KTG Recruitment Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection of the service took place 6 March 2018. A follow up desktop review of evidence was completed 22 March 2018. This was completed following a meeting with the registered manager of the service. The delay was due to the registered manager and the inspectors conflicting schedules.

The service was given 24 hours' notice prior to the inspection this was done as the service is small and we wanted to be sure there would be someone available to speak with us.

KTG Recruitment Ltd is managed from well-equipped offices located in central Preston. Services are provided to support people to live independently in the community. During this inspection there were 12 people who used the service.

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

Not everyone using KTG Recruitment Ltd receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager at the service. 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.

At the last inspection we made a recommendation that the agency reviews it practices regarding the signing of consent forms and ensure that any discussions with people who do not wish to sign elements of their care plan, but have the capacity to do so, are documented appropriately.

During this inspection we found the principles of the MCA were not consistently embedded in practice. We found people's capacity to consent to care had not always been assessed and information was at times conflicting. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible; the policies and systems in the service did not support this practice

This amounted to a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Need for consent). You can see what action we told the provider to take at the back of the full version of the report.

We found inconsistencies in individualised risk assessments and the plans in place to mitigate these. The documentation did not always contain information to adequately mitigate the risks to individuals.

This amounted to a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

At the last inspection of the service we made a recommendation that care plans and risk assessments fully reflect people's current needs.

During this inspection we found care plans did not always contain up to date current needs for people. For example we saw that one person had developed a scab and redness on their bottom area and was using a pressure cushion. This change in need was not reflected in their risk assessments or care plan.

This amounted to a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

We looked at the procedures the provider had for the administration of medicines and creams. We found that people did not always have medicine support plans in place. We found that protocols for "as and when" medicines were not always in place as per the medicines policy. Medicines audits we checked had not picked up on issues we found such as missed signatures.

This amounted to a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

We saw evidence that quarterly quality monitoring was being undertaken, however the audits were not always effective. We found little information surrounding the details of issues found and how these had been rectified and lessons learned. We also noted the audit system had not identified the breaches of regulation and areas of improvement we had noted during this inspection.

These shortfalls in quality assurance amounted to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance). You can see what action we told the provider to take at the back of the full version of the report.

The service is currently supporting people who are considered on an end of life pathway however we found limited documentation around people's preferences or wishes. We have made a recommendation about this.

We looked at what arrangements the service had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. We could not see that individual needs had been assessed or planned for. We have made a recommendation about this.

There was a complaints policy to enable people's complaints to be addressed. However we found not all complaints relating to regulated activity had been recorded. We have made a recommendation about this.

At the last inspection of the service we made a recommendation that the provider ensures that formal records are in place following accidents and incidents.

During this inspection we found there was a central record for accident and incidents to monitor for trends and patterns and the management had oversight of these.

We found recruitment to be safe. We reviewed staffing at the service and did not find any concerns.

We were able to see staff supervision was taking place. Staff we spoke with confirmed they felt supported in their role. Staff training was ongoing and evidence has been seen of staff completing training.

People were supported by staff with activities to minimise the risk of becoming socially isolated. An example was seen in one person's care file where the person enjoyed gardening and painting and staff supported them with this.

We received consistently positive feedback about the staff and about the care people received. Staff received training to help ensure they understood how to respect people's privacy, dignity and rights. Staff were highly motivated and described their work with a clear sense of pride and enthusiasm.

The provider and registered manager had clear visions around the registered activities and plans for improvement moving forward. The management team receptive to feedback and keen to improve the service. The managers worked with us in a positive manner and provided all the information we requested.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

We found not all assessed risks had a completed risk assessment as per the service's own policy and procedures.

Policies and procedures were not always followed in relation to the safe management of medicines.

Staff were asked to undertake checks prior to their employment with the service to ensure they were not a risk to people who may be vulnerable.

Staff were aware of the providers safeguarding policy and how to report any potential allegations of abuse or concerns.

Is the service effective?

Requires Improvement

The service was not always effective.

People's rights were not always protected, in accordance with the Mental Capacity Act 2005.

Staff were skilled and received training to ensure they could meet the majority of people's needs.

There was evidence of staff supervisions and appraisals on staff files we reviewed.

Is the service caring?

Good

The service was caring.

Staff knew people well and responded to their needs appropriately.

People and their relatives were very pleased with the staff that supported them and the care they received.

People told us staff respected their privacy and dignity in a caring and compassionate way.

Is the service responsive?

Requires Improvement

The service was not always responsive to people's needs.

We found there was an assessment process; however the was not always kept on peoples file.

We found regular reviews of care documentation were completed however current needs were not always identified.

There was a complaints policy to enable people's complaints to be addressed. However we found not all complaints relating to regulated activity had been recorded.

Is the service well-led?

Requires Improvement

The service was not always well led.

A range of quality audits and risk assessments had been conducted by the provider but they were not robust and effective.

Staff enjoyed their work and told us the management were always available for guidance and support.

There was a registered manager in post.

KTG Recruitment Ltd

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 checked 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.

The inspection of the service took place across two dates 15 and 16 February 2018. A follow up desktop review of evidence was completed 22 March 2018. This was completed following a meeting with the registered manager of the service. The delay was due to the registered manager and the inspectors conflicting schedules.

The inspection was announced. This was done as the service is only small and we wanted to be sure that there would be someone available at the office.

Inspection site visit activity started on 06 March 2018 and ended on 22 March 2018. It included site visits to the offices to see the manager and office staff; and to review care records and policies and procedures.

The inspection team consisted of one adult social care inspector.

Before the inspection visit we contacted the commissioning department at Lancashire County Council. In addition we contacted Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We checked the provider's website before the inspection visit to check if they were displaying their previous rating. KTG Recruitment Ltd were displaying their previous rating of Requires Improvement.

During the time of inspection there were 12 people who used the service. We spoke with a range of people about KTG Recruitment Ltd. They included two people who used the service, two professionals, the registered manager and four staff members.

We closely examined the care records of four people who used the service. This process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and wellbeing.

We reviewed a variety of records, including policies and procedures, safety and quality audits, four staff personnel and training files, records of accidents, complaints records, various service certificates and medicine administration records.

Requires Improvement

Is the service safe?

Our findings

At the last inspection of the service we made a recommendation that care plans and risk assessments fully reflect people's current needs.

During this inspection we found care plans did not always contain up to date current needs for people. For example we saw that one person had developed a scab and redness on their bottom area and was using a pressure cushion. This change in need was not reflected in their risk assessments or care plan. Another example we found was in daily records which indicated staff were supporting one person with making a drink. This person was at risk due to dysphagia. There was no information for staff to follow in the care plan around the consistency which the drink should be made to. We spoke with staff around this need and the staff we spoke with were able to tell us effective ways to support people to keep them safe.

Risk assessments did not always contain information to adequately mitigate the risks to individuals. We saw an example where a person had been assessed as high risk of choking. We could see no information in place for staff to follow if the person was to choke. We saw in one care file that a person was unable to mobilise as they were non weight bearing. There was no information for staff to follow should they need to support the person to mobilise.

Behaviour management plans we saw were brief and did not document how individuals were supported in line with best practice. The care plan for one person stated that they required three people to support them with personal care. There was no information about why this was needed. We spoke to staff who told us that the person can become agitated. There was nothing about this in the persons care plan and no information around how to support this person should they become agitated.

We saw that people had Do Not Attempt CPR (DNACPR) orders in place. However, these were not adequately highlighted in the care files. The purpose of DNACPR decision is to provide immediate guidance to those present (mostly healthcare professionals) on the best action to take (or not take) should the person suffer cardiac arrest or die suddenly. We spoke with the registered manager about this and they made changes to the documentation in order to ensure that these were highlighted at the front of the person file.

The risk management and care plan issues amounted to a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the procedures the provider had for the administration of medicines and creams. Staff had received medicines training. We found that people did not have medicine support plans in place in order to guide staff around how these were to be taken. We found that protocols for "as and when" medicines were not always in place as per the medicines policy. Medicines audits we checked had not picked up on issues we found such as missed signatures, signatures that had been scribbled out and the use of different coloured pens.

This amounted to a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

We looked at how the service made improvements and learned when things had gone wrong. We were provided with a lessons learnt document that showed issues were highlighted and dealt with. One example that was included was, 'Too many staff were granted holiday at the same time which meant it was difficult for the remaining staff to manage the workload'. We saw evidence that this had been looked at and actions put in place to prevent it from happening again in the future. However, the document did not identify some of issues we had found during the inspection. Therefore the document could be further developed to ensure that issues are seen through to implementation and monitored. This was discussed with the registered manager and they agreed to action this.

We asked about protecting people from abuse or the risk of abuse. Staff understood how to identify abuse and report it. They told us they had received training in keeping people safe from abuse and this was confirmed in staff training records. Staff told us they would have no concern in reporting abuse and were confident the registered manager would act on their concerns. Staff were aware of the whistle blowing policy and when to take concerns to appropriate agencies outside the agency if they felt they were not being dealt with effectively. This showed staff could protect people by identifying and acting on safeguarding concerns quickly.
People we spoke with told us that they felt safe, one relative said, "I'm very satisfied with the service, my relative is safe."

We looked at how the service was staffed. We did this to make sure there were enough staff on duty at all times to support people in their care. Staff members we spoke with said they were allocated sufficient time to be able to provide the support people required. People we spoke with told us, "Staff always arrive on time if not beforehand." And, "There are enough staff they always stay for the allocated time."

We looked at how the service minimised the risk of infections. We found staff had undertaken training in infection control. People and staff confirmed staff wore gloves and aprons when providing personal care.

Requires Improvement

Is the service effective?

Our findings

At the last inspection we made a recommendation that the agency reviews it practices regarding the signing of consent forms and ensure that any discussions with people who do not wish to sign elements of their care plan, but have the capacity to do so, are documented appropriately.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We looked at how the service gained people's consent to care and treatment in line with the MCA during this inspection. We found the principles of the MCA were not consistently embedded in practice. The service provided a service to people who may have an impairment of the mind or brain, such as dementia.

We found people's capacity to consent to care had not always been assessed and information was at times conflicting. For example, in two peoples care file their next of kin had signed for the consent to the service where the person's mental capacity had not been considered. The MCA stipulates that if a person lacks capacity to consent to a decision then a best interest process needs to be undertaken. Therefore the correct processes had not been followed. We spoke to the registered manager about this and they stated that the family of one person had power of attorney. The service had not seen evidence that the correct documentation was in place. The registered manager told us that the consent documentation would be reviewed.

This failure to follow the code of practice amounted to a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Need for consent).

Before providing care and support, staff received an induction from the registered provider. People told us they felt staff were well trained to support them. All the people we spoke with told us they thought the staff had the correct training and skills for peoples individual needs. We saw the registered manager had a structured framework for staff training. One staff member told us, "I have done training and found this very useful."

We asked the registered manager how they supported staff. They told us staff received supervision. Supervision was a one-to-one support meeting between individual staff and the manager to review their role and responsibilities. We saw evidence of formal supervision currently taking place for staff, most of the staff told us they felt supported in their role.

We looked at how people were supported to have sufficient amounts to eat and drink. Care plans we looked at guided staff on how people liked their meals and drinks prepared. For example, one person's care plan

documented, 'likes cold tea.' A second care plan stated that if the person was to wake in the night then they liked to have a juice. This showed, when required, people were supported to maintain a balanced diet to prevent the risk of malnutrition and dehydration.

We did not see that holistic assessments were undertaken prior to any client being accepted into the service to ensure that individual's needs could be met. We discussed this with the registered manager and were told that the documentation for the assessments had been taken out if the care files in a bid to make the files more streamlined.

The provider was working with other health care services to meet people's health needs. Care records contained information about the individual's ongoing care and rehabilitation requirements. However, we did not see any documentation to facilitate a safe transfer of care for people. We spoke with the registered manager about this and they told us that evidence would be kept with people's personal information moving forward.

Good

Is the service caring?

Our findings

We asked people about staff that visited their homes and if they had time and treated people with compassion, dignity and respect. All the responses were positive, saying staff are kind and caring. People and their relatives told us told us, "The staff care for my relative well." And, "The carers are great."

People told us positive relationships had been developed. People felt the staff knew them well. One relative told us, "The regular carers know my relative well and they work really well with them." It's nice to know that there's someone there with my relative who knows them well and knows what they are doing."

Where people could contribute to care planning their beliefs, likes and wishes had been explored within care records and guidance was available about their preferences. We saw a consistent approach to involving people in the care planning process. It was clear where each person had been consulted regarding the care they received. Involving people in care planning evidences shared decision-making working with people who use the service towards their own goals.

Staff understood how to respect people's privacy, dignity and rights and received training in this area. Staff described how they would ensure people had their privacy protected when undertaking personal care tasks.

The registered provider told us people were able to make decisions about their wellbeing, care and treatment. However, if people wanted support from a relative, visits to plan and review care had been arranged to ensure family members were present. This showed the registered provider promoted effective accurate communication to allow people to have emotional support when needed.

Staff had a good understanding of protecting and respecting people's human rights. Some staff had received training which included guidance in equality and diversity. We discussed this with staff; they described the importance of promoting each individual's uniqueness. There was a sensitive and caring approach, underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society.

Requires Improvement

Is the service responsive?

Our findings

We asked people who received support from KTG Recruitment Ltd if the care they received was personalised and met their needs. One person told us, "It's made a big difference to my life knowing someone is there." A relative told us, "The carers my relative have seem to know them quite well."

During the inspection we looked at the care plans for four people. We found regular reviews of care documentation were completed. However, current needs were not always identified. For example, one person had developed a pressure sore and this was not documented in their care plan.

We found care plans did not always have enough detail considering the complex needs of the individual cared for. Care workers we spoke with told us they felt care plans could be more detailed to support them on visits with people they may not know well. We spoke to the provider about this and they told us they had plans to involve care staff in the care plan reviews and development to ensure staff are supported to meet people's personalised needs.

The service is currently supporting people who are considered end of life however we found limited documentation around people's preferences or wishes to take into account in peoples final weeks and days. One example we saw stated that the person had a DNACPR order in place. There was no documented evidence that the person had been asked specifically about their preferences or wishes around end of life care. We discussed this with the registered manager and they have enrolled themselves and two staff members onto further training in this area.

We recommend that the service works within best practice guidelines to identify, record and meet people's end of life preferences and wishes.

We looked at what arrangements the service had taken to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. We could not see that individual needs had been assessed or planned for. One person who was recorded as hard of hearing had no further information about how to support them.

We recommend that the service works within best practice guidelines to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss.

People told us they were encouraged to raise any concerns or complaints. The service had a complaints procedure. We saw evidence of complaints and information was available to show how those complaints had been reviewed, investigated and responded to. People we spoke with said they felt comfortable raising concerns if they were unhappy about any aspect of their care. There were no recorded lessons learned and the investigation was not documented.

We found not all complaints relating to regulated activity had been recorded. During feedback we spoke to one professional who told us they had made several complaints about staff competency and we did not see

that this was recorded. We spoke to the registered manager about this and they were unaware of the complaints and thought that these could have been dealt with by staff on the agency side of the business.

We recommend that all complaints, concerns and compliments are recorded and dealt with appropriately in line with best practice.

People were supported by staff with activities to minimise the risk of becoming socially isolated. An example was seen in one person's care file where the person enjoyed gardening and painting and staff supported them with this.

Requires Improvement

Is the service well-led?

Our findings

The service was rated as Requires Improvement at the last inspection. We have found during this inspection that they remain requires improvement.

We saw evidence quarterly quality monitoring was being undertaken. This looked at feedback from people using the service, staff, risks and concerns. The documentation included action plans and delegation of tasks which were reviewed. This demonstrated the results of audits were used to improve the quality of the service provided. However, the audits were not always effective. We found little information surrounding the details of issues found and how these had been rectified and lessons learned. We also noted the audit system had not identified the breaches of regulation and areas of improvement we had noted during this inspection. We spoke to the registered manager about this. They agreed that the issues had not been picked up and agreed to have further oversight of the audit process to ensure that this is used effectively.

These shortfalls in quality assurance amounted to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance).

The management team were receptive to feedback and keen to improve the service. The managers worked with us in a positive manner and provided all the information we requested.

We saw evidence the management team sought feedback from staff, including their involvement in the running of the service, through satisfaction surveys. We saw evidence action was taken when feedback was received. For example, staff meetings had been arranged with different time slots to help facilitate staff attendance.

We found a positive staff culture was reported by the staff members we spoke with. One staff member told us, "KTG is a good company to work for." Another said, "The company works well around me, there is a good work/life balance."

Staff we talked with demonstrated they had a good understanding of their roles and responsibilities. We found the service had clear lines of responsibility and accountability with a structured management team in place.

Providers of health and social care services are required to inform the Care Quality Commission, (CQC), of important events that happen in their services. The registered manager of the service had informed CQC of significant events as required. This meant we could check appropriate action had been taken.

The service had on display in the reception area and on their website the last CQC rating, where people who visited could see it. This is a legal requirement from 01 April 2015.

The provider and registered manager had clear visions around the registered activities and plans for improvement moving forward. The service has acquired an additional building where they will be putting

ion events. These will include afternoon teas, a bereavement service and a wellness and resilience session.

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 11 HSCA RA Regulations 2014 Need for consent The provider did not have suitable arrangements to ensure the treatment of service users was provided with the consent of the relevant person in accordance with the Mental Capacity Act 2005. Regulation 11(1) (2) (3)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not have suitable risk management arrangements to make sure that care and treatment was provided in a safe way for all service users. Regulation 12 (1)(2) (a) (b) The provider did not have suitable arrangements in place to ensure that all medicines were managed in a safe way, including 'as and when' medicines and topical treatments. Regulation 12 (1) (2) (g) (b)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Audit systems had not identified the improvements required.

Regulation 17 (1) (2) (a) (b)