

Kwikfix Recruitment Services Limited

Northampton

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 ●

Summary of findings

Overall summary

This announced inspection took place on the 28 and 29 June 2016. Kwikfix Recruitment Services Limited - Northampton provides a personal care service to people who live in their own homes in the community. At the time of our inspection the service was supporting two people.

There was a registered manager in post at the time of our inspection. 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.

People told us that they felt safe. Staff understood the need to protect people from harm and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required at the times they needed. The recruitment practice protected people from being cared for by staff that were unsuitable to work in their home. Staff were supported through supervision and the induction and training programmes in place.

Medicines records were not always completed correctly and failed to give a clear account of the medicines administered to people. Quality monitoring processes needed to be strengthened to ensure that the provider fully understood the development needs within the service and to enable it to focus improvement activity to ensure required standards were met.

People were supported to maintain good health and were supported to have access to healthcare services when needed and were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005.

Staff had good relationships with the people who they supported. Complaints were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People felt safe in their home with the staff that cared for them and staff understood their responsibilities to ensure people were kept safe.

Risk assessments were in place and managed in a way which ensured people received safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

Is the service effective?

Good 

The service was effective.

People were actively involved in decisions about their care and support needs. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

People were supported to access relevant health and social care professionals to ensure they received the care and support they needed.

Is the service caring?

Good 

The service was caring.

People were encouraged to make decisions about how their support was provided and their privacy and dignity was protected and promoted.

Staff had a good understanding of people's needs and preferences.

Staff promoted people's independence to ensure people were as involved and in control of their lives as possible.

Is the service responsive?

Good ●

The service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People using the service and their relatives knew how to raise a concern or make a complaint.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Systems in place to monitor the quality of the service needed to be effective to ensure that the day-to-day operation of the service was in line with required standards.

People and staff were confident in the management. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place on 28 and 29 June 2016 and was undertaken by one inspector. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure a member of staff would be available.

We checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

We also contacted the health and social care commissioners who monitor the care and support of people living in their own home.

During the inspection we spoke with two people who used the service, one relative, two care staff, a care co-ordinator and the registered manager.

We reviewed the care records of two people who used the service and three staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

People felt safe with the staff that came into their home. One person said "I feel safe; if anything went wrong I know they will help me." People were supported by staff that knew how to recognise if people were at risk of harm and knew what action to take when people were at risk. Staff told us that if they had any concerns they would report it straight away to the registered manager. Staff had confidence that the registered manager would take the appropriate action. We saw that when safeguarding referrals had been made to the relevant authorities, the registered manager had undertaken a full investigation and ensured that measures were in place to support people and review their safety. We saw from staff records that all staff had received safeguarding training and undertook regular refresher training.

People's individual plans of care contained risk assessments to reduce and manage the risks to people's safety; for example people who had been assessed as at risk of falling had a risk assessment in place which gave details to the staff as to how to mitigate the risks of falling. The care plans were reviewed regularly and updated as and when necessary. One relative told us there was a good system of communication in place and any concerns around safety were addressed.

Training records confirmed that all staff had received health and safety, moving and handling and infection control training. Accidents and incidents were recorded and reviewed to look for any incident trends and to see whether any control measures needed to be put in place to minimise the risks.

There were appropriate recruitment practices in place to ensure people were safeguarded against the risk of being cared for by unsuitable staff. Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work for the provider.

People told us that they felt there was enough staff to meet their needs. One person told us "They always come on time and I usually have the same two care staff." A relative told us "They are usually on time and will let us know if they are running late." The staff we spoke with said they felt there were enough staff and that they had the time to support the person with their personal care needs; if they needed more time they just contacted the staff in the office to let them know. We could see from the staff rota that the needs of people had been taken into account when planning the rota and account had been taken of the travel time between calls. People received a rota each week so they knew which staff were supporting them.

There was a system in place to manage the administration of people's medicines when required. Staff supported people to take their prescribed medication and visits to people were timed to ensure that medicines were taken at the time they required. All staff had received training in the administration of medicines and we could see from records that the training was refreshed each year. There was a need to ensure that all staff were consistent as to how they recorded the administration of medicines.

Is the service effective?

Our findings

People received care and support from staff that had the skills, knowledge and experience to carry out their roles and responsibilities effectively. People told us that they were confident in the staff and felt they were trained and understood their responsibilities. One family commented "Some care staff are better than others, but they all listen and do what we want."

All new staff undertook an induction programme which included classroom based training in manual handling, health and safety, understanding the role of a care worker and safeguarding. Once new staff had completed the first part of their induction they worked alongside more experienced staff before they worked alone. One member of staff told us "Once I had completed the theory training I shadowed someone for almost a month before I went out on my own." All staff were expected to undertake the Care Certificate; the Certificate is based on 15 standards and aims to give employers and people who receive care the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff were supervised and felt valued in their roles. 'Spot checks' were undertaken on a regular basis; these enabled the registered manager to ensure that all staff were following the provider's procedures correctly and were delivering safe care. Staff confirmed that in supervision they discussed their individual performance and identified any further training they could benefit from. Those staff who had been employed more than 12 months had received appraisals which gave them a further opportunity to discuss their performance and development.

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 we saw that they were. Staff sought the consent of the individual to complete everyday tasks; they were aware if a person had been deemed to lack the capacity to give their consent the service would ensure that appropriate steps would be taken legally to identify someone to act in their best interests. The majority of the people using the service were able to give their consent and were actively involved in their care plan; where it had been identified that someone lacked capacity appropriate actions had been taken.

People were supported with their meals and drinks when necessary. The care plan detailed what level of support a person may need with regards to eating or drinking. Visits were planned around meal times for some people to ensure that they had something to eat and drink.

People's healthcare needs were monitored. Records showed that people had access to a range of health professionals, including the District Nurse and GP. We heard a call made to one family following concerns raised by one of the care staff, the registered manager contacted the family who advised they were aware of the particular concern and had already contacted the GP.

Is the service caring?

Our findings

People were supported by staff that were compassionate, kind and caring. One person commented "[name of care staff] is very sweet, they are a carer who cares; they are very thorough and thoughtful, always asks me if I need anything else. I can't speak highly enough about them." A relative told us "We could not manage without them, they are all approachable and we would recommend them."

Care plans included people's preferences and choices about how they wanted their support to be given. People told us that staff took time to listen to them and respected their wishes. One person said "We always have a laugh and a chat; when I said I only wanted a female carer that was agreed and I always have a female carer; usually the same two which is nice." The provider had tried to ensure that the same staff supported people and if anyone was absent the team leader covered. This meant that people knew all the staff who were likely to care for them.

People told us that staff respected their dignity and privacy and never spoke to them about other people who used the service. Staff described to us about how they maintained people's dignity; they described closing curtains and doors to ensure no one could see in and covered people up as much as possible to maintain their dignity at all times. One person said "They are very good, I found it difficult needing to have assistance with showering, but they have made me feel comfortable."

The people receiving personal care were able to express their wishes and were involved with their care plans. We spoke with the manager about what support was available should a person not be able to represent themselves or had no family to help them. The manager explained that if that situation did arise they would support the person to get an advocate. At the time of the inspection no one had needed the support of an advocate.

Is the service responsive?

Our findings

People and their families initially met with the provider which gave everyone the opportunity to consider whether their needs could be met at the times they wanted. People were able to discuss their daily routines and their expectations of the service. This information was then used to develop a care plan for people. The provider ensured they had sufficient resources to meet people's needs before people were offered a service. This meant that people's needs were consistently and effectively met.

People were involved with developing and updating their care plan which detailed what care and support they needed. One relative told us "We worked closely with Kwikfix to set up the care plan and we have good communication with them." A team leader visited regularly to check how things were going and would make any adjustments to the care plan as necessary. For example we could see from one care plan the person had initially needed three visits a day, as circumstances had changed the person now only needed one visit per day.

Staff knew people and spoke fondly of the people they supported. We saw that a communication log had been set up with one family which had enabled the family to keep up to date with what was happening with their relative's care as their relative could not always remember things; they could leave messages too. The family told us this worked very well and they felt fully involved with their relative's care. Daily records were kept and people confirmed with us that staff always read and completed the record to ensure everyone was kept up to date and informed of any changes. This ensured consistency in the care being provided.

There was information available to people and their families about what to do if they had a complaint or needed to speak to someone about the service. The provider had ensured that there was always someone people could contact 24 hours a day. People told us that they would speak to the registered manager or any of the staff if they had a complaint. One person told us "I have had no complaints but I know there is information on the front of the folder about who to call." A relative told us that when there had been a missed call the provider had apologised and looked into what had happened.

We saw that there were appropriate policies and procedures in place for complaints to be managed and responded to. The manager kept a log of any complaints which included any outcome and action taken. We saw that the manager had responded promptly when a complaint had been made.

Is the service well-led?

Our findings

The quality monitoring and review processes in place needed strengthening in order to enable the provider to maintain a clear picture of how the service was operating and of the quality of care and support provided to people.

Audits of care plans and 'spot checks' undertaken had failed to pick up that staff were not all recording the administration of medicines in the right place. Daily records, instead of the medicine administration record (MAR) sheets were being used to record when people had been supported to take their prescribed medicines. The information on the MAR sheets did not sufficiently describe the medicines to be taken. The registered manager needed to ensure that the systems in place to monitor the service were effective to ensure that the day-to-day operation of the service was in line with required standards.

This was a breach of Regulation 17. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were happy with the provider and felt able to raise any concerns if they needed to. Staff felt supported and said that the registered manager and the staff in the office were all approachable.

Regular visits were made to people by a team leader to get feedback from them about the service. We read one comment recorded on a customer feedback form 'I am very happy with the girls I have; they are lovely and kind and also caring.' The registered manager collated the information gathered and ensured, where necessary, that changes were made. For example in one case a person had asked for female only care staff and we saw that this had been recorded in their care plan and the care co-ordinator ensured that there was information on the rota system.

Learning from the outcome of complaints and safeguarding investigations was recorded and shared with staff through supervision and weekly emails to all staff. There was commitment from the provider to ensure the service was compliant with the regulations and that the standard of care was consistent.

The culture within the service focused upon supporting people's well-being and to enable people to live as independently as possible. All of the staff we spoke with were committed to providing a high standard of personalised care and support. Staff were focussed on the outcomes for the people that used the service and staff worked well as a team to ensure that each person's needs were met.

Records relating to the day-to-day management of the agency were up-to-date and accurate. Care records reflected the level of care received by people. Records relating to staff recruitment and training were fit for purpose. Training records showed that new staff had completed their induction and staff that had been employed for twelve months or more were scheduled to attend 'refresher' training. Staff were encouraged to gain further qualifications.

There were policies and procedures in place which covered all aspects relevant to operating a personal care service which included management of medicine, whistleblowing and recruitment procedures. Staff had

access to the policies and procedures whenever they were required and were expected to read and understand them as part of their role.

The management and staff strived to provide people with the care and support they needed to live their lives as they chose. The provider was committed to providing well trained and motivated staff and looked for opportunities to develop the service.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The systems in place to assess, monitor and improve the quality and safety of the service failed to pick up that Medicine administration records were not being correctly completed and there was insufficient information recorded about the medicines being taken. Regulation 17 (2) (a) (c).</p>