

Temp Exchange 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

Temp Exchange Limited provides personal care and support to people in their own homes.

Previously we carried out an announced comprehensive inspection of this service on 9, 10, 12, 13 and 19 November 2015. The overall rating for this provider was judged as 'Inadequate' and the service was placed into 'Special Measures' by the Care Quality Commission. As a result of this a Notice of Decision was served whereby the provider was not able to undertake any further care packages without the written agreement of the Care Quality Commission. The provider shared with us a revised action plan on 4 June 2016 detailing what they would do to meet legal requirements. In addition to this we met with the provider on 10 June 2016 to discuss their action plan and our future regulatory arrangements. Whilst significant progress had been met to meet the majority of regulatory requirements minor improvements were still required in relation to the provider's arrangements for recruitment and staff induction.

The service did not have a registered manager in post. At the time of the inspection the provider had employed a manager and they subsequently confirmed that an application to be formally registered with the Care Quality Commission had been submitted and they were expecting confirmation of their 'fit person' interview. Following the inspection the Care Quality Commission were made aware that the proposed manager was no longer employed by the organisation. 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.

The provider had taken steps to address the shortfalls found at the last inspection in November 2015. This included implementing systems and arrangements to monitor the quality and safety of the service. However, improvements were required to ensure that changes and improvements are embedded and sustained over time to ensure people are provided with a consistently safe quality service. Recruitment practices required further review and strengthening so as to ensure that the provider's arrangements were safe and met future compliance with this regulation. Additionally, although there was information to suggest that staff employed at the service had received an appropriate induction, there was a lack of supporting documentation to confirm if these arrangements were robust.

Appropriate arrangements were in place to assess and manage risks to people's safety. Risks for people had been identified or anticipated and there were sufficient staff available to meet people's care and support needs at this time. People's healthcare needs were identified to ensure that they received suitable care and support from staff. People where appropriate were supported to have their nutritional and hydration needs met. People confirmed that there had not been any missed calls and staff stayed for the full amount of time allocated to ensure they received care and support as they should.

People spoke positively about the way staff treated them and reported that they received appropriate care. Staff demonstrated a good knowledge and understanding of the people they cared for and supported.

People told us that their personal care and support was provided in a way which maintained their privacy and dignity. We found that people's care plans reflected current information to guide staff on the most appropriate care and support people required to meet their needs.

Staff had received applicable training to enable them to deliver care and support to people who used the service. Formal arrangements were in place to ensure that staff were supported and received formal supervision and 'spot visits'.

Complaint procedures were in place to enable people using the service, staff and others to raise concerns. People were aware of these and stated if required they felt confident to raise issues.

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 required underpinning so as to ensure that it was robust and met regulatory requirements.

People's view about the safety of the service and the care and support they received was positive. People confirmed that they were kept safe at all times.

Suitable arrangements were in place to ensure that there were sufficient numbers of staff available to support the numbers of people using the service and to meet their care and support needs.

Proper arrangements were in place to record and manage risks to people's safety.

Is the service effective?

Good 

The service was effective.

Although a record stated that people had received an induction, documentation was not evident to support this and improvements were required.

Appropriate steps had been taken to ensure staff had the right knowledge and skills to carry out their roles and responsibilities to an appropriate standard.

People's healthcare needs were identified to ensure that they received suitable care and support from staff.

Staff were supported in their role through regular formal supervision and 'spot checks.'

Is the service caring?

Good 

The service was caring.

People were provided with care and support that was personalised to their individual needs.

Staff understood people's care needs and responded appropriately.

The provider had arrangements in place to promote people's dignity and to treat them with respect.

Is the service responsive?

Good ●

The service was responsive.

People's care plans reflected current information to guide staff on the most appropriate care people required to meet their needs.

The provider had an appropriate complaints procedure in place.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Whilst improvements had been made, we require a longer term delivery of consistent good practice for people using the service and staff. The service did not have a registered manager in post and no manager application was in progress.

Improvements had been taken to ensure that suitable arrangements were in place to assess and monitor the quality of the service provided at regular intervals.

Staff reported that there was now an open and supportive culture at the service.

Temp Exchange 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.

The inspection to the service's office took place on 8 August 2016. Telephone calls were made to people using the service and staff on 26 August 2016. The inspection was announced. The provider was given 72 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of two inspectors.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and registered manager are required to notify us about by law.

We spoke with three people who used the service, three members of staff, the provider, the manager and the office manager.

We reviewed three people's support plans and support records. We looked at the service's staff support records for four members of staff. We also looked at the service's arrangements for the management of complaints, compliments, safeguarding information and the provider's quality monitoring and audit information. 2015

Is the service safe?

Our findings

At our last inspection in November 2015 concerns were raised that staff working at the service had not been recruited properly. The provider was unable to show that effective and proper recruitment checks had been completed on all staff before they commenced working at the service. Appropriate arrangements were not in place to manage risks to people's safety, for example, medicines management and there were not always enough staff available to meet people's needs. This meant that some people using the service were exposed to late and missed calls and this impacted on the delivery of care and support provided. Additionally the management team and staff were unable to demonstrate a good understanding of safeguarding.

We asked the provider to send us a revised action plan which outlined the actions to be taken to make the necessary improvements. In response, the provider shared with us their action plan on 6 June 2016 detailing their progress to meet regulatory requirements. We found that the majority of improvements the provider told us they would make had been implemented.

It was not possible to determine at this inspection if the provider's recruitment procedures were robust as they had not appointed any new staff since our last inspection in November 2015. However, we found that a decision had been made by the provider following our last inspection to remove the completion of an application form and to introduce a Curriculum Vitae [CV]. Although CV's were in place for each person employed they did not provide sufficient evidence of their previous employment or their reason for leaving that employer. This meant that there was a potential risk of not complying with the requirements as set out in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3). We discussed this with the provider, manager and office manager as they were unaware of Schedule 3 and all of the information contained within it. An assurance was provided by both the provider and manager that they would familiarise themselves with the information so as to ensure future compliance and with immediate effect would reinstate the application form process.

People's view about the safety of the service and the care and support they received was positive. People confirmed that they were safe at all times. One person told us, "I am definitely kept safe and I have no concerns about the carers when they come here." Another person told us, "I am safe thank you." Staff confirmed that they supported people to stay safe in their own home by ensuring that the security of the person's home was maintained and that they followed clear protocols when entering a person's home. For example, ensuring that key code arrangements were confidential, wearing their identification badge and calling out to let a person know that they had arrived.

People were protected from the risk of abuse. There had been no safeguarding concerns raised since our last inspection to the service. Staff had received safeguarding training and this was up-to-date. Staff were able to demonstrate a good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to the provider or management team. One member of staff told us, "I would not hesitate to raise a safeguarding if I suspected abuse. If I thought the manager or anyone else would not take my concerns seriously I would contact social services and you [CQC]." This showed that staff were confident and knew what to do to

ensure that the people they supported were protected from harm.

Risk assessments were in place and information recorded within people's support plans identified risks associated with individual's care and support needs. These related to people's manual handling needs, environmental risks to ensure people and staff's safety and wellbeing and medication. Risk assessments were centred on the needs of the person and reviewed where appropriate. Staff were aware of people's individual risks and how to help keep them safe whilst reducing any restrictions on people's freedom. This showed that people's individual risks were assessed so as to reduce the risk of injury and harm and staff knew how to keep people safe.

At the time of this inspection three people were utilising the service. People told us that occasionally staff were late as a result of being held up in traffic but they always telephoned them to let them know so that they did not worry or become anxious. People confirmed that there had not been any missed calls and staff stayed for the full amount of time allocated and; in some instances stayed longer so as to ensure care tasks had been completed and to meet the person's comfort needs. One person told us, "The staff are rarely late. I have had no missed calls. They always come." Another person told us, "They [staff] are here when I need them." The manager and office manager confirmed that should a member of staff be unable to make a visit due to an urgent or unexpected event, for example, unforeseen childcare arrangements or sickness, contingency plans were in place to ensure that the person using the service still received a service. The manager and office manager confirmed that they would provide the care and support required.

People told us that they either self-medicated or had assistance from a family member with their medicines management. Records relating to medicines management confirmed what people told us and showed that they were supported to be as independent as possible and where appropriate.

Is the service effective?

Our findings

At our last inspection in November 2015 concerns were raised that suitable arrangements were not in place for staff to receive an appropriate induction or regular formal supervision. Staff had not received training relating to the particular needs and conditions of the people they supported. Not all staff were able to demonstrate a good understanding of the Mental Capacity Act [MCA] 2005 and records relating to people using the service did not provide evidence to show that people had consented to the care package to be provided.

We asked the provider to send us a revised action plan which outlined the actions to be taken to make the necessary improvements. In response, the provider shared with us their action plan on 6 June 2016 detailing their progress to meet regulatory requirements. We found that the majority of improvements the provider told us they would make had been implemented.

We were unable to determine if the provider's induction processes and procedures for newly employed staff were robust as no new staff had been employed at the service since our last inspection in November 2015. However, we found that staff already employed at the service at the time of our last inspection in November 2015, and who remained in post at this inspection, had received an induction. Though a record was maintained confirming that staff had received an induction in line with the 'Care Certificate' or an equivalent, supporting evidence to back this up and show that staff were competent in the standards was not available. We discussed this with the manager and they provided an assurance that all documentation to support completion of staff's induction would be available in the future. The manager confirmed that staff would receive key training in a number of key topics. In addition to this the manager told us that opportunities would be given whereby newly employed staff would have the opportunity to shadow a more experienced member of staff for the first three days depending on their level of experience and competence.

Staff told us that the provider had a positive attitude towards training. Appropriate arrangements were in place to ensure that staff received suitable training at regular intervals so that they could meet the needs and preferences of the people they cared and supported. Staff training records showed that staff had received mandatory training in key areas since the last inspection in November 2015. One staff member told us, "The training is very good and we get both face-to-face and online training. I feel confident to provide care to the person I visit." Another member of staff told us, "The training opportunities we have now are much better."

Supervisions had been completed on a regular basis allowing staff the time to express their views and reflect on their practice. These comprised of face-to-face supervisions and 'spot visits.' The latter is where the provider's representative calls at a person's home just before or during a visit by a member of care staff. This is so that they can observe the member of staff as they go about their duties and ensure that they are meeting their standards and expectations. Staff confirmed and records showed that the above was accurate. Performance questionnaires had been introduced for staff since November 2015 and this showed that as part of the process, people using the service were encouraged and asked to make their views known about the care and support provided. People's views were very complimentary. One person's views

recorded, '[Name of member of staff] is a brilliant carer and does all they should and more if you ask them.'

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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff employed at the service had received Mental Capacity Act 2005 (MCA) training and were able to demonstrate a basic knowledge and understanding of the requirements of the Mental Capacity Act 2005 and what this meant for people using the service, for example, not placing undue restrictions on people and ensuring that where people had capacity they were empowered and supported to make everyday decisions.

Where staff were involved in people's nutritional support they did so as required to meet people's needs. People told us that staff supported them as needed with meal preparation and the provision of drinks and snacks throughout the day as required.

Where appropriate people had access to health professionals as required. People told us that if there were concerns about their healthcare needs they would discuss these with their family member in the first instance or with staff. Staff told us that if they were concerned about a person's health and wellbeing they would relay any concern to the person's next of kin or the office for escalation and action.

Is the service caring?

Our findings

At our last inspection in November 2015 concerns were raised by people using the service that there were negative relationships with some members of staff. Additionally, confidential information for some people using the service was easily accessible and care and support provided did not always reflect their personal preferences.

We asked the provider to send us a revised action plan which outlined the actions to be taken to make the necessary improvements. In response, the provider shared with us their action plan on 6 June 2016 detailing their progress to meet regulatory requirements. We found that the improvements the provider told us they would make had been implemented.

People were consistently positive about the way staff provided care and support. People told us that they were very satisfied with the service and delivery of care. They told us that they received care and support from staff that knew them well. People confirmed that staff listened to them and there was a good rapport. One person told us, "The service I receive is brilliant. I really like my carer and get on very well with them. The carer does not rush me and allows me the time I need." Another person told us, "The girls are quite pleasant and friendly. They provide me with exactly the care I need. We have a good laugh together."

People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received. People had been given the opportunity to provide feedback through the introduction of performance questionnaires, support plan reviews and 'customer satisfaction' surveys. Where the latter was completed no issues for corrective action were highlighted and only positive comments were noted. Additionally, and where appropriate, people had signed to state that they agreed with the content of the support plan and signed a contract to confirm the service to be provided.

People told us that they were always treated with respect and dignity. For example, people told us that their personal care and support was provided in a way which maintained their privacy and dignity. They confirmed that the bathroom door was shut and curtains drawn so as to preserve their modesty. One person told us that staff always respected their need and desire to maintain their independence, for example, there were aspects of their personal care that they could do without staff support.

Is the service responsive?

Our findings

At our last inspection in November 2015 we found that people using the service did not receive personalised care that met their needs. People's specific care and support needs were not responded to appropriately or recorded. Additionally, the provider was unable to demonstrate an effective system for recording and handling complaints or people's concerns.

We asked the provider to send us a revised action plan which outlined the actions to be taken to make the necessary improvements. In response, the provider shared with us their action plan on 6 June 2016 detailing their progress to meet regulatory requirements. We found that the improvements the provider told us they would make had been implemented.

People told us that they received good personalised care and support that was responsive to their needs. People confirmed that the care and support provided was exactly what was agreed with the service provider.

Where support plans were in place these covered all aspects of a person's individual circumstances. This included the level of support required, the number of staff required to provide support each visit, the length of time for each visit, call time preferences and additional duties and tasks to be undertaken. Key assessments relating to medication, moving and handling and the environment were also completed. Where appropriate there was evidence to show that the content of the support plans had been agreed with the person who used the service or those acting on their behalf. Staff were able to demonstrate a good understanding and knowledge of the people they supported and their individual care needs.

Guidance on how to make a complaint was given to people when they first started using the service. This included the stages and timescales for the process. The provider and manager confirmed that there had been no complaints since 1 January 2016. People told us they had not raised any concerns or complaints. One person stated, "If I was unhappy with anything I would tell my relative. They'd know how to say things and would do it properly." Another person told us, "I would be confident to raise any issues if I was concerned or if I felt I needed to." The office manager confirmed that one compliment had been received from a social care professional; however a record of this was not maintained so as to capture the service's achievements.

Is the service well-led?

Our findings

At our last inspection in November 2015 we found that the service did not have a registered manager in place. The provider did not have an effective quality assurance system in place to assess and monitor the quality of the service provided. There was an overall lack of oversight by the provider to identify areas for improvement and to take the appropriate actions.

We asked the provider to send us a revised action plan which outlined the actions to be taken to make the necessary improvements. In response, the provider shared with us their action plan on 6 June 2016 detailing their progress to meet regulatory requirements. We found that the majority of improvements the provider told us they would make had been implemented.

We found that arrangements were in place to assess and monitor the quality of the service provided. The manager told us that information was collected and recorded in a variety of ways. This included the completion of a quality assurance quarterly report which included both numerical and written data relating to the service. The provider needs to assure themselves that changes and improvements made so far are embedded and sustained over time to ensure that people are provided with a consistent and safe quality service. Since our last inspection in November 2015, the provider had reviewed and rewritten people's care and support plans. These also highlighted where risks to a person's health and wellbeing were identified. Additional training for staff had been provided and staff had received formal supervision including 'spot visits'.

The service did not have a registered manager in post. Although, at the time of the inspection the manager confirmed that an application to be formally registered with the Care Quality Commission had been submitted and they were expecting confirmation of their 'fit person' interview at any time, we were advised since this time that they were no longer in the employment of the organisation.

The manager was able to discuss their vision and values of the service going forward and how they would be able to divide their time between the provider's two offices. The manager was able to demonstrate an understanding of their overall responsibility and how this would be managed in the interim and longer term. The manager confirmed that initially they would be at the office one and half days per week and that the office manager would deal with the day-to-day running of the office. They stated that their focus would be to ensure a robust quality assurance system was in place to monitor the quality of the service provided so as to drive improvement and sustain progress made so far. The manager stated that as the service acquired more people and staff, it was envisaged that a new permanent manager would be appointed to fulfil this role as they recognised that a permanent manager in post would be required, particularly given the Care Quality Commissions previous concerns about the service.

Staff told us that they felt supported and valued by the organisation. They told us that the manager and office manager was approachable and there was a good level of communication. Staff confirmed that they enjoyed working at the service and that improvements had been made to the service since November 2015. One member of staff stated, "I like working here. It is good and things have much improved. We now get

regular supervision and 'spot visits'. The manager is nice and you can talk to them." Another member of staff told us, "I am very happy working here, although I wish there were more clients."

Staff meetings had commenced and minutes of meetings were readily available and showed that these had been undertaken. However, the meeting minutes showed that there was no set agenda or actions from the topics discussed. We discussed this with the manager and they provided an assurance that these would be implemented for the future. Staff told us that they had a 'voice' and were able to express their views freely.

The manager confirmed that people using the service and those acting on their behalf were given the opportunity to provide feedback to the provider about the quality of the service delivered. Records showed that 'Customer Reviews' were now completed at regular intervals. Comments were very positive about the quality of the service provided. Comments recorded by one person stated, 'Overall I am very satisfied with the service. I am happy with the care and service.' Another person recorded, 'I have found the carers to be reliable. The girls are very friendly.'