

Temp Exchange Ltd

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Inspection report

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Date of inspection visit:
17 November 2016

Date of publication:
24 March 2017

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 ●

Summary of findings

Overall summary

The inspection took place on 17 November 2016. This was an announced visit because we needed to make sure the registered manager was available and that people's care records were available in the office for us to review.

Prior to this inspection this service was inspected on 19 February 2014 where all standards inspected were met.

Temp Exchange Ltd is a domiciliary care agency that provides care and support to children and adults with a range of needs in their own homes. At the time of our inspection there were 44 people using the service.

There was a registered manager in post. 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 registered manager and office staff were well informed about people who used the service. There were systems in place for monitoring the quality of the service. People and their relatives were encouraged to contact the office and asked to provide feedback about the service they received.

People's needs were assessed and care plans were developed to identify what care and support people required. People said they were involved in their care planning and were happy to express their views or raise concerns. When people's needs changed, this was quickly identified and prompt, appropriate action was taken to ensure people's well-being was protected. The registered manager told us that copies of care plans were kept in people's homes.

Staff understood how to recognise the signs and symptoms of potential abuse and told us they would report any concerns they may have to their manager. However, some staff did not know who the authorities they could contact outside of the agency. Assessments were undertaken to assess any risks to the people using the service and the staff supporting them. This included environmental risks and any risks due to people's health and support needs. The risk assessments we viewed included information about action to be taken to minimise these risks.

Staff were happy to work for the service, as a result staff turnover was kept to a minimum ensuring that continuity of care was in place for most people who used the service.

Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, asking people how they would like things done and making enquiries as to their well-being to ensure people were comfortable.

The service followed safe recruitment practices and carried out appropriate checks before staff started supporting people. Care staff received supervision and some had received an appraisal. These processes gave staff an opportunity to discuss their performance and identify any further training they required.

People were supported to eat and drink. Staff supported people to take their medicines when required and liaised with their GP and other healthcare professionals as required to meet people's needs.

The service had a complaints policy. People and/or their relatives knew how to complain if they were dissatisfied. However, the provider is aware of the importance of following their own complaints policy and procedure.

The registered manager demonstrated leadership and a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service. We saw that visits had been made by the office staff to people using the service and their relatives in order to obtain feedback about the staff and the care provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People and relatives felt the service was safe. Areas of risk was identified and reviewed by the service.

There were sufficient numbers of staff available.

Safeguarding procedures were in place and staff received training.

Is the service effective?

Good ●

The service was effective. Staff received training and supervision to assist them to support people effectively.

People received support to meet their nutritional needs.

Staff understood the need to ask people for their consent before providing care

Is the service caring?

Good ●

The service was caring. Staff were knowledgeable about the people they supported and cared for them in a kind and compassionate way.

Staff treated people with dignity and respected their privacy.

People and their relatives told us they were involved in reviewing their care.

Care plans documented people's needs and these had been reviewed.

Is the service responsive?

Good ●

The service was responsive. The provider listened and was responsive to feedback and complaints from people in order to improve the service.

People were supported to follow their hobbies, interests and stay connected to people important to them.

Is the service well-led?

Good 

The service was not always well-led. People and staff felt managers were approachable and ran the service well.

Quality assurance systems were in place to monitor the quality of the service.

Temp Exchange 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 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 17 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection team consisted of an adult social care inspector who visited the provider's premises and an expert by experience who spoke by telephone to people who used the service and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed all the information we held about this service, including all notifications received. We contacted the local authority and have yet to receive feedback from them regarding the quality of the service.

At the time of our inspection there were 44 people using the service. We spoke by telephone with seven people who used the service. We spoke with five members of staff, a care coordinator, the recruitment coordinator, the registered manager and a director. We looked at documents and records that related to people's care and the management of the service. We looked at four people's care and support plans.

Is the service safe?

Our findings

People told us they felt safe using the service. Comments from people included, "Yes always," I do [feel safe]. They always make sure the windows are closed, the staff are all trustworthy and nothing has ever gone missing," and "Yes I get the same carers and they are all very good." "A relative told us, "Yes they are the same staff coming around for the last two years and I am happy with them [Staff].

There were up to date safeguarding policies and procedures in place. These provided guidance for staff on what to do should they suspect someone may be suffering abuse. We saw that the service had one safeguarding incident in 2016 involving an allegation of financial abuse. This was picked up by staff during a well-being visit to the person. The registered manager told us that lessons learnt from this visit were to ensure that "We encourage clients to talk to us when we visit and to have regular well-being visits" Although this incident was reported to the relevant safeguarding authority the provider did not report this to the Commission. Following our inspection the provider submitted a safeguarding notification in retrospect.

Staff we spoke with had received safeguarding training and were able to describe different types of abuse and the signs they look for which could identify a person was being harmed. Staff felt confident that the registered manager would take appropriate action if they reported abuse. Staff were aware of the provider's whistleblowing policy, although not all staff were aware of the external agency to contact.

The service supported some people with their medicines. The level of support people received ranged from reminding a person to take their medicine to people who required full assistance to take their medicines. The registered manager told us that staff also administered people's medicines. We saw that they had a 'medication risk assessment and agreement form' to assess people's ability to administer their medicines. This included arrangements for ordering, collection and disposal of medicines.

People were assisted to take their medicines. One person told us, "One of my children will put it in a box for me to take." A relative told us, "Most of the time I do her medication but sometimes they do. They [staff] are good when they give it to her." Another relative told us, "Most of the time I do her medication but sometimes they do. They are good when they [Staff] give it to her."

Staff were allocated to people based on level of need, knowledge and skills. People's comments about whether they felt confident about the way staff delivered care included, "They always know exactly how to help me. I can't ask for more," and "...they are very confident and get on with it."

There were enough staff to meet people's individual needs. People told us that staff turned up on time, took their time, never rushed and always notified them when they were going to be late. Where care staff were unable to attend, people were informed and an alternative arrangement put in place. Comments from people included, "They are never rushed always take time to talk to me," "They are never rushed they always do whatever I say," and "Well they [Staff] stay for their full time and sometimes even go over if they need to..." A relative told us, "...They are very calm and do a good job." When staff were unable to attend due to holiday or absence people told us that they would be notified straight away. People told us, "I will get a call

telling me what has happened and informing me who is coming instead," "

We looked at three staff files and reviewed the provider's recruitment processes and found this was managed safely. The provider asked for references and undertook identity checks and a Disclosure and Barring Service criminal check before staff started work. These actions helped to ensure people who used the service were protected from individuals who had been identified as unsuitable to work with vulnerable people. We saw that the provider had begun an audit of staff personnel files to ensure all the necessary documentation was in place.

Risk assessments formed part of 'my personal care and support plan.' Risks identified included risk of falls, health risks such as Epilepsy, continence and pressure sores. Risk assessments were dated and some had been reviewed. An initial risk assessment of the home environment was also completed.

There was a system for acting and responding to incidents and accidents. The director told us that there had been no incidents reported since January 2014. This was evident from records reviewed which showed that an incident involving a fall in January 2014 had been reported. The service identified that the grab rail was too low and the floor slippery and took action to address this, including involving an occupational therapist to assess the person's needs.

Is the service effective?

Our findings

People and their relatives told us that they felt staff were good at their job. Comments included, "Yes, without a doubt," and "Yes, they are trained and know what they are doing."

Care plans had been reviewed and a date for the next review recorded. People's preferences and care needs had been recorded and people who used the service were given the opportunity to be involved in the care planning process. For example in one care plan we saw that this stated that the person 'wishes to have a female care staff support three times a day to ensure that [person] is safe and [person's] daily needs are met.' This was confirmed by people using the service and their relatives. One person told us, "We did one [care plan] when I first moved in. I have a copy of it here somewhere." A relative told us, "I have a care plan for [relative] and I signed it as [relative] cannot do anything."

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. Although staff understood the need to ask people for their consent before providing personal care, not all staff were able to explain the importance of the MCA and the need to make decisions in the best interests of the person who lacked capacity.

People told us, "They ask me what I would like to wear and things like that.," "I will always chose what I want it is never an issue," and "When they [staff] are giving me a shower they will ask me first and let me choose. I never get forced. A relative told us, "My relative is like a child she doesn't know what is happening and can't make any decision. Most of the time I am in the room with them [Staff] and they will talk to me about it." Staff told us that they had received training in the MCA and Deprivation of Liberty Safeguards (DoLS) which was confirmed by training records reviewed. We recommend that staff received additional training in the MCA and risk management.

Most care staff received monthly supervision and. a yearly appraisal, this was evident on the staff files reviewed. Staff said they felt supported by their manager and office staff. We noted that some staff were yet to have an appraisal. Staff told us these processes gave them an opportunity to discuss any issues about their clients, their performance and identify any further training they required.

We reviewed an up to date training matrix for the service. This showed that staff had completed mandatory training in areas such as, care planning and record keeping, safe manual handling, safe handling of medicines, dementia and health and safety. Some staff had received specialist training in epilepsy. The registered manager told us seven staff will be attending planned training in relation to Children's Act.

Where required there was information in people's care plans about people's needs in relation to eating and drinking. Staff told us they supported people at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by family members. We spoke to staff who were

clear about the importance of adequate fluids and nutrition. Staff confirmed that before they left their visit they ensured people were comfortable and had easy access to food and drink as appropriate.

The service directly supported people to meet their health needs, and staff told us that if they noticed people's health had deteriorated, they would contact their GP or call an ambulance and inform their relative. People and relatives we spoke with told us that healthcare appointments were organised by them. The agency worked closely with other healthcare professionals. We saw evidence of involvement of other healthcare professionals, including the community paediatrician for someone with epilepsy. This helped to ensure people's health care needs were being consistently met. We saw in care files that people had been asked how they wished their care to be delivered.

Is the service caring?

Our findings

People who used the service were positive about the attitude and approach of the staff who visited them. Comments included, "They are very good at listening to me and finding out what I need," "...everything they do is to care for me. They are very good." A relative told us that care staff do a good job and "How caring they [staff] are."

Everyone we spoke with said they thought they were treated with respect and had their dignity maintained. One person told us, "I think they care about my dignity more than I do." Another person told us, "It's the little things like closing the door when I am having a shower." A third person told us, "So far up to two years I have no complaints with anything they [Staff] do."

The registered manager said she expected staff to treat people who used the service with dignity and respect at all times. Staff we spoke with, were very clear that treating people with respect was very important. Staff told us they gave people privacy whilst they undertook aspects of personal care, such as covering people and ensuring that they are comfortable with the care provided. One member of staff said, "We always respect them [people using the service] make them happy and you always talk to them."

Personal care and support plans were person centred. Sections covered included a 'who I am,' section which provided some background information about the person using the service, including their likes and dislikes. Other areas covered included communication needs, health and wellbeing and daily routine. Each person had a weekly care plan which detailed the tasks and times care should be delivered. This also included any special instructions for staff, such as areas of care that relatives may be responsible for, such as assisting with feeding and administering medicines. This was also documented on a separate form 'family responsibilities' which was signed by the person receiving care or their relative. Staff we spoke with were able to give us examples of some of the care they provided, which was in accordance with people's plans of care. We noted that care records were not always updated following a change in need. For example, one person who had their care plan reviewed in April 2016 to increase the number of care hours did not have this documented in the task plan which was dated August 2015. Another care plan had not been reviewed since February 2015.

Staff we spoke with knew people's needs and how to care for them. One staff member told us about how they communicated with one person with a speech impairment. This included the gesture used to indicate their needs. The staff member had worked with the person for some time and understood how to communicate with them. Staff knew people's likes and dislikes.

People and their families told us they were sometimes involved in reviewing their care. One person told us, "We created it together." Another person said, "My children did most of that. I was there yes but I don't remember what is in it." A relative told us, "Since the beginning they haven't changed the care plan." We all sat down with the district nurse and talked about it."

We saw that regular visits and phone calls had been made by the management to people using the service

and/or their relatives in order to obtain feedback about the staff and the quality of care provided.

Is the service responsive?

Our findings

People told us that when their needs changed staff listened to them and changes were made accordingly. Comments from people included, "I can just call and someone will sort it out," "Nothing has ever changed. I think they are all pretty good," and "I had to change the time of the morning call. My daughter phoned in and it was taken care of." A relative told us, "When [relative] needs to go to the hospital I will call the agency and I have told them that she will be late or need to cancel. They do it straight. Like if I need to change her appointment from one o'clock to twelve o'clock they will do it right away."

People who used the service and their relatives told us they knew how to make a complaint if needed. Comments included, "Call the office or the council depending on what the complaint is about," "It has never happened. I guess I would phone the office," and "I would call the office and they will sort it out. No never needed to." A relative told us, "If I had a problem with the carers I would call the agency. The first carer I got was coming from far and she was always late. So, I contacted the agency and they changed her for someone closer. They now contact me now and then about once a month or so."

We saw that the 'complaints, suggestions and compliments policy' provided a timeframe for dealing with complaints. We reviewed complaints held by the service and saw that there had been three in the last 12 months. These included concerns about lateness and where two care staff were required only one attended. We saw that the registered manager had taken action to address complaints about staff conduct through supervision. However, complaints were not always dealt with in line with the services' complaints policy and procedure. For example, the policy states that people can approach the Local Government Ombudsman (LGO) should they not be happy with the outcome of their complaint. The provider responded to complaints by letter, however this did not give people the option to take their complaint to the LGO an independent external body. The registered manager told us that this had been done by the previous registered manager and would be included in any complaints documentation in future.

People's preferences and activities were documented in their care plan and people participated in activities of their choice. Care plans identified cultural and spiritual needs. We saw that one person enjoyed attending church and going to the cinema with relatives. Another person liked to watch films and listen to music. This enabled staff to support people in line with their wishes during particular events throughout the year.

We found that the service responded positively to people's views about their own care package, or the service as a whole. People we spoke with confirmed that meetings were held to discuss their service and encouraged to express their opinions. They told us, "I have had a few meetings with them now," and "We do they usually arrange it with my daughter." A relative told us, "They do spot checks and come and visit me. I have a few meetings and they make me fill out a few forms." We saw evidence in care records that spot checks had been carried out by senior staff.

Is the service well-led?

Our findings

People told us that they were always able to speak with someone at the office. Comments from people who used the service included, "They [managers] always answer never been any issues, "I haven't phoned them directly usually one of my children does that," and "No problems it's all very well done and very professionally done." A relative told us, "They answer straight away. I got a landline number and a mobile number that is 24 hours. I haven't called at night."

People could not remember who the registered manager was but told us, "I think if it is the woman that I think it is she is very good but I can't remember her name." A relative told us, "To be honest I don't know who the manager is. Whenever I phone different people answer and they sort it out. The people that come to me I don't know if they are managers. There is a lady that phones me and finds out how the carers are and how the service is going, I think it may be her."

Staff told us they felt the service was well run and they were able to approach the registered manager and senior staff at any time. One staff member told us that they were free to go the office, the registered manager was, "approachable," and "nice." People who used the service told us that staff were happy when doing their job. One person told us, "I think so, they always seem cheerful when they come around. Another person said, "...they are always happy."

The registered manager and director told us that staff had worked for the service for a number of years and in most cases worked with the same person. This ensured continuity of care. Staff we spoke with confirmed that they had worked for the service for a number of years and liked working for the agency. One staff member told us they had worked with the agency for more than four years. One staff member who had worked for the service four/five years told us, "If there is a problem or incident, they will sort it out." For example, when the staff member requested assistance for one person who required additional equipment for eating, this was addressed by the service.

Senior staff, including care coordinators monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. They also undertook regular unannounced spot checks and 'field observations' to review the quality of the service provided. We saw from records that there were spot checks undertaken to observe care workers. This included observing the standard of care provided and visiting people to obtain their feedback. The service also undertook a performance review which included talking to people and/or their relatives about the quality of care provided by staff and reviewing care records. We saw evidence of this in records reviewed at the office. The registered manager told us that they encouraged care staff to have good working relationships with the people they supported and encouraged a lot of discussion, so that any concerns could be communicated back to the office. For example, if someone became unwell, they had to be the "Ears and eyes of client."

The service used a tracking system to monitor that staff arrival and departures. However, this can sometimes be difficult as this requires people using the service to give their consent for staff to use their landline. In order to improve this system the registered manager and director told us that they were looking

at another system to improve how they monitor staff attendance.

Systems were in place to monitor the quality of the service. The registered manager is aware of the importance of ensuring all care records are updated following a change.