied. However, we found that the provider did not provide staff with an annual performance review or the training they required to ensure they had the knowledge and skills to undertake their role effectively. Staff were not given the opportunity to obtain further qualifications relevant to their roles.

The provider recognised the importance of monitoring the quality of the service provided to people but the systems in place were not always as effective as they needed to be. Auditing processes did not identify that people's medicine records had unexplained gaps, that people's records of care were not fully completed by staff or that staff training and appraisal were not up to date.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the arrangements in place for people to receive their medicines safely, how the provider supported staff through training and appraisal and the systems in place to assess and monitor the quality of care people received. You can see what action we told the provider to take at the back of the full version of this report.

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 ●

Some aspects of the service were not safe.

There were not appropriate arrangements in place to help ensure people received their medicines safely.

Staff were recruited using effective recruitment procedures. Staff knew how to protect people from abuse. There was a sufficient number of staff to help keep people safe.

Staff followed procedures which helped to protect people from avoidable harm and the risk and spread of infection.

Is the service effective?

Requires Improvement ●

Some aspects of the service were not effective.

Staff were not adequately supported by the provider through relevant training and annual performance review.

The registered manager and staff understood the main principles of the Mental Capacity Act 2005 and knew how it applied to people in their care.

People were supported to have sufficient amounts to eat and drink and to maintain good health.

Is the service caring?

Good ●

The service was caring.

Staff were caring and treated people with kindness and respect. People received care in a way that maintained their privacy and dignity.

People felt able to express their views and were involved in making decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People were involved in their care planning and felt in control of the care and support they received.

The care people received met their needs.

People were given the opportunity to make suggestions and comments about the care they received which staff used to improve the quality of care.

Is the service well-led?

Some aspects of the service were not well-led.

There were systems in place to monitor and assess the quality of care people received but they were not always effective.

People using the service, their relatives and staff felt able to approach the registered manager with their comments and concerns.

Requires Improvement 

L K Recruitment Limited

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 was carried out by a single inspector who visited L K Recruitment Limited offices on 19 May 2016..

Before the inspection we reviewed all the information we held about the service. This included routine notifications about issues impacting people using the service and previous inspection reports.

We spoke with six people using the service, five staff members, as well as the registered manager and the care co-ordinator. We also spoke with a representative of a local authority which commissions the service.

We looked at five people's care files and four staff files which included their recruitment, training and supervision records. We looked at the service's policies and procedures.

Is the service safe?

Our findings

We found that the arrangements in place to help ensure people received their medicines safely required improvement. There was no information in people's care files on the medicines they were required to take and in what dosage, the reason the medication had been prescribed or when the medication was due for review. Staff were required to complete medicine administration records each time they administered a person's medicine by signing the records to confirm that the medicine had been taken. We looked at three people's medicine records and found there were gaps in all three records. We raised this with the registered manager who was unable to tell us whether the gaps meant that medication had not been given or to provide an explanation as to why there were gaps in the records. The systems in place for staff to give people their medicines were insufficient to ensure that people received their medicines safely. This meant there was a risk of people receiving care and treatment that was inappropriate or unsafe.

This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 – Safe care and treatment.

People told us they felt safe and knew who to contact at the service if they had any concerns about their safety. One person commented, "I feel safe with my carer." Another person told us, "They are very trustworthy." People were protected from abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The service had policies and procedures in place to guide staff on how to protect people from abuse which staff applied day-to-day. Staff had been trained in safeguarding adults and demonstrated good knowledge on how to recognise abuse and report any concerns. Staff told us they would not hesitate to whistle-blow if they felt another staff member posed a risk to a person they were caring for.

Staff rotas were planned in advance and well-organised. Staff told us their home care visits were well coordinated by the office based staff. This meant staff had sufficient time to get to their home care visits and complete all the tasks they were required to do. People told us staff usually arrived on time and stayed for the time allocated. The service had an out of hours on call system in operation that ensured management support and advice was always available when staff needed it. People knew who to contact in the event that staff did not arrive on time.

There were sufficient staff to support people and help keep them safe. The number of staff required to deliver care to people safely was assessed. Records indicated that people's individual needs had been taken into account when planning home care visits so that an appropriate number of suitably skilled staff could be allocated to support people. People told us they received care and support from the right number of staff.

Appropriate checks were undertaken before job applicants began to work with people. These included criminal record checks, obtaining proof of their identity and their right to work in the United Kingdom. Professional references were obtained from applicant's previous employers which commented on their character and suitability for the role. Applicant's physical and mental fitness to work was checked before they were employed. This minimised the risk of people being cared for by staff who were unsuitable for the

role.

People were protected from the risk and spread of infection because staff followed the service's infection control policy. There were effective systems in place to maintain appropriate standards of cleanliness and hygiene in people's homes. Staff spoke knowledgeably about how to minimise the risk of infection. Staff told us they had an ample supply of personal protective equipment (PPE). People told us staff always wore PPE when supporting them with personal care and practised good hand hygiene.

Is the service effective?

Our findings

The provider did not adequately support staff through regular, relevant training and appraisal. One staff member told us, "I used to have regular training but haven't had any training in the last year or two." Another staff member told us, "I haven't had a lot of training with this agency, most of my training was done when I worked for another agency." Records indicated that staff had not received training in essential areas such as the Mental Capacity Act 2005. Three staff members had not received any training or attended refresher courses since 2013 in areas relevant to their roles such as, moving and handling people. Staff who had been employed by the service for more than one year did not receive an annual appraisal. There was not a system in place to enable or support staff to obtain further qualifications relevant to their role. This meant that staff did not have the opportunity to review their performance, keep up to date with good practice or identify training and continuing development needs. The lack of relevant training and appraisal meant there was a risk of people receiving care and support which was inappropriate or unsafe.

This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 18–Safe care and treatment.

Newly recruited staff received an induction which gave them an introduction to their roles and responsibilities within a care setting. Records indicated that staff had supervision meetings twice per year. During these meetings staff had the opportunity to discuss issues which impacted their role and were reminded of the provider's policies and procedures.

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. The registered manager told us that all of the people using the service had capacity to make decisions about their own care and treatment. However, if they had any concerns regarding a person's ability to make a decision they would work with the person and their relatives, if appropriate, and any relevant health and social care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act 2005.

Although staff had not received training recently in the MCA, they understood the main principles of the MCA and knew how it applied to people in their care. Staff told us of the importance of allowing people to make their own decisions and the action they would take if they felt a person lacked capacity to make a particular decision. One staff member told us, "If I felt someone I was caring for was starting to not understand or

make a decision, I would call the office so that an assessment could be arranged."

People were encouraged to eat and drink sufficient amounts to meet their needs, where the service was responsible for this. Staff obtained information from people and their relatives about their dietary needs and how they wished to be supported with this. This information was documented in people's care plans. The meals staff prepared and how they supported people to eat was recorded where appropriate. These records indicated the meals prepared by staff were based on people's specific preferences and choices.

People were supported to maintain good health. Care plans contained important information about the support people required to manage their health conditions. Staff monitored people's health and well-being. When staff were concerned about people's health, people were referred to appropriate healthcare professionals. The registered manager told us that care plans were reviewed immediately when there was a change in a person's health condition or circumstances. Where any changes were identified in people's needs, their records were updated so that staff had access to up to date information about how to support them.

Is the service caring?

Our findings

People told us the staff were kind and caring. One person told us, "The carers are all very nice. They are very helpful." Another person told us, "They do everything willingly. They are kind." A relative commented, "I think [the person's] carer genuinely cares about her. They have become very close." Staff had a positive attitude to their work and told us they enjoyed caring for people. One staff member told us, "I enjoy my job. I work with some lovely people." Another staff member told us, "It's very rewarding work."

Staff treated people with dignity and respect. Relatives told us staff treated their family member with respect. One relative said of the staff, "They respect my [family member]." Another relative told us, "They actually deal with my [family member] in a way that means my [family member] does not feel they've lost their dignity." Staff spoke to us about the people they supported in an affectionate and respectful manner and were able to give us some good examples of how they upheld people's privacy and dignity. This included ensuring people's doors were kept closed and that people were not unnecessarily exposed when they were being supported with their personal care. Care coordinators carried out unannounced spot checks to observe staff interaction with people and assess their competency in how they maintained people's dignity and treated them with respect.

People and where appropriate their relatives were involved in helping the service to plan the care and support people received. The provider ensured people were given information to help them understand the care and support choices available to them before they started using the agency. People told us they had been given a booklet about the agency which helped them understand what they could expect from the agency. People knew how they could make contact with the office staff and management. They knew who to speak to at the service's office if they wanted to discuss their care plan or make a change to it.

People were involved in their needs assessments and involved in making decisions about their care. People felt in control of their care planning and the care they received. One person told us, "I don't need help with everything, they help me where I need it." Another person told us, "My daughter and I met with someone from the agency and we discussed what I needed."

People were supported to be as independent as they could and wanted to be. Care plans contained information about people's level of dependency. Staff were encouraged to prompt people to do as much for themselves as they could to enable them to retain control and independence over their lives. For example, although most people were prompted or assisted to take their prescribed medicines when they needed them, people who were willing and capable of managing their own medicines safely were actively encouraged to continue doing so. People who required support with personal care were encouraged to do as much for themselves as they were able and willing to.

Is the service responsive?

Our findings

People were satisfied with the quality of care they received. Relatives also gave positive feedback on the quality of care people received. One person told us, "I'm very happy with the care I get." Another person told us, "I have no complaints. They are pretty good." Other comments we received included, "Overall I'm quite happy with them." A relative told us, "I think they are good." Another relative commented, "I think they are looking after [the person] well."

People told us they were involved in planning and reviewing the care and support they received. People felt their views were listened to and that the care they received reflected their preferences. One person told us, "They do as much as I need them to." A relative told us, "They are doing everything we wanted."

We saw people's care plans were personalised. They took account of people's specific needs, abilities, preferences and life histories. They also included detailed information about the level of support each person required to stay safe and have their needs met, as well as how they preferred staff to deliver their personal care. For example, we saw detailed information on the support people needed to get washed and dressed and where and how they preferred this to be carried out.

There was continuity of care. People told us they were usually supported by the same staff. One person commented, "I generally have the same carer but every now and then it may be someone else. I don't mind as it's usually someone I've had before." Another person commented, "I like that it's usually the same carer who knows where everything is and how I like things to be done." Staff demonstrated a good understanding of the specific needs and preferences of the people they regularly supported and clearly knew these individuals well.

People were supported to express their views on the quality of care they received. The provider took into account the views of people using the service and their relatives through regular telephone calls and visits to people's homes carried out by the care coordinators. Records indicated that during telephone calls people were asked if they had any concerns about the care and support they received. During visits the care coordinators checked staff interaction with people, that staff wore their uniforms and supported people in accordance with their care plans. People were given the opportunity to comment on their care during these visits. The provider conducted annual satisfaction surveys. The ten surveys we looked at had positive comments from people on their experience of receiving care from the service.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. The provider had a complaints policy which set out what people needed to do if they wished to make a complaint. At the time of our inspection, the provider had not received any complaints. However, there was a process in place for the registered manager to log and investigate any complaints received which included recording any actions taken to resolve any issue that had been raised. Relatives told us they knew how to make a complaint if they were unhappy with the care and support their family members received. One relative said, "I wouldn't hesitate to complain if there was something I wasn't happy with. I would call the office and speak to the manager." Another relative told us, "I would contact the office to complain if I

had to."

Is the service well-led?

Our findings

The provider had systems in place to regularly assess and monitor the quality of care people received. These included obtaining people's feedback, regular audits of people's daily care records and medicine administration records and conducting unannounced spot checks to observe staff delivering care to people. However the systems in place were not always effective.

Audits of people's medicine administration records did not identify that there were gaps in the records. The systems in place to monitor staff training and appraisal and to inform the provider when these were due were ineffective as they had not enabled the administrative staff and registered manager to identify that staff training and appraisal were not up to date. Staff were required to complete records of the care they had delivered. These records were then returned to the office for the care co-ordinators to review and check that care was delivered in accordance with people's care plans. Staff were not always completing people's care records with sufficient detail. We saw entries in these records such as, "[the person] was fine today", "all care given" and "delivered personal care". These entries did not give any detail on the care people received or how their care was delivered. This meant the office staff and the registered manager were not always able to monitor the care people received day-to-day or check that care was being delivered in accordance with their care plan. The system in place to monitor the quality of care being delivered had not identified that staff were not adequately completing people's records of care.

The ineffectiveness of the systems in place to monitor the quality of care people received meant there was a risk of people receiving care or treatment that was inappropriate or unsafe.

This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17 – Good governance.

However, people using the service said the service was reliable and well organised. People told us, "I think they are organised. I haven't had any problems with them", "I think it's a good set-up. The carers are reliable and I can always get hold of someone at the office" and "They're an efficient bunch".

People said they got the information they required, such as who would be replacing their care worker when they were on holiday. Staff felt well supported by the service. They told us there were always sufficient resources available for them carry out their roles such as, aprons and gloves and notepaper for their daily records of care and medicine administration records.

The provider took into account the views of people using the service and their relatives through regular telephone calls, visits to people's homes carried out by the care coordinators to check staff working practices and an annual satisfaction survey. Records indicated that people were asked for their feedback on the care and support they received. We also saw records of unannounced spot checks the care coordinators carried out on staff to make sure they turned up on time, wore their uniforms and identification cards and supported people in line with their care plans.

When staff first began to work for the service they were given a staff handbook and a policy handbook. These detailed their role and responsibilities, the values of the service and the policies relevant to their role. Staff knew their roles and responsibilities and the service's main policies and procedures. They were well motivated and spoke positively about their relationship with the office staff and management, and the support they received. Staff told us the registered manager and care coordinators were always available to offer them advice and support.

There were clear lines of accountability in the management structure which people using the service and staff were aware of. People knew how to escalate their concerns. Staff knew who to report any incidents, concerns or complaints to within the management team. They were confident they could pass on any concerns and that they would be dealt with.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not provide care and treatment for people in a safe way through the proper and safe management of medicines. Regulation 12 (1) and (2) (g).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not establish and operate effective systems to ensure compliance with the requirements, or to assess, monitor and improve the quality and safety of the services provided. Regulation 17 (1) and (2) (a).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider did not provide staff with appropriate support, training, professional development and appraisal as is necessary to enable them to carry out the duties they are employed to perform, or enable staff to obtain further qualifications appropriate to the work they perform. Regulation 18 (2) (a) and (b).</p>