

L K Recruitment Limited

LK Recruitment

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

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, and to pilot a new inspection process being introduced by the Care Quality Commission (CQC) which looks at the overall quality of the service.

The inspection was announced 48 hours in advance. At our previous inspection in September 2013 the service

was found to be meeting the legal requirements and regulations that we inspected. L K Recruitment provides personal care to adults in their homes. At the time of our inspection there were 56 people using the service.

The service had a registered manager. A registered manager is a person who is registered with CQC to manage the service and shares the legal responsibility for meeting the requirements of the law, as does the provider.

People using the service told us they felt safe. Staff were knowledgeable about how to recognise the signs of abuse and how to report any concerns. People had

Summary of findings

comprehensive risk assessments which gave staff detailed information on how to manage the risks identified. There were a sufficient number of suitable staff to keep people safe and meet their needs.

Staff received training in administering medicines and knew how to do so safely. Staff controlled the risk and spread of infection by following the service's infection control policy.

People were satisfied with the quality of care they received. Care plans provided information to staff about how to meet people's individual needs. People were supported by care workers who had the knowledge, skills and experience to deliver their care effectively. Staff worked with a variety of healthcare professionals to support people to maintain good health.

People spoke fondly about the staff and said they were kind and caring. People were treated with respect and were at the centre of decisions about their care. The provider listened to and learned from people's experiences, concerns and complaints to improve the service.

Staff had clearly defined roles and understood their roles and responsibilities. People felt able to contact the service's office to discuss their care and care workers were in regular contact with the office staff and management. There were systems in place to assess and monitor the quality of care people received.

Summary of findings

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 safe.

The service was safe. The service had policies and procedures in place to minimise the risk of abuse. These were effectively implemented by care workers. The manager and staff understood the main principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DOLS).

Risks to individuals were assessed and managed. There was sufficient staff to keep people safe. People received their home visits when they were due. Medicines were effectively managed. Staff followed procedures which helped to protect people from the risk and spread of infection.

Good



Is the service effective?

The service was effective.

People received care and support which assisted them to maintain good health. The service worked well with healthcare providers.

Staff were appropriately supported by the service to carry out their roles effectively through appropriate training and supervision.

Good



Is the service caring?

The service was caring.

Staff were caring and treated people with kindness and respect. People received care in a way that maintained their privacy and dignity.

People felt able to express their views about their care and were involved in making decisions about their care.

Good



Is the service responsive?

The service was responsive.

People received personalised care that met their needs. The service obtained people's views on the care they received in a variety of ways and used people's experiences and concerns to improve the quality of care.

Good



Is the service well-led?

The service was well-led.

The provider and registered manager demonstrated good management and leadership. People using the service and staff felt able to approach the management with their comments and concerns.

There were systems in place to assess and monitor the quality of care people received.

Good



LK Recruitment

Detailed findings

Background to this inspection

The inspection was carried out by a single inspector who visited L K Recruitment service on 8 August 2014.

Before the inspection the provider completed a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection process we reviewed all the information we held about the service. This included the report from the previous CQC inspection which took place in September 2013, when L K Recruitment was found to be meeting all the regulations we inspected. We also obtained information about the service from the local authorities which commission services from L K Recruitment.

During the inspection we spoke with five people using the service about what it was like to receive care and support from L K Recruitment. We looked at seven people's care

files. We spoke with five staff members and also looked at their recruitment, training and supervision records. We spoke with two local authority staff who commissioned the service.

We looked at the service's policies and procedures. We spoke with the provider and registered manager about how the service was managed and the systems they had in place to monitor the quality of care people received.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People were protected from abuse. People told us they felt safe and knew what to do if they had any concerns about their safety. People commented, “I feel safe with my carers. I don’t have any worries with them”, “they make sure I am safe” and “I know I’m safe”. People told us that when they first began to use the service, they were given information on the types and signs of abuse and contact numbers to report abuse. People told us they had the contact number for the service if staff missed a call or had not arrived on time. However, people told us staff arrived on time and stayed for the time allocated.

The service had policies and procedures in place to guide staff on how to protect people from abuse. Staff had been trained in safeguarding adults. Staff demonstrated good knowledge on how to recognise abuse and how to report any concerns. The service took action when necessary to promote people’s safety. Records confirmed the service had acted appropriately to deal with allegations of abuse and participated in local authority safeguarding meetings. Records demonstrated that staff practices were reviewed and amended according to the recommendations made by local authority safeguarding teams.

Staff were only recruited after an interview, receipt of satisfactory references and criminal record checks had been carried out. Only staff employed by the agency were used to care for people. This minimised the risk of people being cared for by staff who were unsuitable for the role.

Arrangements were in place to protect people from avoidable harm. Comprehensive risk assessments were carried out. Care plans gave care workers detailed information on how to manage identified risks. Records confirmed staff delivered care in accordance with people’s care plans. For example, where people were at risk of pressure sores, their skin condition was monitored and recorded. Staff told us they had been trained on the action to take in the event of a medical emergency.

People’s needs were assessed before they began to use the service and the number of staff required to deliver care to people safely when they were being supported was also assessed. Records confirmed that the number of staff a person required to deliver care was supplied according to their assessment. People told us they received care and support from the right number of staff, when for example they were being assisted to use manual handling equipment. Records showed the number of staff a person required was reviewed when there was a change in a person’s needs.

People received their medicines safely because staff followed the service’s policies and procedures for ordering, storing, administering and recording medicines. Staff were required to complete medicines administration record charts. It was clear from the records we reviewed that staff fully completed these and that people received their medicines as prescribed. People told us they were supported to take their medicines when they were due and at the correct dosage.

People were protected against the risk and spread of infection because staff followed the service’s infection control policy. Staff spoke knowledgeably about how to minimise the risk of infection. People told us care workers had an ample supply of personal protective equipment (PPE), always wore PPE when delivering personal care and practised good hand hygiene.

The manager and staff understood the main principles of the Mental Capacity Act 2005 and DOLS. Although no DOLS applications had needed to be made, staff were able to describe the circumstances when an application should be made and how to submit one. People told us that staff always asked their permission before delivering care and respected their wishes. One person told us, “They’ll always ask me if I want a shower. If I say no, it’s fine.”

Is the service effective?

Our findings

People told us the staff who supported them had the skills and knowledge to provide the care, treatment and support they needed. One person commented, “They know what they are doing.” Another person told us, “She [my care worker] knows what I need her to do. She has been looking after me for a long time.”

Staff told us, and records we reviewed confirmed, that once appointed, staff were required to complete an induction. This covered the main policies and procedures of the service and basic training in the essential skills required for their role. Newly appointed staff were required to shadow an experienced staff member and observe care being delivered before they were allowed to work alone with people.

Staff received training in areas relevant to their work such as safeguarding adults and infection control. Staff who were responsible for giving people their medicines had received training in administering medicines. Some, but not all, of those who had attended the training had to complete a questionnaire to have their competency to administer medicines checked.

Notes of staff meetings confirmed that staff attended these meetings where they participated in hands-on practical sessions in areas such as manual handling and infection control. Staff told us, and records indicated, that during these sessions the manager asked them questions to check their understanding of their training. Staff received regular supervision where they received guidance on good practice, discussed their training needs and their

performance was reviewed. Not all staff had received an annual appraisal in the past twelve months, but we saw that meetings had been arranged with staff who had not had an appraisal.

People’s care files demonstrated the service supported people to have sufficient to eat and drink and maintain a balanced diet. We saw statements in people’s care plans such as “encourage and support (the person) to have a balanced diet”. Staff knew what represented a balanced diet. People told us they decided what they wanted to eat and that staff encouraged and supported them to eat their meals.

Staff supported people to maintain good health and have access to healthcare services. Staff were in regular contact with people’s GPs, occupational therapists and district nurses. People knew the medicines they were taking and what they were for. People told us that where there was a change or deterioration in their health staff promptly involved the relevant healthcare professional. People who used the service and staff had access to the contact details for healthcare professionals and a representative of the service if they needed to make contact outside of office hours.

The service had arrangements in place to ensure staff were aware of when people were admitted to hospital and when they were due to be discharged. Records showed that where people were due to be discharged from hospital with changed or complex needs, staff attended their discharge planning meetings. People’s needs were re-assessed and care plans updated accordingly. Where appropriate, staff were given special training to enable them to administer new medicines or to safely use new equipment for people discharged from hospital.

Is the service caring?

Our findings

People spoke fondly about the staff and told us they were kind and caring. Comments included, “They are ever so good to me”, “They are lovely”, “You couldn’t ask for them to be any more caring” and “I couldn’t do without my carer, she really is very good to me”. A relative told us, “[The care worker] is always courteous.” People told us they were cared for by staff at a pace that suited them.

Staff had a positive attitude to their work and told us they enjoyed caring for people. Staff knew the people they supported well. One staff member told us, “It’s hard work but I enjoy it.” Other care workers told us, “I know that I’m making a difference to the people I look after” and “all the carers care about the people they work with”.

People told us they were given a lot of information both verbally and in writing on what to expect from the service and how they could make contact with the office staff and management. People said they knew who to speak to at the service’s office if they wanted to discuss their care plan or make a change to it. People felt in control of their care planning and the care they received.

People’s needs, values and diversity were understood and respected by care workers. Records demonstrated that people who spoke little English were supported by staff who could communicate in their language. People were allocated staff of the same gender if they requested it. Care co-ordinators carried out unannounced spot checks to observe care workers’ interaction with people and assess their competency in how they maintained people’s dignity and treated them with respect.

The service had a confidentiality policy which staff were familiar with and were able to give examples of how they applied it in practice. People told us their privacy was respected at all times when staff were in their home. One person told us, “They will always knock and ask if they can come into the room.” One relative told us, “They do their best to make sure he isn’t embarrassed when they are helping him.” Care plans reminded staff to support people to be as independent as possible and made clear whether people needed to be prompted or assisted. A staff member told us, “If they are able to I always give [the person] the chance to do what they can before I ask if I can assist them.”

Is the service responsive?

Our findings

People were satisfied with the care and support they received. Comments included, “I’m happy with how they look after me”, “They are ever so good” and “I’m happy with them”. We reviewed seven responses to a quality survey conducted by the service in 2014. Six of the seven responses had positive comments and stated that people were either satisfied or very satisfied with the care they received. The other response had a complaint which we saw was dealt with promptly.

People and their relatives told us they were involved in the care planning process. People’s needs were assessed before they began to use the service and re-assessed regularly thereafter. People’s needs were re-assessed with their input at least every six months or more frequently if the service became aware of a change in their needs. Care was provided flexibly so that where there was a change in a person’s circumstances, staff were able to meet their needs without delay.

People’s assessments considered their dietary, personal care and health needs. People’s specific needs and preferences were taken into account in how their care was planned and delivered. Care plans had special instructions for staff on how the person wanted their care to be delivered, what was important to them and detailed information about how to meet people’s individual needs.

There was continuity of care. Staff we spoke with were familiar with the needs of people they cared for. People told us they usually had the same staff who knew their needs and how they preferred their care to be delivered.

Staff told us they had access to an up to date copy of people’s care plans in their home and this was confirmed by people we spoke with. Staff were updated by the office of changes in people’s needs to ensure the care and support delivered met people’s current need. People told us they received personalised care that met their needs. We saw from records we reviewed and it was confirmed by people we spoke with that care was delivered in accordance with people’s care plans. People felt staff listened to them. A person commented, “[The care worker] does what I ask.”

The service gave people information on how to make a complaint when they first began to use the service. People told us they knew how to make a complaint and would do so if the need arose. People who had made a complaint told us their complaint was responded to promptly.

Records showed where negative feedback or complaints were made about the quality of care, the service acted to improve the quality of care. For example, where there had been a complaint that staff frequently arrived late to deliver care, we saw that the staff rota was reviewed and amended to ensure they had sufficient time to get from one person’s home to another. This resolved the complaint to the person’s satisfaction. People’s comments and complaints were discussed at staff and supervision meetings and used as an opportunity for learning.

Is the service well-led?

Our findings

People using the service and staff told us the office staff and managers of the service were accessible. A person using the service told us, “I ring the office all the time.” A staff member told us, “If I have any queries I can pop into or ring the office at any time.”

People using the service said the service was reliable and well organised. People said they got the information they required, such as who would be replacing their care worker when they were on holiday. Staff felt well supported by the service. They told us there were always sufficient resources available for them carry out their roles, such as aprons, gloves, notepaper for their daily records of care and medicine administration records.

When staff first began to work for the service they were given a staff handbook and a policy handbook. These detailed their role and responsibilities, the values of the service and the policies relevant to their role. Staff knew their roles and responsibilities and the service’s main policies and procedures. They were well motivated and spoke positively about their relationships with the office staff and management, and the support they received.

Staff knew who to report any incidents, concerns or complaints to within the management team. They were confident they could pass on any concerns and that they would be dealt with. There were clear lines of accountability in the management structure. The management had regular discussions regarding incidents and issues affecting people using the service and staff. We saw that, where there had been an incident with a person running out of medicines, procedures were changed to minimise the risk of this happening again.

There were systems in place to regularly assess and monitor the quality of care people received. These included obtaining people’s feedback, regular audits of people’s daily care records and medicine administration records and conducting unannounced spot checks to observe care workers delivering care to people.

The provider told us that the service’s values included equality, choice, dignity and safety. Staff had a good understanding of these values and were able to give us examples of how they applied them in practice. The management had systems in place to check that the core values were applied by staff whilst delivering care. This formed part of the observation process during unannounced spot checks and formed the basis for the questions in the feedback questionnaire.

The service used the information gathered from its internal audits and recommendations made by external organisations such as local authorities and the CQC to make improvements to its policies and procedures and to improve the quality of care people received. We saw that an internal audit of record keeping identified some unacceptable standards. Records showed these shortfalls in performance were raised with care workers during supervision and staff meetings and they were given guidance on good practice.

The provider and registered manager had plans for developing and improving the service and the quality of care people received. This included extending the training available to staff, increasing the competency checks carried out to test staff understanding of their training and improving the quality and frequency of staff performance reviews. We saw that the management team had started to implement these plans.