

Link Medical Staffing Solutions Ltd

Link Medical Staffing Solutions Ltd Haverhill Branch

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Link Medical Staffing Solutions Ltd Haverhill Branch is a domiciliary care service providing support to people in their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our visit there were 23 people in receipt of the regulated activity of personal care.

People's experience of using this service and what we found

Improvements continued to be needed to the safe management of medicines. Medicines administration records were not always clear or fully completed.

People felt safe with the service they received. There were systems in place to protect people from the risk of infections.

Recruitment practices had been improved and were safer. The provider undertook the necessary pre-employment checks prior to new staff working at the service to ensure they were suitable for the job role of providing care to people.

There was increased oversight however, governance systems required further strengthening as systems in place did not identify areas where safety was being compromised.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 18 September 2019) and there were two breaches of regulation. At this inspection enough improvement had not been made and the provider was still in breach of regulation(s). This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

We carried out an announced comprehensive inspection of this service on 1 and 13 August 2019. Breaches of legal requirements were found in safe care and treatment and good governance and we issued the provider with a warning notice for their non-compliance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those Key Questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained Requires Improvement. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Link Medical Staffing Solutions on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person failed to ensure risks relating to the safe management of medicines were assessed and managed. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Link Medical Staffing Solutions Ltd Haverhill Branch

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 consisted of an inspector and an assistant inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own home. The service had a manager registered with the Care Quality Commission. They were also the provider of the service. This means they are legally responsible for how the service is run and for the quality and safety of the care provided. They have been referred to as 'the provider' throughout the report. A service manager had also been recruited to oversee the day to day management of the service.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and we wanted to ensure the provider and office staff were available to speak with us and assist us with the inspection. Inspection activity started on 13 November 2019 and ended on 15 November 2019 once we had made telephone calls and spoken with people and relatives. We visited the office location at Link Medical Staffing Solutions on 13 November 2019 to meet with the provider and office staff; and to review care records and policies and procedures.

What we did before the inspection

Before the inspection visit to the provider's office, we reviewed the information we held about the service. This included any notifications the provider was required to send us by law and any information we had received from members of the public about the quality of care being provided.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with three people and two relatives about their experience of the care provided. During our visit to the office we spoke with the provider, the newly recruited service manager and two of the office staff. We reviewed a range of records. This included two people's care records and medicine records for ten people. We looked at two staff members recruitment and training records. We also looked at a variety of records relating to the management of the service including how the provider monitored the quality of care people received.

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 Requires Improvement and we found a breach of Regulation 12: safe care and treatment and Regulation 19: staffing. This was because medicines administration and record keeping was not always managed effectively and safely. We also found that staff were not consistently recruited safely. At this inspection we found some previous shortfalls had been addressed. There were improvements in the recruitment of new staff and therefore no breaches of the regulations in this area. Work to improve medicines management was still required. This key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- At our last inspection medicines management was not always safe. There were ineffective systems and processes in place to manage people's medicines safely.
- At this inspection we found the necessary improvements had not been made. Medicines were still not always suitably recorded.
- Staff were continuing to produce medication administration records (MAR) themselves and still not always sourcing a second member of staff to check and countersign. This was not in accordance with best practice guidance and the provider's own policies.
- The MAR charts that were produced were still not always clear and did not always include full dispensing instructions. This continued to increase the risk of errors occurring.
- This meant effective systems were not in place to ensure that people received their medicines safely and in line with the prescriber's instructions.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure medicines were managed safely. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- At our last inspection we were concerned because the provider did not have robust recruitment processes in place and staff were being recruited without the appropriate pre-employment checks.
- At this inspection we found the necessary improvements had been made. We viewed the files of two staff recruited since we last inspected and found pre-employment checks had been carried out.
- Prior to commencing work unsupervised, prospective staff had a Disclosure and Barring Service (DBS) check undertaken. The DBS helps to prevent unsuitable staff from working with vulnerable people. The DBS check shows if potential new staff members had a criminal record or had been barred from working with adults.
- People told us they received their care calls as planned however some variance continued with timings. One person said, "They now have a good base of staff so now I get more regulars, so it is going well." Another

person commented, "I don't know who is turning up. No problem with the [care staff] but the times are a problem. I like my care fairly early and one staff turns up at 7.15am which is perfect but next time not until 9 am."

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the support they received from the care staff who visited them. One person said, "Staff have always been lovely. I always feel safe with them." Another person's relative told us, "[Family member] is totally safe. Staff keep in contact with me regularly and it is two way conversation. I'm really happy with the set up."

Assessing risk, safety monitoring and management

- Risk assessments were completed in relation to the support people required and included potential risks associated with people's health and medicines.
- Care records contained environmental risk assessments of people's homes. These included potential trip hazards, fire risks, pets and adequate lighting.

Preventing and controlling infection

- Care workers continued to be provided with personal protective equipment such as disposable gloves and aprons to enable them to carry out their job roles safely and to reduce the risk of infection.

Learning lessons when things go wrong

- Accidents and incidents were recorded and documented however, there was no evidence of learning or details of actions taken to reduce the likelihood of a reoccurrence.
- The new manager had identified this and had already commenced adding actions to be undertaken in response to feedback. They were extending this to any accidents and incidents which occurred to reduce the likelihood of a reoccurrence.

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 and we found a breach of Regulation 17: good governance. This was because governance systems and quality monitoring of the service was not robust. At this inspection we found some improvements and the provider was no longer in breach of Regulation 17. However, further improvements are required to ensure the governance processes to monitor all areas are robust. Therefore, the rating for this key question remains as the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality audits were not always effective. Some of the shortfalls identified during the inspection had not been identified and not been improved since the previous inspection. Audits undertaken did not always result in shortfalls being addressed.
- People's medicines were not always managed safely. We found failings in the provider's quality assurance systems around medicines management to identify and act on shortfalls. We discussed the auditing of medicines records with the provider who informed us that following this inspection, either them or the new manager would be auditing medicine records to ensure they were accurate.
- Improvements had been made to staff recruitment process. Necessary pre-employment checks were now undertaken and records showed clearly the process followed in order to make the safe recruitment decision to appoint a member of staff.
- The provider was in the process of introducing a new care management electronic system. The provider, new manager and office staff were currently undertaking training of this system. The provider was confident that once the new system was fully installed and embedded into practice that improvements would be seen and sustained in medicines and care management.
- The provider had increased support both in the office and also with the recruitment of a new manager to give improved oversight. Team members had clear roles and responsibilities in the service and worked well as a team.

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

- People continued to tell us they felt the service was well led. One person said, "They always make you very welcome and talk to you." A relative commented, "Nothing negative I can say. It has been such a relief [to have care from Link Medical]."
- The provider continued to be committed and open to making the necessary improvements. They expressed some frustration that the new electronic care management system was not fully implemented at

the time of our visit. However, they demonstrated a commitment to ensuring this was implemented correctly and all staff received the training they needed to ensure it would be successful.

- The provider was continuing to work proactively to an action plan developed with the local authority.
- The provider continued to be aware of their legal responsibility to inform us about significant events such as serious injuries and safeguarding concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Questionnaires were shared with people and their relatives in order that they could provide feedback to the provider on the care they received. Whilst there was no formal overall analysis of survey responses, we saw the new manager had begun identifying any actions needed as a result of people's feedback. The majority of feedback from the survey was positive.

Working in partnership with others

- The service continued to work with external healthcare professionals and the local authority.
- The provider continued to work with the local authority that commissioned the care from the service on an action plan.

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 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's care and treatment were not always planned and managed in a way that promoted their health, safety and wellbeing.