

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 effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Link Medical Staffing Solutions is domiciliary care agency. This service provides personal care to people living in their own homes. It provides a service to adults who may be living with dementia, a physical disability and/or mental health conditions. At the time of our visit there were 12 people using the service. This inspection took place on 12 June, 15 June and 2 July 2018 and was announced. We gave the provider just under 24 hours' notice. Because the provider is based from an office, we needed to be sure someone would be available to meet with us.

There was a registered manager in post at the time of our inspection. The registered manager was also the owner of the provider company. We have referred to this person as the 'provider' throughout this report. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

This was the service's first inspection. The provider first registered with CQC in September 2017. This inspection was brought forward due to a number of concerns we received about the service. At this inspection, the service was rated requires improvement overall. We found they were in breach of five regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had failed to implement a quality monitoring system to ensure the agency functioned safely and effectively. This meant they were not aware of issues such as inconsistencies with recruitment practice. The lack of effective audits also meant the provider had not identified a wide range of records relating to people's needs were missing from the service. The provider's governance arrangements had failed to identify when things had gone wrong and take action to put this right.

Recruitment measures were not robust in contributing to protecting people from unsuitable staff being employed. The provider had failed to monitor the quality and safety of the service, including spot checks of staff practice, supervisions and audits of care records.

Staff did not have sufficient formal opportunities to discuss their performance or their training and development needs.

Care plans were not all reflective of people's current support needs; the information within them was not always detailed.

People knew how to raise complaints and concerns however complaints were not compiled to show how the service had analysed and responded to information gathered or used this information to make improvements to the service.

People who used the service and their relatives spoke highly about staff and told us they were caring. They said staff were respectful at all times and they were encouraged to remain independent.

We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment and good governance. You can see what action we told the provider to take at the back of the full version of the report.

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

Robust recruitment procedures were not followed to minimise the risk of unsuitable people being employed.

Recruitment of staff was challenging and the provider had to deliver people's care calls frequently.

Risks to people's health and wellbeing had not been fully assessed and were not monitored to ensure people were safe.

Requires Improvement ●

Is the service effective?

The service was not always effective

Supervision and checks on staff were not in place to monitor their capability and understanding of the tasks they were required to undertake.

People who received support with meals were happy with this aspect of their care.

People's capacity to fully understand decisions related to their care was not always considered.

Requires Improvement ●

Is the service caring?

The service was not always caring

People could not be assured that their privacy was respected, people's personal daily care records could not all be located.

People were supported by staff that were caring towards them.

People were supported to maintain their independence.

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Care records were not always up to date or robustly reviewed.

Requires Improvement ●

The system in place to deal with complaints was not effective. There were no records available to show concerns and complaints had been followed up.

Is the service well-led?

The service was not always well-led.

There were no effective systems in place to monitor the quality of the service or identify the concerns that we found.

Quality monitoring systems were not always effective to drive improvements.

People were positive about the provider.

Requires 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 inspection took place on 12, 15 June and 2 July 2018 and was announced. The inspection team consisted of two inspectors.

We reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We also sought views from commissioners who funded the care for some people.

We looked at the care records of three people in detail to check they were receiving their care as planned. We also looked at other records including all staff recruitment files, training records, medication records and management records. We spoke with four people who were receiving care, two relatives, the provider and three members of care staff. We made efforts to contact all members of staff to seek their feedback but heard back from only one.

Is the service safe?

Our findings

Recruitment measures were not robust in contributing to protecting people from unsuitable staff being employed. The provider was aware there were shortfalls in recruitment processes. We found that the provider was not following their policy and the Care Quality Commission (CQC) guidance about law and recruitment processes. CQC guidance about meeting regulations states what information must be obtained before staff are employed. The provider's own policy guidance stated that processes must not proceed beyond interview stage until two references and satisfactory background checks were obtained.

The interview process itself was inconsistently applied. The provider's recruitment policy showed that the interview process was to include "standard questions" and a scoring system to ensure consistency. Some staff had interview notes on file confirming their responses to the provider's prepared questions. Others did not and in one case, their interview record only noted their availability for work. This did not allow for proper exploration of the aptitude of applicants and a fair and consistent approach for each of them.

The provider had completed enhanced checks of criminal records with the Disclosure and Barring Service (DBS). In addition to any convictions, these checks also show whether applicants are barred from working in care services. For one staff member, we found that their DBS check was dated as supplied more than three weeks after their first shift shown on the computer schedule.

There was a process for exploring any historical concerns revealed within DBS information to ensure potential risks and explanations were recorded. This enabled the provider to assess whether a staff member posed undue risk to people who used the service. However, we found that for one staff member appointed this assessment was completed three weeks after employment began.

For one staff member, not involved in direct care provision, there were no references on their file. A member of the care staff team confirmed to us that their references had been supplied to the office when they were recruited. These were not available in the staff member's file. For another staff member delivering care, the provider confirmed that they had sought references. However, again these were not available on the file as required by law and to show robust processes for checking staff conduct.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated activities) regulations 2014.

The provider had not always assessed or identified risks to people's safety and wellbeing. The local authority assessment in one person's file included information about daily visits from community nurses to administer insulin. However, the person's care plan and risk assessment did not contain any information about this or the risks associated with being an insulin dependent diabetic. There was no guidance for staff on how to respond if the person became unwell in relation to their diabetes. Therefore, they were at risk because the staff may not be able to identify this or know how to respond.

Prior to this inspection we received information telling us that care staff were carrying out a healthcare task

without appropriate training and that this was placing the person at risk of harm. The provider told us staff should not be carrying out the task and they were unaware this was occurring. Care records we looked at stated on occasion that staff were carrying the healthcare task out and when we spoke with the persons family member, they also confirmed that staff were carrying out the task on occasions. Staff did not have training to carry out such specific healthcare tasks and were doing so against instruction from the provider.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) regulations 2014.

We spoke with the provider who told us that following our visit they had sourced some training for staff to ensure staff were skilled and competent to carry out the healthcare tasks.

People and their relatives told us that they received their care calls consistently and mostly at the planned time with the exception of when carers were delayed due to traffic or other people being unwell. One person said, "They [carers] may be a little late sometimes but that's okay with me. They are much better than any other agency I've had." Another person told us, "Ever since I started with them [Link Medical] I can guarantee they will turn up. I need a tablet at certain times and they will be here to [prompt] me to take it."

Staffing levels and recruitment was an ongoing challenge for the provider. In order to ensure that people received their care calls as planned, the provider herself was delivering a lot of people's care and was providing personal care to people on the morning of our inspection visit. She told us that this was in response to two staff recently leaving the service and not yet having been replaced. We discussed our concerns that, in addition to the existing vacancies, another staff member was working their notice period and due to leave soon after our inspection visits. Two people contracted to receive the service were in hospital. We were concerned that, once they were again in receipt of care from the agency, staffing levels would be further stretched. During our inspection visit, a senior support worker was providing "on call" support to staff working in the field. The senior staff member was called twice to visit people in response to difficulties staff experienced. This contributed to providing assistance to staff when they needed it.

However, the provider assured us that they were actively seeking to recruit and that no one had experienced any missed calls, this was confirmed by the people and their relatives that we spoke with. The provider and director told us they didn't have any plans to expand the business currently and they were looking to ensure they could deliver the service to the people they were supporting whilst also trying to expand the staff team.

People using the service and their relatives all told us they felt safe with the staff providing their support. One person said, "Oh yes I feel safe, they are marvellous." Another person told us, "I am very safe, the carers don't ever rush me."

Staff understood the different kinds of abuse to look out for to make sure people were protected from harm. Staff we were able to speak with, knew who to report any concerns to. Staff told us they were confident that any concerns would be dealt with appropriately.

We looked at how people were supported to manage their medicines. The provider told us that people currently using the service took their medicines with a little prompting from staff. People we spoke with confirmed that they needed minimal support with their medicines and that this amounted to prompting only. One person told us, "I don't need any help with my medicines." Another person said, "They [care staff] turn up on time to prompt me with my medication."

Not all staff had undertaken medicines training with the provider and no competency assessments of staff

capabilities to safely administer medicines had been undertaken. The provider agreed that she would have to refuse care packages for any person requiring assistance with the administration of their medicine until staff were fully trained and had their competence to do so assessed.

Staff covered the importance of preventing and controlling infections during their one-day induction. We observed that there were disposable gloves at the office for staff to collect, so that they could minimise risks during the provision of personal care.

Lessons were not always learnt when things went wrong because the provider had not implemented systems to monitor and review the care and support people received. The provider's policy guidance contained information about business continuity should significant or serious events take place. However, the record provided for identifying actions, who was responsible and the levels of risk, was not completed to show what should happen.

Is the service effective?

Our findings

As part of this inspection we looked to see how staff were supported to develop into their roles to ensure they had the knowledge and skills to support people using the service. Staff files did not show that new staff received robust and consistent induction training when they began employment with the agency. The provider could not demonstrate they followed their own policy guidance for induction to ensure staff were competent in their roles.

The provider's induction policy said that staff would need to, "...successfully complete an induction programme to the standard of the Skills for Care Common Induction Standards within 12 weeks of appointment." It further stated that there would be follow up for each employee to evaluate their induction within three weeks of completing it. Staff files did not show that they had completed the Skills for Care induction programme. There were no recorded evaluations of spot checks on their competence to apply the training they were given. There were no staff comments about the effectiveness of their induction training in equipping them with the skills they needed.

There was no reference to staff completing the Care Certificate, which has largely superseded the Common Induction standards as recognised best practice in staff induction training. We noted that there was a printed copy of the Care Certificate information available in the office but nothing to indicate how it was achieved and applied in practice.

We found that some information showed that staff were to complete a workbook as a part of their induction, but there was no record of satisfactory completion within their records. One staff member told us that they had no workbook given to them after their appointment, but were expected to complete "on line" courses using the computer.

We saw that staff completed a one-day classroom induction and information about this was present in each file reviewed. The certificates confirming attendance showed this covered infection control, fire safety, moving and handling, information governance, resuscitation, safeguarding and conflict resolution. Staff files also recorded introductions to the policies of the agency covering two days and when they had completed shadowing shifts with more experienced staff.

The provider's policy for staff supervision showed that staff should receive supervision at least four times a year. In none of the staff files reviewed, was there any indication of supervision taking place. One member of staff told us that the provider did make contact with staff on an informal basis, "She [provider] will be asking if I'm okay all time."

Staff terms and conditions showed that they were subject to a probationary period, during which they were expected to show competence and appropriate conduct in their role. The information we viewed showed that the probation period was three or six months. There was a lack of specific information for each staff member to show how long their probation period would be. There were no interviews recorded within the probation period for staff who had been in post for six months or evidence of evaluation of their

performance during that time.

The provider told us that she had intended to schedule probation interviews but this had not yet happened. She also told us that she had monitored staff performance during their care visits, but agreed she had not recorded this as an aid to monitoring staff.

Failure to provide staff with appropriate support, professional development, supervision and appraisal is a breach of regulation 18 of the Health and Social Care Act 2008.

People told us they were supported to have enough to eat and drink. Not everyone we spoke with needed help with maintaining a balanced diet and many were able to support themselves with this. People spoken with told us that staff offered them choices based on their own provisions. One person said, "The staff made me a sandwich of my choosing."

Everyone we spoke with told us that ordinarily either they or their family arranged their own healthcare appointments as necessary. The provider and staff told us that if needed, they would make referrals for people to healthcare services such as district nurses and GPs.

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.

The majority of people who received a service from the provider had capacity to consent to their care however staff told us there was one person being supported who lacked the capacity to consent to their care. One staff member told us the training they received from the provider about MCA was brief, "Capacity, we get no real training, the online course about dementia touched on it."

Care plans and risk assessments, we looked at had been signed by the person to evidence their consent to the care and treatment being arranged. Where people could not make decisions for themselves, records did not show who had been involved in making decisions for people. They did not show decisions had been made in their 'best interests' in consultation with people who were important to them, advocates and health and social care professionals as appropriate.

Is the service caring?

Our findings

People could not be assured that their privacy was respected. The provider did not ensure they were compliant with their responsibility for ensuring people's confidentiality was respected. People's paper records of their care visits that were completed in their homes by care staff were not subsequently safely stored once removed from people's homes. As part of our visit we requested to view the complete care records for several people, however we found we were unable to do so because not all care records could be located. The provider told us the system in place was for the care records to be returned to the office each month however the provider discovered when looking for the records for us, that there were a number of records missing. For some people this amounted to many weeks of records of their care. This meant people's personal care records were not being kept securely and people were at risk of having their personal information and data shared without their consent.

The service was in the early stages of using a new technology system which the provider told us was to enhance the delivery of effective care. The provider had begun writing people's care plans into the system, however they were also attempting to copy some back dated daily notes which staff had written into the system as well which wasn't an effective use of time and meant the notes were not contemporaneous and had all been entered on the same date.

The provider was not ensuring they maintained securely an accurate, complete and contemporaneous record in respect of each service user. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People spoke highly of the staff and said they were kind and caring and told us they were happy with the care they received. One person told us, "They have concern for me, they always ask, 'do you want anything else before I go', which is nice." Another person said, "They are very nice, very kind and they are important to me. I look forward to seeing them."

People's relatives were also positive about the support and care provided to their family member. One person's relative said, "My [family member] looks forward to the carers coming, they're very kind."

Staff were positive about the care that people received.. One member of staff told us, "Our care is second to none. We know that from clients and people living in the community who have told us. People say they couldn't do without us. You cannot fault care it's excellent. We go above and beyond and stay over our time if we need to. Even if there is nothing to do we will sit and talk to people. It's holistic care, mental health is important too." Another member of staff said, "I honestly do hand on heart feel the care is good. We will spend extra time with people, isn't a case of in and out job done. Nice that she [provider] allows us to sit with people."

Several people told us staff supported them in a way that maximised their independence. They said staff encouraged them to do things for themselves but were always happy and willing to support them with tasks if they needed some help. One person told us, "I am now beginning to be able to do things for myself and

they [care staff] support me to do that. It helps my independence."

Records of compliments were maintained where people had expressed their satisfaction with the level of service being provided. Comments had been made about the attitude and behaviour of staff, in compliments and letters of thanks to the agency's office. These were positive about how relatives felt that staff had supported their family members. For example, one relative had written, "We cannot thank you and your team enough for what you are doing."

Another wrote, "All the carers looked after [person] so well ... The care provided was of excellent standard and was undertaken with great care and consideration ... in order to maintain [person's] dignity." We were very grateful for the friendliness and concern shown by the carers." They went on to comment that the person themselves had valued being able to have a joke and laugh with staff to make the process of receiving care more comfortable and less formal.

Is the service responsive?

Our findings

We identified concerns relating to the plan of care for people with a specific healthcare condition. People's needs were not appropriately assessed or planned for and this had the risk of potential impact on their health and wellbeing. Specific care plans were not in place for every area of people's support need. For example, two people who used the service had diabetes. We found there was no diabetes care plan available and insufficient detail in the rest of their care plan about how they needed staff to help them monitor and manage their diabetes. This meant staff did not have sufficient information about people's needs to guide them in supporting people safely.

Because of the size of the service and the low number of people staff were supporting, care workers had a good understanding about what people's needs were and how they liked to spend their time. One member of staff told us their in-depth knowledge of people meant they were able to support them and respond to changing healthcare needs. One member of staff said, "I responded to an urgent call this morning for [person]. The [healthcare professional] at their home was going to call 999. I went straight out to see [person] and our knowledge of them prevented a hospital admission. We knew what was up and what [person] wanted."

People and their relatives told us they were happy with the service they were receiving and that they knew how to contact the provider should they need to. One person told us, "I've got no complaints. I would tell you, I would speak up for myself. [Provider] comes here often to do my care, I could tell her anything if I wasn't happy."

Complaints were not effectively compiled to show how the service had analysed and responded to information gathered or used this information to make improvements to the service. We noted that there was a file for recording compliments and complaints held within the main agency office. There were no recorded complaints within it. We asked the provider if anyone had made a complaint about the service since it opened. She told us there had been one, which she had followed up and taken action to address. We emphasised the importance of properly recording concerns, the investigation and action taken, as well as providing feedback to the person raising concerns. Without clear information and as the agency operates over a longer period of time, there would not be a clear process for checking complaints management and auditing or learning from any patterns.

There was no one receiving end of life care at the time of our visit. Staff told us that if they were supporting someone who was considered to be nearing the end of their life they were well supported by the senior staff or provider. One member of staff told us, "A part of the senior [staff] role is to ensure carers are okay. Staff can say if someone isn't feeling able to support someone at the end of their life and we will switch visits. [Provider] also reassures staff they could come in for debrief in the office if upset."

Is the service well-led?

Our findings

There was a registered manager in post, who was also the director of the provider company. The provider had not implemented systems or processes to assess, monitor or improve the level of service provided. This meant that issues and concerns were not routinely identified and the necessary action taken to improve the service had not been taken.

Whilst the provider was very knowledgeable about the people who used the service and their needs, our findings showed the provider lacked the time and full understanding of their pivotal role in overseeing all aspects of the service. They also lacked general knowledge and awareness of the Regulations. The provider acknowledged during the inspection, they had not managed to keep on top of all their managerial and provider responsibilities due to a lack of staff and having to undertake the role of a care worker.

Accurate and up to date records were not completed and securely stored. We were unable to view completed and up to date care plans for people who were supported by the service and which included any specific health care needs. People's daily care records were kept in different parts of the office, or in their own homes and had not been filed and stored. Many records were missing and could not be located.

We noted that the agency held confidential personal information about people on the computer system. However, on one terminal the provider attempted to use, another staff member had left themselves logged into the system and was not in the office to log out properly. We also noted that this terminal flashed up that the anti-virus programme subscription had expired and needed to be renewed. This presented concerns that data may not be as secure as it should be or protected from corruption.

There was no evidence or formal records of any audits that had been completed since registration of the service. The provider had failed to ensure that recruitment measures were robust and that satisfactory pre-employment checks were completed on newly recruited staff.

The provider was not ensuring they had systems which operated effectively to assess, monitor, mitigate and improve the quality and safety of services for people. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

It was clear the provider was facing a number of challenges. They had faced some staffing challenges which had left them with a reduced number of care staff at very short notice. In their commitment to ensuring that people were receiving their care calls, they had lost time and oversight of the management of the service. Beginning to recognise this, the provider had commissioned an external company to carry out an audit of the service, this audit had also highlighted a number of areas of the service requiring improvement. The provider told us, "The company [Link Medical] was really good, but the staffing issues meant it 'fell' big time so we needed to refocus." The provider told us they were looking to start implementing some of the actions from the external audit as the staffing situation improved. One of the first actions had been a staff meeting which one member of staff told us about, "It's a new thing so we can share. We had the first one, it was a bit

unusual but [provider] said we can discuss things."

The provider told us that some information had gone missing from the service and that she had taken action with regard to this. This included ensuring that staff personnel files were locked away and that only she had access.

Staff we spoke with were very loyal to the provider and Link Medical team. One member of staff told us, "I think [provider] does a really good job of giving us time to be with [people]. We don't 'wish wash' out like others. Others go in make a sandwich and go. We prompt and spend time with people."

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were placed at risk of potential harm because staff were carrying out a specific healthcare task without training and against instruction from the provider</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider was not ensuring they had systems which operated effectively to assess, monitor, mitigate and improve the quality and safety of services for people.</p> <p>The provider was not ensuring they maintained securely an accurate, complete and contemporaneous record in respect of each service user.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider was failing to provide staff with appropriate support, professional development, supervision and appraisal.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Robust recruitment procedures were not followed to minimise the risk of unsuitable</p>

people being employed.