

Employment 1st UK Limited

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Overall summary

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, and to provide a rating for the service under the Care Act 2014.

We undertook an announced inspection on 6 August 2014. We told the provider two days before our visit that we would be coming. Employment 1st UK Limited provides personal care to one person in their own home. The provider was in the process of tendering for further contracts with local authorities to provide personal care to more people.

At our last inspection on 23 September 2013 the service met the regulations inspected.

The service had a registered manager who had been in post since July 2012. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Staff had received training in safeguarding vulnerable adults and the Mental Capacity Act 2005. Staff were able to recognise signs of potential abuse and would report any concerns to the registered manager. However, the reporting process was not documented and related policies did not contain information about reporting

Summary of findings

procedures. We could not be assured that appropriate action would be taken if concerns arose. The service did not have a policy relating to the Mental Capacity Act 2005 and how to support people that did not have capacity to make decisions.

There were sufficient staff employed to provide a 24 hour service to the person receiving care and the staff had the skills and knowledge to support them.

A care plan was in place that identified the person's care needs and how they wished to be supported. Staff were aware of the person's preferences and provided care in line with them.

Staff liaised with other health and social care professionals involved in the person's care, and escalated any concerns about their health to either their GP or the emergency services as needed.

The registered manager undertook weekly checks to monitor the quality of the service provided. Regular feedback was obtained from the person using the service to assess their satisfaction and appropriate action was taken to improve the service where required.

The registered manager was accessible to staff if they required additional support or advice. However, we saw that some staff had requested further supervision and we could not be assured that this had been provided. Some staff felt they were not listened to and that their concerns were not taken seriously or acted upon.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was staff. Staff were knowledgeable in recognising signs of abuse, and staff had received training on the Mental Capacity Act 2005.

Assessments were undertaken and management plans were in place to help ensure the safety of the person using the service.

There were sufficient staff to support the person.

Medicines were handled and administered safely.

Good



Is the service effective?

This service was effective. Staff had the skills and knowledge to support the person using the service, and received ongoing training to continue with their professional development.

Staff supported the person at mealtimes and cooked meals in line with their preference.

Staff liaised with other health and social care professionals to ensure the person's health needs were met.

Good



Is the service caring?

This service was caring. Caring relationships were developed between the person using the service and their care workers.

The person using the service was involved in decisions about their care. Staff obtained the person's consent before carrying out any personal care tasks.

Staff maintained a person's privacy and asked the person before discussing their care with their relatives or other health professionals.

Good



Is the service responsive?

This service was responsive to people's needs. Staff were aware of the person's support needs and provided care in line with their care plan. The care plan included information for staff about how to meet the person's personal care needs, manage their medicines and ensure they were not socially isolated.

The service obtained the views of the person using the service to ensure they were satisfied with the care they received.

Good



Summary of findings

Is the service well-led?

Some aspects of the service were not well-led. The manager was approachable and available to staff. However, some staff requested to receive additional supervision but due to the lack of supervision records kept we were unable to ascertain whether this was provided.

Six monthly appraisals and three monthly staff meetings were held to obtain the views of staff. We saw that some action was taken from these meetings, however, some staff felt that additional action was required in regards to communication between care workers and the provider.

The registered manager undertook weekly checks to ensure the quality of the service provided.

The service's safeguarding policy needed updating to reflect reporting processes, and no policy was available addressing the Mental Capacity Act 2005 and how to support people who do not have capacity.

Requires Improvement



Employment 1st UK Limited

Detailed findings

Background to this inspection

We undertook an announced inspection to Employment 1st UK Limited on 6 August 2014. We told the provider two days before our visit that we would be coming. An inspector undertook the inspection.

Before the inspection we reviewed the information we held about the service, this included a Provider Information Return (PIR). The PIR included information from the provider about areas of good practice and areas for future improvement under each of the five questions.

The day before our inspection visit we undertook phone calls to the person using the service and two care workers to obtain their views on the service provided.

We undertook the inspection visit at the service's head office. During our inspection we spoke to the registered

manager, the operational manager, and the director of the service. We reviewed the care records of the person using the service, reviewed records relating to the management of the service and staffing records.

After the inspection visit we made phone calls to three care workers. We also spoke with the person's GP and the community matron involved in the person's care.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

Staff were knowledgeable in recognising signs of abuse and told us they would verbally report any concerns to the registered manager. At the time of our inspection a formal reporting procedure was not in place to document any safeguarding concerns and they would be raised verbally to the registered manager. There was a risk that details of concerns raised may be missed without the documentation to support the reporting procedure, and appropriate action may not be taken to ensure the safety of people using the service. The registered manager told us they would develop and implement a formal reporting process. If staff felt that the registered manager was not acting appropriately, they felt able to raise their concerns with the person's community matron. At the time of our inspection no safeguarding concerns had been raised. Staff received safeguarding adults training annually, which included the Mental Capacity Act 2005.

Assessments were undertaken to ensure the safety of the person using the service. This included a review of the environment and equipment used. A manual handling risk assessment was completed identifying how the person was to be supported when being moved and transferred. The assessment was reviewed at least annually or as the person's needs changed in line with advice provided by an occupational therapist.

Two staff were required to support the person 24 hours a day, seven days a week. Staff undertook 12 hour shifts and we saw that appropriate numbers of staff were employed in order to provide the support the person required.

There had been a previous concern with staff turning up late for shifts and informal arrangements being made within the staff team to cover lateness. This had been addressed by the management team. Staff were required to inform the head office if they were going to be late so that appropriate arrangements could be made.

Appropriate recruitment and selection processes were in place, and checks had been undertaken to ensure staff were suitable to work with people using the service. The person was involved in the recruitment and selection of staff. This enabled them to choose which staff provided them with support.

Staff and the person using the service were aware of what medicines they were required to take. Medicines were delivered to the person's home in blister packs and staff checked the medicines delivered were in line with the person's prescription. Staff liaised with the pharmacy about any discrepancies. Medicines administered were recorded on a medicine administration record. Staff showed the person the record after they had signed for them to check that it was completed. This record was also checked by the registered manager when they visited the person's home to ensure it was completed correctly and medicines had been administered appropriately.

Is the service effective?

Our findings

Staff had the knowledge and skills to support the person using the service. They had received regular training to ensure they updated their knowledge and skills. This included training on: safeguarding vulnerable adults, food hygiene, effective communication, health and safety, manual handling and first aid. Staff also received additional training specific to the health needs of the person they supported. The community matron told us the staff had the specialist skills required to meet the person's needs.

Some training was provided at the person's home so staff were able to shadow more experienced staff and ensure practices were carried out safely and met the person's needs. The registered manager supported staff when carrying out new tasks.

Training and development needs were discussed during staff meetings and appraisals.

The person using the service required support with their meals. Staff had received training in food hygiene and were

aware of safe practices in regards to food preparation. Staff had also received training in regards to providing a diet suitable to the person's needs. The person using the service chose what they would like to eat and the staff made their meals for them. Instructions were provided to staff about how to support the person with their meal which included ensuring the food was well presented and allowing them to eat at their own pace.

Staff liaised with healthcare professionals involved in the person's care to ensure consistency in the care provided. Staff reported any concerns regarding the person's health to their GP or called the emergency services as necessary. We spoke to the person's GP who confirmed the manager rang them if there were any concerns or queries about the care provided. For example, there had been miscommunication regarding delivery of dressings for the person and the registered manager liaised with the GP and the district nurse to ensure new dressings were delivered to the person's home.

Is the service caring?

Our findings

Staff had been supporting the person for a number of years and had built a good working relationship with the person. The person using the service told us the staff were “very good” and they had “no problems with the staff”. There was good communication between the person using the service and their care workers.

The person using the service had the capacity to make decisions and was involved in all decisions relating to their care. The person had been involved in developing their care plan, which included instruction from the person about how they wished to be supported and what tasks they would like undertaken. Staff told us they made sure they obtained the person’s consent before carrying out any tasks and supporting them with their personal care.

Staff were aware of the person’s cultural needs and supported the person as they required. The service respected the person’s choice to have same gender care workers supporting them with their personal care needs. The person was involved in recruiting new staff and equality and diversity was discussed as part of the process.

Staff respected the person’s right to privacy. When personal care was undertaken the curtains and doors were shut. Staff ensured no visitors or relatives were present whilst personal care was provided, as requested by the person using the service.

Staff asked the person using the service for their permission before discussing aspects of their care with other healthcare professionals or family members.

Is the service responsive?

Our findings

Staff were knowledgeable of the person's personal care needs. The person's care plan was based on information provided by the local authority, other health and social care professionals involved in their care, and discussions with the person using the service. The care plan provided clear instruction to staff about what support the person required and how it was to be carried out to support their needs. The registered manager reviewed the care plan every three months and provided progress reports to the community matron involved in the person's care. The community matron told us, "They always keep me updated...and they contact me if there are any concerns."

We saw the care plan incorporated advice from healthcare professionals as the person's support needs changed. The care plan clearly identified other healthcare professionals involved in the person's care and who to talk to if they required any further advice or support about how to meet their needs.

Staff were aware of the person's likes and preferences and provided care and support in line with these. The service was provided 24 hours a day and enabled staff to support the person and provide them with company and someone to talk to, to reduce the risk of social isolation. There were instructions to staff to ensure the person remained up to date with current affairs, including ensuring they had a newspaper and were able to watch the news on the television. Staff supported the person to stay in contact with their friends and family.

The service routinely obtained the views of the person using the service. The registered manager visited the person weekly and asked about their satisfaction with the service provided. The service held three monthly meetings with the management team, the person using the service, their relatives and the community matron involved in their care. This gave the person, and those that matter to them, the opportunity to comment on the service received and to raise any concerns they had. We saw that one concern had been raised in regards to the quality of domestic tasks undertaken and this was being checked by the registered manager during their weekly visits to ensure it was being completed appropriately.

The person who used the service completed a satisfaction questionnaire about the service every six months. We viewed the most recent questionnaire and saw they were satisfied that Employment 1st UK Limited provided them with the assistance and support they required. There were good working relationships and the service took account of the person's views when providing care.

At the time of the inspection no complaints had been received. The person using the service was aware of how to make a complaint. A complaints policy was available that included the complaints process. The registered manager or the provider would respond to any complaints depending on the nature of the concerns. The complaints policy needed updating to include details of the local authority ombudsman in order for a person to escalate their concerns if they were unsatisfied with how their complaint was handled.

Is the service well-led?

Our findings

Staff received six monthly appraisals reviewing their performance and identifying targets for the future. We saw from the appraisal records we looked at that some staff had requested to receive further supervision, however, the service was unable to evidence that action had been taken to address this nor that further supervision had been provided. The registered manager told us they were providing some staff members with practical supervision at the person's home to further support the staff member whilst they were undertaking their tasks. Supervision sessions were not documented and therefore we were unable to ascertain how often staff received supervision. We could not be assured that the manager responded to care staff's request for further supervision and support to ensure they had the skills and knowledge to meet people's needs.

There were mixed responses from staff regarding the support they received from the registered manager and the provider. Two staff told us they were well supported. They told us the manager was available and provided support and advice during working hours and out of hours through an on call system. They told us the manager responded to any concerns raised and was able to come to the person's home to further support staff and the person using the service. One staff member told us, "[The registered manager] comes whenever you need them, even if it's 2am."

However, three of the five staff spoken with said they felt unsupported. They believed their work was not recognised and felt the communication between the management team and the care workers was not open and transparent. Staff told us they often raised concerns in staff meetings, but felt there was a lack of action taken and they continued to raise the same concerns. One staff member told us, "They don't take our concerns seriously...we want to see changes."

We saw the minutes from the last two staff meetings and saw that concerns regarding communication between the provider and the care workers continued to be raised. We saw that other concerns had been identified and the necessary action was taken to address them. For example, there were previous concerns regarding staff lateness and a reporting process had been implemented to formally record staff lateness so the extent of the concern could be

identified. We also saw that it had previously been noted that the medicines administration record (MAR) was not always being signed as required. Since this was raised the registered manager had not found any concerns regarding completion of the MAR.

The registered manager visited the person's home every week, or more frequently if required, to check on the quality of service provision. This included checking the equipment the person used, reviewing the quality of the care performed, and ensuring tasks were undertaken as required. We reviewed the last two months of checks and no concerns were identified. The registered manager also spoke with the staff on duty and the person using the service to obtain their views, and we saw they were satisfied with the service provided and no concerns were raised. The person required some tasks to be closely monitored and documented. At the time of the inspection we were unable to ascertain from the spot check documentation as to whether these tasks and documents were reviewed. The registered manager informed us they were and they amended the spot check documentation during our visit to ensure these checks were recorded in the future.

At the time of our inspection no accidents or incidents had been recorded. The person using the service and the care workers confirmed that this was an accurate record. There was a process in place for accidents and incidents to be recorded and reported to the registered manager if they did occur so appropriate action could be taken.

Some of the service's policies were missing or did not contain accurate information. A safeguarding adults policy was available and staff had read this as part of their induction. However, the policy did not include up to date information regarding reporting concerns to the local authority and referred to the old regulatory body. We could not be assured that staff had the information to ensure safeguarding concerns would be reported to the Care Quality Commission when required to enable any additional regulatory action to be undertaken to keep people safe. The service did not have a policy in place addressing the Mental Capacity Act 2005, and therefore we could not be assured that appropriate processes would be followed if supporting someone who did not have the

Is the service well-led?

capacity to make decisions about their care. We discussed this with the registered manager and they told us they would review the guidance and produce the required policy.