

Liral Veget Training and Recruitment Limited

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

Summary of findings

Overall summary

Liral Veget Training and Recruitment Ltd provides personal care to people living in supported living accommodation across four local authorities. At the time of our inspection seven people were using the service. Most of the people using the service were younger adults with a learning disability. The supported living accommodation was provided by another service which the manager for Liral Veget was also responsible for.

We undertook an announced comprehensive inspection on 15 August 2017. We gave the service 48 hours' notice as we needed to be sure they would be available for the inspection. At our previous inspection of the service on 8 July 2015, the service was rated Good.

At our inspection of 15 August 2017, we found one breach of regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to concerns with the provider's recruitment practices. We rated the service Requires Improvement.

There was no registered manager in post. The manager was in the process of completing their application with CQC to become the registered manager. 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.

The service did not carry out appropriate and robust checks to make sure that only staff suitable were allowed to work with vulnerable people. We found a number of inconsistencies and irregularities in the provider's recruitment practices.

The manager carried out visits to people's homes to monitor service provision. The opinions of people, their relatives, staff and professionals were surveyed and were used to drive improvements at the service. However, the systems for checking quality and compliance had not picked up the issues we found with recruitment practices.

Records showed medicines were managed safely. Staff had received training on medicine management. There was a medicine policy and procedure in place for staff to follow. Medicine administration records were clearly completed.

Risk assessments were in place and detailed actions for staff to take to manage identified risks and keep people safe. These were reviewed regularly to reflect people's current needs and any associated risks. Staff understood how to recognise signs of abuse and how to protect people from the risk of abuse. They also knew how to escalate concerns to external authorities if needed. Staff told us staffing levels were sufficient to meet people's needs. They also confirmed the time allocated to them to support people was enough and enabled them to support people safely.

Staff were supported through effective induction, supervision, appraisal and training. We saw evidence that people or their relatives consented, where appropriate, to their care before it was delivered, and were involved in making decisions about their support. We noted however that staff were not knowledgeable about the Mental Capacity Act 2005. We have made a recommendation about this.

The service worked with health and social care professionals. People were supported to arrange appointments to ensure their health needs were met. Relevant professionals were involved to ensure people received appropriate support and care that met their needs. People were supported to prepare their meals and eat and drink where required.

Relatives told us staff treated people with kindness, consideration and respect. Staff provided support to people in the way they wanted to be cared for. People's dignity and privacy was promoted.

People received care and support customised to meet their individual needs. People and their relatives were involved in planning their care. Care plans were reviewed and updated regularly to reflect people's changing needs.

Relatives knew how to complain about the service. The service sought feedback from people, their relatives, staff and professionals about the service and feedback received were used to improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Aspects of the service were not safe. Recruitment checks were not robust to ensure only suitable staff provided care to people.

There were sufficient numbers of staff to meet people's needs. Staff told us that time allocated to them was adequate to support people safely.

Staff understood the provider's safeguarding procedures. They had been trained in this area. They knew the forms of abuse and the signs to recognise them. They were aware of the provider's reporting procedures if they suspected abuse.

Risks assessments were completed and management plans devised to reduce identified risks to people so as to keep them safe.

Records showed people received their medicines as required. Staff were trained in the safe management of medicines. Medicine administration records were fully completed.

Requires Improvement ●

Is the service effective?

The service was effective. Staff were trained, supported and supervised to meet the needs of people. Staff understood the needs of the people they supported and felt confident in delivering support to them.

People, and where necessary their relatives and professionals consented to their care before they were delivered. Records showed staff had completed the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) training. However, not all the staff we spoke with showed understanding of what this was Act was about.

People were supported with food and drinks as required in line with their needs.

People were supported by staff to access a range of healthcare services to maintain their well-being and health.

Good ●

Is the service caring?

Good ●

The service was caring. Relatives we spoke with told us staff were kind and understanding towards people. They said staff treated them with respect and dignity.

People's privacy was respected.

People were involved in day-to-day decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive. People's care was planned and delivered in a way which met their individual needs and requirements. People were encouraged to maintain their independence.

People and their relatives knew how to complain if they were unhappy about the service.

Is the service well-led?

Requires Improvement ●

Aspects of the service were not well-led. Audit systems in place were not robust as they did not pick up the issues we found at this inspection. Recruitment practices were not reviewed or checked to ensure they were robust and safe.

Staff told us the manager was supportive and listened to them. The service sought the views of people, their relatives and professionals and used these to improve the service.

Liral Veget Training and 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.

This inspection took place on 15 August 2017 and was carried out by one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that we could speak with the manager and access records.

Before the inspection we reviewed the information we held about the service, including notifications the service had sent to us. A notification is information about important events that the provider is required to send us by law. We also received feedback from a local authority commissioning team. We used this to inform our inspection planning.

During the inspection we spoke with the compliance manager and business development manager. We reviewed seven people's care records to see how their care and support was planned and delivered. We checked 10 staff files to see how their recruitment was carried out; and what training, support and supervision they received. We looked at records relating to the management of the service. These included information about complaints and the provider's quality assurance process.

After the inspection we spoke with three relatives of people who used the service and three care staff. We made several attempts to arrange visits to people in their homes so we could obtain their feedback as face-to-face conversation was considered a more effective way of communicating with them due to their individual needs, but we were unsuccessful.

Is the service safe?

Our findings

The provider did not always undertake robust and thorough recruitment checks to ensure that staff who worked with vulnerable people were suitable to care for them. Records showed that staff had completed application forms for their roles and that the provider had obtained criminal record checks. However, we found that the employment histories provided by staff were not always fully completed and the reasons for gaps in employment or between when the applicants last studied and worked were not explored. For example, we saw staff member's application forms that had gaps of six, eight and 11 years respectively that were not explained and had not been followed up. Additionally, we found that references obtained by the provider had not been verified to ensure these were authentic. There were no organisation stamps, complimentary slips, letter-headed paper, or company email used or accompanying the references.

References were not always robust. Two applicants had stated they were most recently employed in caring roles. However, the provider had not ensured these staff provided details of their most recent employers as referees. Consequently, the provider had not obtained references from the most recent employers of these two staff. This meant the provider had not checked the performance of these two staff in their most recent caring roles and so had not carried out thorough checks to ensure they were suitable to care for people. In another case the dates of employment referred to by previous employers in references were not consistent with the employment histories provided by staff by as much as five years. In a further example, we found that two staff member's files contained references from employers who were not listed in their employment histories. This meant the staff in question had not provided accurate information about their previous employment for the provider to consider. The provider had also failed to follow up on this issue when requesting the references.

These issues were a breach of regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's needs were met by sufficient numbers of staff. Relatives told us that their family members received the care they needed from staff. Staff told us they had enough time to support people with their needs. The rota showed that there were enough staff to ensure that people received their care as planned. Staff knew the procedures to follow in an emergency. There were arrangements in place to ensure unplanned absences could be covered safely.

The provider showed that they continued to manage people's medicines in a safe way. Records showed, and staff told us they had received medicines management training and they understood the organisation's medicines procedures. Care plans detailed the support people required to take their medicines safely. This included information about reordering of medicines, administration and safe storage. Medicines administration records (MAR) were completed accordingly and notes were made in the person's daily log to show what support had been given by staff. People's MAR had been audited by the manager to ensure they were completed as required.

The service continued to have systems in place to protect people from abuse and harm. Relatives we spoke

with told us they felt their relatives were safe. One relative said, "Sure, I think [person's name] is safe. There is nothing to make me worry about that." Another relative said, "If [person's name] was not safe I am sure they would say something. I haven't seen anything to suggest they are not." Staff had received training on safeguarding. They were able to tell us the different types of abuse and neglect that could take place and what actions they would take to report their concerns in line with their organisation's procedure. One staff member told us, "Abuse is not something you can close your eyes to. If you do, you would be a party to it. I will report to the team leader and she will notify the manager and they will take it on from there." Staff also told us they felt confident the manager would take adequate actions to investigate any concerns they raised to ensure people were protected. One staff member said, "I know [manager name] will definitely do something about it, but if I saw that they didn't do anything, I would go to social services or CQC." The manager knew to raise an alert with the relevant local safeguarding team and to CQC if they received any safeguarding concerns.

Risks to people continued to be managed in a way that minimised avoidable harm and kept people safe. People had risk assessments which covered areas of risk associated with their health conditions, behaviours and tasks of daily living such as going into the community and supporting them in their home environment. Management plans were available for staff to follow which gave guidance on how to manage identified risks to people appropriately. For example, there were guidelines for staff to follow to support a person to manage their conditions. The plan included signs to show the person when they might be becoming unwell and the actions staff should take. Staff we spoke with demonstrated they knew people's needs and how to support them safely.

Is the service effective?

Our findings

Relatives told us staff knew how to support people well and felt they were competent in their roles. One relative told us, "[Their loved one] can be difficult but somehow the staff know how to manage them well." Another said, "I think they do a good job with [their loved one]."

Records showed, and staff confirmed, they had received training to do their jobs. Records also showed that staff received supervision to provide effective care to people. The training staff had completed included safeguarding, medicines administration, food hygiene, care values, moving and handling and health and safety. One staff member told us, "If I don't understand something, I always ask and they [management] explain it to me. I get the support I need." Another told us, "The manager always checks we know what we are doing. She always encourages us to call her if need anything. There is no problem." We saw records of spot checks, one-to-one supervision and appraisal meetings held with staff. Topics discussed included concerns about people's care, training and performance issues.

The 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 checked how the service met these requirements.

People consented to their care and support. Relatives we spoke with knew what care and support their relatives received and they confirmed they had consented to it before it was delivered. We saw confirmation of the care package agreed including the times of visits and which agency was providing it. Training records we looked at showed staff had completed MCA training. However, two of the three staff members we spoke with showed little knowledge of this when we asked them questions about the Act. Despite this they were aware that they should always seek the approval of people before they undertook a task. Relatives told us the service liaised with them to make best interests decisions about their family member's care. The manager understood their responsibilities under the MCA and involved appropriate professionals in decisions about people's care and support where required.

We recommend that the provider considers implementing a system for assessing staff knowledge and competencies against training provided.

People were supported to meet their nutritional needs as required. Support people needed with their nutritional needs were noted on their care records. Relatives confirmed that people had support with preparing meals and ensuring they had a healthy balanced diet.

People were supported to meet their day to day healthcare needs. Records showed liaison with a range of health and social care professionals as required. We saw appointments made with people's GPs and the support people received to attend these.

Is the service caring?

Our findings

People remained supported by staff who were caring. Relatives told us staff were understanding and kind to people. One said, "I am impressed with the calmness the staff maintain even in difficult situations." Another said, "[Staff] show a lot of understanding and patience."

Care records detailed people's backgrounds, preferences, likes and dislikes and how they wanted their care delivered. People's communication needs and their preferred method of communication were included in the care records and staff were familiar with people's gestures and signs. Staff told us they communicated in the way people understood. Relatives confirmed this. One relative said, "Over time they [staff] have learnt to communicate with [person]."

Staff demonstrated they understood the needs of people they supported. They told us care plans gave them sufficient information to understand people's circumstances and needs. Staff told us they had developed working relationships with people so people were able to discuss their concerns or anything bothering them. One staff member gave us examples of issues or events that could make people feel anxious or unsettled. They said they avoided such situations by making sure they followed the person's care plans.

People were involved in planning their day-to-day care and support activities. Staff told us they discussed choices with people in relation to what they wanted to do each day and how they preferred it done. For example, what activities they wanted to undertake and when they preferred to have support with their personal care. Staff demonstrated they understood that it was important to allow people to lead and make decisions about their care. Staff also knew to involve people's relatives where necessary and relatives confirmed staff discussed and involved them as required.

Staff understood the importance of maintaining and promoting people's dignity and privacy. They gave us various examples of how they promoted these when supporting people. They explained that personal care activities were done behind closed doors. One staff member emphasised the importance of using appropriate dialogue and speaking to people in a manner that respected their self-worth. Records showed that staff had received training in these areas as part of their induction. Relatives told us that they felt their relatives were comfortable and were respected by staff.

The service maintained and promoted confidentiality. Staff told us they never disclosed information about people except to those who had the right to know. They explained that people's information should not be discussed in public where others could hear. We saw that records about people and staff were kept safely in a locked cabinet in line with data protection guidelines.

Is the service responsive?

Our findings

People continued to receive support that met their individual needs. The manager undertook an assessment of people's needs. There was documentation detailing people's preferences, choices, likes and dislikes and functional abilities in their care records. The aim of the service and people's goals were also discussed as part of the assessment and were included in their care plans.

Care plans were comprehensive and provided information about people's needs and how to meet them. Relatives we spoke with knew the nature of support their family member was receiving. Support provided included personal care, meal preparation and medicine administration. One relative told us how the manager and staff were supporting their loved one to manage their weight and maintain a healthy lifestyle. Staff we spoke with explained the different aspects of support they assisted people with. Records of care visits showed that staff delivered care to people as agreed in their care plans. We saw that care plans were reviewed regularly to reflect people's changing needs.

Staff supported people in a way that promoted and maintained their independence. Care plans detailed what people were able to do for themselves and what they needed assistance with. Staff told us they encouraged people to do as much for themselves as possible. For example, staff explained they encouraged people to undertake as much of their own personal care as they were able to and only offered support where needed.

The service was responsive to changes in people's care needs and requirements. Staff told us that they were flexible in the way they supported people and adapted the times and service provided to meet people's needs. We asked one staff member how they would deal with a situation where a person asked them to undertake a task not specified on the care plan. They told us they would check with the manager if they were not sure but would be flexible to ensure people's needs were met.

Relatives we spoke with told us that the manager contacted them to check if they were happy with the service. Relatives told us they were happy with the service. There was a complaint procedure in place and relatives we spoke with confirmed they knew how to complain to the manager if they were not happy with about an aspect of the service. They also knew how to escalate their concerns or complaints if they were not addressed and resolved. At the time of our inspection, there were no complaints recorded.

Is the service well-led?

Our findings

There was no registered manager in post. The previous registered manager left in January 2017. The provider who was also the responsible individual and the registered manager for another service was undergoing the process with CQC to become the registered manager. Relatives and staff told us the manager managed the service well. Staff said the manager was supportive and provided them with the direction they needed to meet the needs of people. One staff member said, "The manager is very good. She listens to us and that is why I am still working here." Another staff member commented, "The management always ensure people are well looked after. They asked us [staff] to call them anytime if there is a problem." Relatives concurred with what staff had told us. One relative told us that the manager had acted immediately on their feedback to improve the well-being of their loved one. Feedback received from the commissioning authority was positive. They commented they were impressed with the improvements made in the way care was planned and documented.

The manager carried out unannounced visits to check the quality of the service provided to people in their homes. They checked the environment, staff conduct and compliance with policies and procedures, documentation, how staff supported people, and other areas relating to people's care and support. There were no issues or concerns noted in the reports we reviewed. However we found that the manager had not undertaken any audits of the staff recruitment system, to ensure they complied with regulatory requirements to ensure people's safety. We found that the recruitment practices followed were not robust. The issues we identified had not been picked up by the manager or provider. We discussed this with the business development/project manager and the quality and compliance officer on the day and they agreed to audit their records and review their processes.

The service gathered the views of people, relatives, staff and other professionals to improve the service. An annual survey had been conducted and analysed. The service had recently improved their paperwork for care planning and risk assessments following feedback from professionals. The new system was clearer and more detailed. We checked the analysis of the most recent survey and found that people, relatives and professionals were satisfied with the service. Staff also showed they were supported in their roles and felt motivated doing the job. The provider had noted that they would continue to review their processes and make improvements where required.

The manager understood their responsibility to update CQC of all notifiable incidents as required by law in order to comply with its registration requirements.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed Robust checks did not take place to ensure only suitable personnel were employed