

# Team Personnel Solutions Limited West Yorkshire

## Inspection report

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### Ratings

#### Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Inadequate



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



### Overall summary

This inspection took place on 15 October 2015 with subsequent phone calls to staff and people who used the service to seek their views of the service.

West Yorkshire provide personal care and support to people living at home in the Leeds area. The registered manager told us this was mainly to people receiving end of life care. On the day of our inspection there were nine people using the service.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the

# Summary of findings

terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission [CQC] to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

West Yorkshire was last inspected by CQC on 2014 and was compliant.

People told us their care was provided by consistent staff who were on time. People said they were told if the staff were running late.

The care records we looked at included risk assessments, which had been completed to identify any risks associated with delivering the person's care.

Staff were not aware of how to recognise and report abuse and there was a lack of information in the service about safeguarding. This meant systems and processes were not established and operated effectively to prevent abuse of service users.

Medicines record were not maintained so we could not confirm that medicines were recorded or administered correctly or safely, or in a timely manner.

Recruitment was not carried out in a safe manner. Not all staff had interview records and other checks on the safety of new employees were not carried out.

There were no records of staff training other than an in-house induction carried out by the manager and staff did not receive regular supervisions and appraisals, which meant that staff were not properly supported to provide care to people who used the service.

Staff had not received training in the Mental Capacity Act and did not understand the principles when we spoke with them, but we saw that consent for care and treatment was sought in people's care plans.

People told us staff were caring and treated them with dignity and respect.

People's care records showed that their needs had been assessed and planned in a person centred way. However, formal reviews had not always taken place regularly.

There were no records of staff meetings but staff told us they could speak with the registered manager and provider if needed and that communication often took place via text message so staff were updated.

The provider had a complaints policy and procedure in place but we saw complaints were not fully investigated and records in relation to staff conduct were not updated. The provider did not have an effective recruitment and selection procedure in place and did not carry out relevant checks when they employed staff.

The provider did not have a robust quality assurance system in place, there was no checks on the safety and quality of the service and the service did not gather information about the quality of their service from a variety of sources.

This were several breaches 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.

# 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 not safe.

The provider did not have an effective recruitment and selection procedure in place and relevant checks and processes were not carried out on the suitability of staff.

Systems and processes were not established and operated effectively to prevent abuse of service users. The policies for safeguarding and whistleblowing were out of date and staff had not received updated training in this area.

There were no records held to confirm if medicines were recorded or administered correctly or safely, or in a timely manner.

Inadequate



### Is the service effective?

The service was not effective.

Other than an in-house induction checklist there were no other records of staff training completed or training planned in the future.

Staff did not receive regular supervisions and appraisals or checks on their performance working in people's homes.

People consented to their care and treatment.

Inadequate



### Is the service caring?

The service was caring.

We heard the staff had developed therapeutic relationships with people and were caring and kind.

People told us they were treated with dignity and respect.

Care records were accurate, complete and contemporaneous record in respect of each person who used the service.

Good



### Is the service responsive?

The service was not always responsive.

Care plans were well assessed and written from the perspective of the person using the service but they were not regularly reviewed.

The provider had a complaints policy and procedure. A copy was kept in people's files.

Requires improvement



### Is the service well-led?

The service was not well led.

Inadequate



# Summary of findings

The provider did not have a quality assurance system in place so no checks were made on the safety or quality of the service

The provider did not get feedback on a regular basis from people using the service, relatives or staff.

Policies and procedures were not effective and were out of date.

# West Yorkshire

## 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 15 October 2015 and was announced. We gave the service 24 hours as we knew it was a small provider and wanted to ensure someone would be available at the office location. One adult social care inspector carried out this visit.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. The service had not notified CQC of any notifiable events since their last inspection.

For this inspection, the provider was not asked to complete a Provider Information Return [PIR]. 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.

During our inspection we spoke with five relatives or carers of people who used the service. We also spoke with the registered manager, the provider, the administrator, and three members of care staff.

We looked at the personal care or treatment records of four people who used the service and other records that related to the running of the service. We also looked at the personnel files for five members of staff.

# Is the service safe?

## Our findings

We found people may be at risk of receiving poor care due to a lack of training and knowledge around safeguarding processes. We also saw that recruitment practices were poor with a lack of recording by the service.

Relatives of people who used the service said they had no concerns about the safety of the service or how care was being provided.

We asked if any accidents or incidents had taken place at the service. The registered manager told us there had not been any. We asked about the procedure for staff to follow to report any incidents and the provider told us staff knew to ring the manager and report this. We saw there was an incident/ accident form but none had been completed. One staff member told us; “I would find a place to write whatever happened.”

The registered manager told us there had been; “No incidents of any safeguarding nature.” We saw that all staff had an induction training checklist completed with the registered manager and which stated “Safeguarding” but there were no records of any formal safeguarding training. Safeguarding and whistleblowing policies did not contain contact information of safeguarding agencies. The registered manager took some time to find the local safeguarding authority contact details but did provide this during the course of our inspection. We asked two staff members about how they would recognise and report abuse. Both staff members could not provide answers about recognising abuse. When we asked them what they would do if they witnessed a family member for example hitting a vulnerable person, both staff members said they would talk to the person carrying out the abuse and only one staff member stated they would report this to the office. This showed that staff were not clear on recognising and responding to possible abuse.

This was a breach of Regulation 13 [Safeguarding service users from improper care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

The registered manager told us that staff rotas were completed a week in advance and the service assessed its capacity with staff availability. The registered manager said they would refuse referrals if they could not take on the package of care. We saw that both the registered manager

and the provider regularly were part of the care team. Staff told us they were updated by the administrator with their rota and any changes to it by text message and the system worked well.

We looked at the staff recruitment records of five staff members. The staff recruitment process included completion of an application form and a Disclosure and Barring Service check [DBS]. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. There was a telephone complaint concerning a staff member being found asleep on duty on the 18th February 2015. We saw for this person that a DBS check had been returned to the service on 12th March 2015 and the person had completed an induction checklist with the registered manager on 13th January 2015. This meant the service did not have an up to date DBS check in place for this staff member when they were providing care.

In the five staff files we viewed there were no interview records. We saw that many applicants did not have two references and some were only from personal sources. However we did acknowledge that many staff were from overseas and had no previous employment experience in the UK. We saw that several staff had criminal convictions on their DBS checks. This is not a bar to employment but the registered manager should have completed a risk assessment to assess the person’s suitability to work with vulnerable people. One staff member had declared a conviction in 2013 that may have posed a risk in relation to them working with vulnerable adults and the registered manager should have completed a risk assessment to state they had discussed the offence, circumstances and risk of re-offending with the staff member. The registered manager stated they had done this but the risk assessment was not in the staff member’s file and could not be produced during the course of our visit. This meant that the service was not carrying out the appropriate checks to ensure ‘fit and proper’ persons are employed.

We saw from records held in the complaints file that appropriate action was not always taken when concerns were raised about care workers. A response letter to a complainant stated the service had taken disciplinary action against a staff member following a complaint investigation and dismissed them. When we looked in the

## Is the service safe?

staff member's file, there was no record of this disciplinary hearing and the manager stated to us that they; "Had been too harsh" in dismissing the person. We saw this person was still working at the service and was on the current rota.

Another complaint had been made about a member of staff sleeping on duty. The administrator who had taken the complaint call wrote on the complaint form that they would "look into it". It then stated the staff member was brought into the office and spoken with and told they could no longer work nights and "a written statement" had been made. We looked at this staff member's file and there was no record of the statement, the meeting or any record relating to this incident. This incident had taken place three week's after the person had started their employment with the service and no supervision or probation discussion records were in place.

This was a breach of Regulation 19 [Fit and proper persons employed] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

During this inspection we looked at the care records of five people who used the service, one person was supported by the service in relation to the management of medicines.

Arrangements did not always ensure that the administration of people's prescribed medicines was accurately recorded. There were no medicine administration records [MAR] forms which care workers signed to record when people had been given their medicines. The only detail of medicines that were

administered were in the daily notes and staff often wrote; "Medicines given" or "Medicines taken." Details of the strengths and dosages of medicines were not recorded. Therefore it was not possible to confirm if people had been given their medicines, or what medicines had been given. We spoke with one staff member who told us; "We do help people take their medicine from the dosette box. We follow the instructions for the day, date and dosage. The management will write the MAR [medication administration record] chart." Some relatives we spoke with told us that staff administered medicines via a prepared dosette box.

We asked the registered manager how medicines were administered and they told us people had dosette boxes and staff would administer the correct medicines for the day from these. However we saw that one person was given their medicine via a PEG [percutaneous endoscopic gastrostomy]. We saw that staff had no formal recorded training to carry out this procedure although the registered manager stated they had shown staff what to do and was waiting for training from the person's dietician. This meant that people could be at risk of not receiving their medicines in a safe way.

This demonstrated that the provider had failed to protect people who used the service against the risks associated with the improper and unsafe management of medicines. This was a breach of Regulation 12 [Safe Care and Treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

# Is the service effective?

## Our findings

We looked at five staff training records in their personnel files. These showed that all staff had an induction checklist when they started work with the service. This was signed by the staff member and the registered manager. There were no other records relating to ongoing training. We asked the manager if there was any other training records and they replied; “No”. We asked about staff having training in moving and handling procedures. The manager told us they undertook this practical training with staff in the office and we saw equipment to do this. However there was no records held of when this training took place and who had received it. One staff member said; “I had the mandatory training in February this year, the handling one using the hoist.” Another staff member said they had received mandatory training in infection control, moving and handling, health and safety and safeguarding at the start of their employment in October 2014. We saw that most staff when recruited had no previous experience in care and one staff we spoke with said; “More training would be good.”

The registered manager told us that “about seven” staff had completed or were registered with a training company called CTS to undertake their National Vocational Qualification [NVQ] Level 2. There was no paperwork available to confirm this in staff files. The manager said; “People haven’t brought their certificates in.” The manager also said they had registered with the Skills for Care to undertake the Care Certificate for staff. We saw a distance learning workbook in relation to staff undertaking the Care Certificate but this had not yet been implemented. We also saw the manager had drafted a code of conduct document for staff to sign but again this had not been implemented.

We discussed staff supervisions and appraisals with the manager and looked at the staff records of five staff members. For one staff member recruited in October 2014 we saw that there were no supervision records in place for them and only one observational record of their practice in December 2014. Another staff member had two supervision records in place that were from 2013 and two observational checks also from 2013. There were no supervision records in place or observational checks from January 2015 onwards. We saw in the supervision records that were in

place that the same comments by the staff member were typed in the question boxes. For example we saw for two different staff members that exactly the same comments had been written to the question stating; “Do you find the office staff approachable / accommodating? Both people had separately responded on different dates “I feel they are very approachable and very supportive. They respond to my queries as soon as practicable.” There were no annual appraisals in place. The registered manager agreed that supervisions had not been happening as they had been busy providing care to people using the service.

We found staff did not receive appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they were employed to perform. This was a breach of Regulation 18 [Staffing] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

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.

We saw that consent had been sought by people using the service to their care and where they could not consent to this, this had been sought by their close relatives. There was also an assessment relating to people’s capacity that had been completed by the manager at the time of the person’s initial assessment, however these had not been reviewed and some people had been using the service for over two years. Staff we spoke with also displayed a lack of understanding of mental capacity when questioned. They could not explain the principles of mental capacity and the staff we spoke with said they had not received training in this area. This meant that staff may not be aware of how to ensure someone’s rights were supported because they did not receive appropriate training as is necessary to enable them to carry out the duties they were employed to perform. This was a breach of Regulation 18 [Staffing] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.



# Is the service caring?

## Our findings

We looked whether the approach of staff was caring and appropriate to the needs of the people using the service. Due to the nature of people's condition, we spoke via telephone with five relatives or carers of people who used the service. The relatives we spoke with all said that the staff were caring and treated people well. People spoke particularly fondly and positively about their regular, main care workers, who they had formed positive relationships with. Comments included; "My relative is well looked after," and "The carers do all my relatives personal care and they are excellent."

One relative told us; "I have had numerous agencies here with my relative and I am more than happy with this one. They are considerate of our culture and respect our religion."

Relatives told us that care was consistent and timekeeping was generally good. One person said; "The key carers and there is about eight of them are very consistent, no new staff come out together they are always paired with an experienced person." People told us that they were

contacted if the service was running late and that care was provided flexibly. One relative said; "They are good and stay with my relative until they are settled. They often do this in their own time and they make sure everything is ok before they leave."

We looked at care records for people and saw care plans in place for mobility/falls, nutrition, continence, pressure areas, personal hygiene, communication, emotional and mental well being, sleeping, end of life and medication. We saw each care record included the person's preferred name, date of birth, a history, a summary of their needs and details of the person's next of kin and GP.

The care plans contained evidence that people had been involved in writing their plan and their wishes were taken into consideration. For example, we saw details of people's backgrounds, their likes and dislikes and their care and support needs. There was also evidence of discussions with the person about their care, for example, what the person could do for themselves, what they required assistance with, things they enjoyed doing, what they preferred to eat and their religious and spiritual beliefs.

# Is the service responsive?

## Our findings

The service was not always responsive. We saw that care records were not always regularly reviewed.

The manager told us that referrals to the service came from the local Continuing Healthcare team. We asked the manager about this process and they told us; “We work well with them.” There were currently nine people using the service and a further two people were due to commence the service on the day of our visit.

We looked at three people’s care records. We saw assessments were undertaken by the registered manager who was a qualified nurse, to identify people’s needs and care plans were developed outlining how these needs were to be met. The assessment covered the person’s environment, mental capacity, sleeping, personal care needs, diet and pressure area care. The assessments also featured psychological and emotional support such as if a person has anxiety. There was also a section on any moving and handling needs and the equipment required to undertake this. The assessment was signed by the person or their nearest relative and the assessor.

The care plan gave a short history and a summary of the person’s needs. We saw care plans were written in a person centred way. Person-centred planning is a way of helping someone to plan their life and support, focusing on what’s important to the person. For example, one care plan stated; “X has shortness of breath on exertion, allow them time to express their needs at this point.” The visit schedule included key tasks for staff to follow. Details were helpful, for example we saw documented where towels could be located in the bathroom. This meant staff were given the detail to provide care effectively. There was also copies of assessments and care plans from the service commissioners available in the care files.

There was one quality assurance checklist in two of the three care plans we viewed. One was dated from January

2014 and one in February 2015. There was no record of care plans or risk assessments being reviewed on a regular basis. We asked the manager about this and they told us; “I think I completed these for the long standing clients,” but we could see no evidence of this in the files we viewed. This meant that care was not reviewed with the person. This was a breach of Regulation 9 Person centred care of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

Staff were knowledgeable about the people they supported regularly. We asked staff how they were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff we spoke with said, “I read their records and we talk to their family and carers.” Relatives we spoke with told us; “They are all very considerate,” and “They are the key part of my relative’s care.”

Two people told us the service was flexible to the needs of their relatives. One person said; “The carers are flexible when my relative is delayed if they have been out at the day centre.” Another relative told us; “My relative was poorly last week and they sent out an additional carer to help me out.”

We saw a copy of the provider’s complaints policy which was out of date from 2013. There was a copy of the complaints procedure in the front of each person’s care file. We asked a member of staff how they would know if someone was unhappy, they told us; “You can tell by someone’s mood if they are unhappy, we can tell as we see the same people often. I would talk with them.”

Family members we spoke with told us they would contact the office if they had any concerns. One staff member we spoke with said; “We are not encouraged to discuss the company with clients. I’d encourage them to complain directly to the office.”

# Is the service well-led?

## Our findings

There was a registered manager in place who had worked at the service and who was a registered nurse. The provider also worked at the service as a care worker on a daily basis.

The feedback from relatives we spoke with were all positive about the care workers and the consistency of care workers and their timekeeping. One relative told us; “I have had issues in the past and confronted the management and they have dealt with it.”

We spoke with the manager about the processes the service had for assessing and monitoring the quality of the service provided to people. The quality assurance policy stated the service would undertake questionnaires with people but there was no timescale for this and only one had been undertaken in 2013 with one person in the files we viewed. The registered manager was able to show us some compliment cards of which only one was recent and it was positive about the care provided. There was one quality assurance checklist forms in two of the three care files we viewed. One was from January 2014 and another from February 2015.

We also saw one telephone feedback form in each of the three files we viewed. One form stated the relative wasn't happy about the timings of the visits, and wanted “more experienced staff.” We asked the manager about this feedback and they told us that they had met with the relative and discussed their specific concerns at that time and that they had now been addressed. There was no record of this meeting which would have shown that the service was responding to issues raised by people. We spoke with this relative about the service and they told us they did have issues at one time but this had now been resolved and they were happy with the service.

There were no audits in place of care files or other systems of safety of services such as health and safety. There were observational spot checks of staff in personnel files but there were none relating to 2015 and one staff had not had any observation of their work since July 2013. There were no training plan or supervision planner in place and there

had been no recorded training or supervision carried out in the five staff files we viewed in 2015. The manager stated they knew they were behind with supervision of staff. Whilst staff told us the manager was available to support them when out working with people and would come and help, The registered manager stated that that they were also providing a lot of the care and so systems such as supervisions and audits had not taken place.

This meant that the provider did not gather information about the quality of their service from a variety of sources. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

The provider did not assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity [including the quality of the experience of service users in receiving those services]. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

The manager told us they kept policies on the computer system and staff came in and viewed those.

We looked at records relating to staff meetings. There had last been a staff meeting in December 2013. We spoke to staff who told us; “We sometimes meet at lunch time at the office and you can talk to the manager whenever you need to.” Another staff member said; “If there is anything that everyone needs to know they will send us all a text message and we get updates like rota changes on text message.

We asked one staff member what could be improved about the service and they told us; “More training would be good.”

We asked staff if the management [the manager and provider] were accessible and they stated they were and they were able to contact them at anytime. One relative we spoke with told us; “The phone does get answered out of hours and I do see the managers if there is a change of carer as they come out too.”

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

There was no evidence of care being reviewed with the person.

### Regulated activity

Personal care

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Systems and processes were not established to prevent abuse of service users.

### Regulated activity

Personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not gather information about the quality of their service from a variety of sources. The provider did not assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity [including the quality of the experience of service users in receiving those services]. The provider did not seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.

### Regulated activity

Personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

There was not training or records in place to ensure the proper and safe management of medicines.

This section is primarily information for the provider

## Action we have told the provider to take

There was a lack of training and appropriate policy and procedures to ensure staff were able to deliver care safely.

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing  Staff employed by the service must receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

**The enforcement action we took:**

We served a warning notice and the provider was told they must become compliant with the regulation by 7 January 2016.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed  The service did not carry out the appropriate recruitment checks to ensure fit and proper persons were employed.

**The enforcement action we took:**

We served a warning notice and the provider was told they must become compliant with the regulation by 7 January 2016.