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

About the service
Temp Exchange Services Limited is a domiciliary care agency providing personal to 49 people aged 18 and over at the time of the inspection. It provides personal care to people living in their own houses and flats and specialist housing.

People's experience of using this service and what we found
We found improvements were required to the management of care records related to people who used the service. Risk assessments and care plans required further improvements and systems and audits to monitor these areas. We have made a recommendation in relation to risk management and quality assurance systems.

People told us they felt safe and staff treated them well. Staff understood their responsibilities for reporting any suspicions of abuse.
Systems were in place to safely manage medicines. Lessons were learnt when things went wrong, however follow up information was not always documented.

People were cared for by staff who received appropriate training to effectively carry out their role. Staff worked with professionals to support people's care needs.
People were asked for their consent before care was provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.
People's nutrition and hydration needs were met.

Care plans documented people's preferences, likes and dislikes. People's communication needs were documented in their care plan. Staff were caring and kind and spoke attentively to people.
People were supported by staff who knew people well. People were supported to maintain their independence and their dignity was valued and respected. People were encouraged to make daily living decisions and staff supported them to make their own choices.

People were supported by staff who knew them well and understood their needs. People knew how to raise a concern if they were unhappy about the service they received.
There were systems in place for monitoring the quality of the service, however further improvements were required to ensure quality assurance is effective in identifying and addressing concerns as they are identified. The provider knew what was expected of them in terms of Duty of Candour, they had spoken with the local authority and relatives in relation to incidents which had occurred.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 9 April 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations related to good governance.

Why we inspected
This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Temp Exchange Service Limited on our website at www.cqc.org.uk.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our effective findings below.

Is the service effective?

Good

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our effective findings below.

Is the service responsive?

Good

The service was not always responsive.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our effective findings below.

Temp Exchange Ltd

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection team consist of two inspectors and an Expert by Experience who made calls to people who used the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This is because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 8 October 2019 and ended on 10 October 2019. We visited the office location on 8 October 2019 and visited three people in their home.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who worked with the service. We did not request the provider complete a provider information return. This is information providers are required to send us with key information about their

service, what they do well, and improvements they plan to make.

During the inspection
We spoke with 11 people who used the service and six relatives about their experience of the care provided. We spoke with ten members of staff including the provider, assistant manager, office manager, two care coordinators and five care workers.

We reviewed a range of records. This included six people's care records and associated medication administration records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement.

This meant some aspects of the service were not always safe and improvements to the service required additional time to be embedded.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvement had been made at this inspection and the provider was no longer in breach of Regulation 12. Medicine management and recording of incidents and accidents had improved. However, further improvements were required to ensure risks were clearly identified in people's risk assessments.

- Risk assessments provided more detail about risks. For example, for one person at risk of falls, the risk assessment stated for care staff to ensure that the person always had their walking stick close by and ensure their home is clutter free to prevent the risk of trip hazards.
- Staff understood where people required support to reduce the risk of avoidable harm. For example, people who were at risk of pressure sores had control measures in place. This included making sure the area was kept dry and regular turning using a repositioning chart.
- We found other risks identified did not provide details of how these should be managed. For example, in one person's care plan had information about risks related to transferring the person using a hoist, however, the area of care was eating and drinking. This was the same throughout three of the six care records we reviewed. We were first informed that the idea was to ensure that risks were always highlighted within each section of care identified. We were later informed there had been a glitch in the system and this had been noticed some weeks prior to our inspection.

Using medicines safely

- Systems for the management of medicines had improved. MAR charts reviewed showed these been completed correctly.
- Where medicine support was provided, people and their relatives told us they had noted improvements to the way medicines were managed. One person told us, "[Care staff] tell me what I'm taking and what for because they are a few tablets and I forget what they are. I don't worry about them because I know my carer is good and I take them on time each time she comes."
- Relatives also commented on the improvements. One relative told us, "The medication management is now recorded in the plan and they write it down on a chart. This is a new thing this year."

● Staff members told us since our inspection in January 2019 spot checks had increased to check quality of care being provided, including medicine administration. Records confirmed this.

Learning lessons when things go wrong

● Systems for dealing with and acting on incidents and accidents had improved. Records reviewed showed outcomes were now recorded on the incident report form. Learning from incidents was documented in minutes of meetings and staff supervision.

● Staff had been reminded by the registered manager of their responsibility in reporting incidents. This was confirmed by a staff member who told us they were reminded to, "Make sure we look out for things, and keep a record of everything that happens."

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to establish effective systems to prevent and protect people from abuse. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Systems for identifying and recognising abuse had improved. Staff were provided with training and safeguarding was a standard item at office team meetings and supervisions held with staff.

● The provider had introduced an electronic dashboard, this provided information about safeguarding and alerted staff where for example, medicine had not been administered. As there were no safeguarding concerns reported since our last inspection we could not measure whether this breach had been fully met, however, systems to monitor this in the future had improved.

● People and their relatives told us they were safe. One person told us, "I feel safe every time. I have two different carers and they are both cheerful and helpful." A relative commented, "I'm reassured that everything is being done to a good standard and in a safe way because he is happy and talks highly of [care staff]."

Staffing and recruitment

● Staff were recruited safely. The necessary pre-employment checks such as proof of identity/address and criminal records and immigration checks had been completed, no concerns were identified.

● The recruitment officer told us they had employed one new staff member since our last inspection. We identified gaps in one of the four staff records we reviewed. These related to employment history and reasons for leaving a previous employer. We spoke to the recruitment manager who followed up and addressed the discrepancies during the inspection.

We recommend the provider seeks advice and guidance from a reputable source in relation to recruitment practices.

● People and relatives told us they received a call when staff were running late. People's comments included, "I get a call if they are running late from the carer. I'm happy with it because it doesn't happen often," and "This seems much better now and [relative] gets calls with messages if someone is running late or ill and an explanation of what will happen e.g. What time to expect someone." A relative told us, "There are always two carers and they turn up at the same time. This took some time to sort out, but it is consistent now and the service works with us well to keep him safe and cared for well"

● People told us staff stayed for the time expected. One person commented, "They do what I need and stay usually a bit longer so that is good." Comments from relatives included, "They don't leave early anymore. They used to be in such a rush, but the service sorted this out," and "They turn up together and leave

together and do not rush to leave. It is good and a massive improvement. Very reassuring for us all."

Preventing and controlling infection

● People were protected from the risk of infection. People and relatives told us staff wore gloves before providing care. One person told us, "Staff washes their hands before making me food and they wear gloves when helping me." A relative said, "I've seen them wash their hands when helping with food and I've seen them throw away gloves after they go in to her room to do personal care"

● Staff had access to personal protective equipment such as gloves and aprons and used these when supporting people with personal care or where meal preparation was required. For example, staff told us when supporting people who required catheter care, they always wore gloves and washed their hands to prevent the spread of infection. A catheter is a tube that is inserted into a person's bladder to empty the bladder

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection not everyone had their needs assessed in line with standards, guidance and the law. We recommended that the provider seeks advice and guidance from a reputable source in relation to best practice in carrying out needs assessment. At this inspection we found the provider had made improvements in this area. People's needs had been assessed prior to using the service.

- Assessment of needs covered various areas of care and support and helped to develop the care plan. The assessment focused on areas such as, medical history, medication, personal care, what is important to me, nutrition and hydration and religious and cultural preferences.
- The provider told us they had employed a new staff member responsible for carrying out needs assessments.
- People and relatives told us their needs were assessed before receiving a service. Comments from people included, "Staff asked me what I found easy and difficult. I think someone came to see me in hospital and they asked me some questions and filled in a form," and "The office people came to visit us, and we chatted about my needs and what I would like. I think I signed it [form]." A relative told us, "[Relative] does get what they need and how she likes it, so it is focussed on her. There was a needs assessment when we started, and this has been updated a few times as her needs have changed regarding self-care and mobility."

Staff support: induction, training, skills and experience

- Staff received regular supervision and an appraisal. They said they felt supported by the care coordinators responsible for supervising and supporting them to effectively carryout their role.
- People and relatives told us staff were skilled and knew what was expected of them. One person told us, "I like who I have and worry when they are on holiday because they know how I like things done to help me best. The manager told me that she will tell any new carers all about what I need. This has happened recently, and I am happy with it this way." A relative told us, "I feel confident in their ability and their more consistent time keeping."
- Staff completed training in areas such as, moving and handling, infection control, first aid, safeguarding and MCA. Specialist training in catheter care was also completed. Staff told us training had helped them to be more effective in their role.
- New staff completed an induction based on the care certificate, including shadowing more experienced staff before working with people who used the service. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care

sectors.
● Although the training officer had completed various train the trainer courses to deliver specific training, they had not completed training to which allowed them to carryout staff competency in medicine administration. Following our inspection, the provider sent confirmation that the training officer had completed advance medication training to enable them to assess staff competency and deliver training in medicine administration.

Supporting people to eat and drink enough to maintain a balanced diet
● People supported with meals told us staff supported them to eat food they enjoyed.
● Care records contained people's likes and dislikes for food. For example, in one care plan it stated the person liked fish and tea and coffee.
● People and relatives told us their choices were respected. One person told us, "I get choices of the food and I like it. They help me with cutting food and sometimes help me to eat as I can't always do it." Relatives told us they prepared meals in advance and care staff assisted/prompted people where this was required. A relative told us, "They make sure [person] eats as [they] used to forget and [they] always prepare things [person] likes."
● Where people had special dietary requirements, such as diabetic conditions, food was mostly prepared by a family member.
● Staff told us they knew people's likes and dislikes and provided examples of these, such as one person who loved cereal and fruit.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People told us their health needs were met by the service. One person told us, "I feel my medical needs are looked after well. They listen and that's what I need." A relative told us, "The carer called an ambulance when [relative] fell and they were with him until I got there. The office called after to check on him and I found [staff] were caring and kind to us all."
● Records showed office staff had regular communication with healthcare professionals to discuss people's health needs. For example, one person recently discharged from hospital following a hip operation, received a visit from the physio therapist who provided guidance and made recommendations for staff to follow.
● People's health history and needs were recorded in their care plan. This provided guidance to staff about how they should support people to manage their health.

Ensuring consent to care and treatment in line with law and guidance
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.
● People and relatives told us staff asked their consent before providing care. One person told us, "They are very good at asking me what I need and giving me choices. I always choose what I will be eating, and they use my plan to help me with this because I have a special diet. This is well managed in my opinion and I am healthy." A relative said, "[Staff] always ask if they can help with personal care."

● Staff were aware of the importance of asking people for their consent before providing care. A staff member told us, "I communicate with people, letting them know what I am doing or what I am about to do."
● People had signed their care plan, this showed consent to care and treatment had been obtained. The care coordinator told us that people had given their permission for relatives to sign their care plans on their behalf.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.
This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

At our last inspection we found care plans were not always person-centred. We recommended the provider seek guidance and advice from a reputable source in relation to person-centred care planning. At this inspection we found the provider had made improvements.

- Care plans were written in a more person-centred manner. For example, in one care plan talked about how the person liked to have their tea and preference for personal care, such as having a shower or bath.
- Care plans provided details about how people wanted to be supported and their choices.
- People and relatives reported that they had been involved developing the care plan. One person told us, "I have what I want in my care plan. Care plans are quite new, and they work well for me. A relative told us, "[Relative] tells care staff how they like things done and it is in their notes. I've been there when the office has called recently to ask her for any updates. The care plan is always there to look at."

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were caring and kind. Comments from people included, "I feel care staff are nice and care about what I need," and "I think care staff have realised that I need consistency in my care and medication. I feel they respect this now." A relative told us, "Care staff respect [relative] and how hard it can be for them and are very patient. Care staff are kind and are good listeners."
- Staff were aware of people's diverse needs and therefore understood how to support them. Most staff had completed training in equalities and diversity and explained they did not discriminate against anyone at the service. A staff member told us they would support people who identified as lesbian, gay, bisexual or transgender no different to any other person receiving care. "We have to look after everyone the same."
- Relatives told us staff understood people's diverse needs and how to support them. A relative told us, "[Relative] is very private and religious. Care staff are mindful of their privacy and they only like a female carer. They always give her time to say grace which is very respectful"

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us they were treated with dignity and respect. "Staff always knock and call out as they come in" and "I feel that staff do things in a dignified way for me. They don't treat me like I am stupid or like I am a child." Relatives told us they felt their relative was treated with dignity and respect and staff listened to them.

● People's independence was encouraged as much as possible. For example, one person told us they were given the phone and TV remote to enable them to choose when they wanted to watch the TV and make calls if they needed to do this. We observed this during our inspection.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through improved organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we recommended the service seek advice and guidance from a reputable source, in relation to meeting the needs of people with mental ill health.

● There had been improvements to the way the staff supported people with needs related to their mental health condition. One person told us, "I think they listen to me now, but the old carer didn't, and things were hard for me when she came because I worried. I think my doctor told them to send me someone else and this one is fine, I feel happier and safe that she knows me and how I am feeling."
● Care plans were not always personalised, for example, in one care plan it stated, 'It is very important carer monitor [person's] wellbeing and report any concerns or signs of relapse to the office in order to report to the appropriate professionals." The signs of relapse were not documented. This meant staff did not have all available information to them to meet the person's needs.

We recommend the provider seeks advice and guidance from a reputable source in relation to personalisation of care plans.

● People told us their needs were met by care staff who understood them. One person told us, "I think they do exactly what I need now. They get it right and I feel I can tell the carers if I am not happy." A relative told us, "[Relatives] needs are being met. It's nice that we seem to have regular and understanding care now and that the office has become better at answering the phone and helping with problems quickly."

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● People's method of communication was documented in their care plan. For example, one care plan stated the person was non-verbal and used hand gestures to communicate with people. This was confirmed by the relative and staff who knew the person well.

Improving care quality in response to complaints or concerns
At our last inspection we made a recommendation that the service seek advice and guidance from a

reputable source, about the management of and learning from complaints.
● There had been some improvement to the way complaints had been dealt with. This included the introduction of a complaints register, this was used to log all complaints and included action taken by the service. Since our last inspection there had been seven complaints, all had been dealt with by the office manager. However, responses were not in line with the providers complaints policy. Following our inspection, the provider updated their complaints response letter to include details of the local government ombudsmen should people be unhappy with the outcome of their complaint.
● People and relatives told us their concerns were appropriately dealt with by the service. One person told us, "I've never had a complaint but when I did have lots of different carers I told the office I wasn't comfortable with this and they were very reassuring and did recently find me a [staff member] who comes to each visit." A relative told us, "I wouldn't hesitate to contact the agency and feel they would be active in assisting with a complaint."
● Staff told us they would obtain the person's permission and inform the office of their complaint, so this could be dealt with.

End of life care and support
● People were asked about their end of life wishes which included preferences, beliefs and values regarding future care.
● The provider told us they were not currently supporting anyone with end of life or palliative care.
● The service had an end of life policy and procedure outlining how people should be cared for should they require end of life or palliative care.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was not always consistent. Leaders and the culture they created did not always promote high-quality, person-centred care.

Continuous learning and improving care

At our last inspection the provider had failed to ensure systems for assessing, monitoring and improving the quality and safety of the services provided were effective in ensuring people were protected from harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had some improvements, but not enough improvements had been made at this inspection and the provider was still in breach of regulation 17.

● We found inconsistencies and incomplete care records, such as incorrect information documented in risk assessments. For example, mitigating risks for eating and drinking talked was documented as risks associated with mobility. Care plans did not always document how personalised care should be delivered, for example signs of relapse for one person who required support to maintain their well-being. Another person's care plan had not been fully completed.
● Audits carried out on people's files between April and September 2019, stated all care files for people who used the service were in good order. This was in contrast with our findings during our inspection. Therefore, systems to ensure care records related to people who used the service were accurate and up to date were ineffective.
● We discussed this with the provider who told us that there had been a software error but that a lot of work had been done in regard to mitigating risk. We noted this was reflected in some of the care records reviewed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. they confirmed following our inspection, the software error had now been rectified and they had reviewed every assessment and rectified the errors identified during our inspection.

● People and relatives told us they felt the service had improved and was well managed. Comments from

people included, "I like that the office seems more organised and the new care plans are better, more detailed and informative," and "I'm happier with the care now because it is more reliable." A relative told us, "The service is far more informative and reliable of late."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● People told us they felt they received a good standard of care and felt able to tell care staff or call the office if they were not happy with the care provided.

● Staff had worked with the service for some time and said they were happy and supported by office staff managing the day to day running of the service. One staff member told us the service looked after them well and the clients. Another staff member told us, "I am happy with my manager and in job, I don't have any problems."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The provider understood their duty of candour and their responsibility to be open and transparent, when things go wrong. Where things had gone wrong the provider had been open with people and their family.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● Since our last inspection there had been changes to management. The registered managers had left the service. The current registered manager was on leave and the service was being managed by the nominated individual.

● Spot checks and audits had increased since our inspection in January 2019. These covered areas such as medicines, quality of care and care records.

● Quarterly quality assurance reports provided operational feedback on various aspects of the service, including complaints, safeguarding, people's health needs, medication errors, late/missed calls and people's care files.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People and relatives told us they had a say in how the service was run. This was evident from the comments received from people. One person told us, "I gave feedback a while ago about the need for trained and regular carers and they have improved this. They called a few weeks ago and asked if I am happy with my new carers." A relative told us, "I'm happy to give feedback anytime and feel it is nice to be involved."

● People's views were sought about the care they received. As part of the four weeks follow up the service completed a 'customer feedback on quality of service' form. This covered whether people were satisfied with the service they received, what people value most and whether they had any suggestions to help the service improve. This indicated that people were overall happy with the service provided to them.

● The provider told us the service had made huge improvements to ensure they engage with people who used the service regularly to obtain feedback and make improvements. This was evident from the other comments made by people and their relatives.

Working in partnership with others

● The service worked in partnership with healthcare professionals to ensure peoples individual needs were met.

● The local authority contracts team told us they thought the service had made improvements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems for assessing, monitoring and improving the quality and safety of the services provided were not effective in ensuring people were protected from harm. Regulation 17 (1)(2)(a)(b)(c)