Link Medical Staffing Solutions Ltd

Link Medical Staffing Solutions Ltd Haverhill Branch

Inspection report

4A Hollands Road
Haverhill
Suffolk
CB9 8PP

Tel: 02038661182
Website: lmss.uk.com

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Link Medical Care Staffing Solutions Ltd Haverhill Branch is a domiciliary care service providing support to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our visit there were 18 people in receipt of the regulated activity of personal care.

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People's experience of using this service and what we found
We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right Support, Right Care, Right Culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

The provider did not have adequate knowledge of the 'Right Support, Right Care, Right Culture' guidance. In addition, in July 2022 the Health and Care Act 2022 introduced a requirement that regulated service providers ensure their staff receive training on learning disability and autism which is appropriate to the person's role. The Oliver McGowan Mandatory Training on Learning Disability and Autism is the standardised training that was developed for this purpose and is the government's preferred and recommended training for health and social care staff to undertake. The provider had not heard about this training and staff working for Link Medical Staffing Solutions had not undertaken it.

The provider was not able to demonstrate how they would meet the underpinning principles of Right Support, Right Care, Right Culture'. We signposted the provider to relevant information.

People shared that they did not always receive their care and support visits from staff they knew. They told us where changes occurred, these were not always communicated in a timely manner.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not

always support this practice.

Mechanisms for auditing were in place, but they needed to be strengthened and clear records of outcome and actions needed maintained. People and their relatives required increased formal opportunities to feedback about the care they received, and the provider needed to improve how they evidenced actions in response to feedback. Many members of staff spoke of a lack of communication within the service.

People spoke positively about the care they received, and the staff providing their care. People were safely supported with their medicines and systems were in place to ensure good infection prevention and control practice was in place.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was requires improvement (published 8 September 2022). At our last inspection we found breaches of the regulations and we issued the provider with a warning notice. At this inspection we found improvements were still needed in some areas, but progress had been made and the provider was no longer in breach of regulations.

Why we inspected
We undertook this focused inspection to check whether the Warning Notice we previously served in relation to regulation's 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains requires improvement based on the findings of this inspection.

Whilst there were some improvements, we have found evidence that the provider still needs to make further improvements. Please see the Safe, Effective and Well-Led sections of this full report

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Link Medical Staffing Solutions on our website at www.cqc.org.uk.

Enforcement and Recommendations
We have made a recommendation that the provider research current guidance and best practice in supporting people who have a learning disability and autistic people.

Follow up
We will meet with the provider and request an action plan to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Link Medical Staffing Solutions Ltd Haverhill Branch

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team
This inspection was undertaken by an inspector and an Expert by Experience. The Expert by Experience made telephone calls to people and their relatives to seek their feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post. This person was also the provider of the service. We have referred to them as 'the provider' throughout this report.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 31 January 2023 and ended on 1 March 2023. We visited the location's office on 31 January 2023.

What we did before inspection
We reviewed any information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection
We spoke with 6 people who use the service and the relatives of 8 people who used the service about their experience of the care provided. We had email contact with 7 members of staff. We reviewed a range of records. This included 7 people's care records and medication records. A variety of records relating to the management of the service, including audits were also viewed.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We noted improvements at this inspection and the provider was no longer in breach of Regulation 12.

Assessing risk, safety monitoring and management

- At our last inspection we were concerned that despite staff being familiar with people's care needs, improvements were needed to ensure there was detailed guidance to follow to mitigate risks to people.
- At this inspection we found improvements had been made. People in receipt of the regulated activity of personal care had a plan of care in place which detailed their specific support needs and care provision.
- Where specific risks in relation to a person's health and wellbeing had been identified there was generic guidance for carers on the medical condition and possible symptoms as well as personalised risk assessments.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when they received support in their own home from carer workers. One person said, "I am very safe, they are excellent carers." Another person commented, "They provide personal care and I feel safe."
- Staff knowledge of safeguarding was variable, whilst staff had received training in this area, they weren't always confident or knowledgeable how to escalate safeguarding concerns outside of the agency. We raised with the provider so they could review staff knowledge and understanding.
- Systems and processes were in place to protect people from the risk of abuse. Policies were in place and where necessary referrals were made to the local authority safeguarding team.

Staffing and recruitment

- There were enough staff to ensure people received their care calls and no evidence to suggest any care calls were missed or that people didn't receive their care calls at the time the expected, albeit for unforeseen circumstances such as traffic.
- We did, however, receive some feedback people didn't always know which staff member to expect for their care. One person told us, "I have lots of different carers. Some are more efficient than others, but on the whole they are ok." Another person explained, "I feel safe with the carers but some of them rush me a little getting dressed in the morning. Their timings of calls can be a bit erratic, but they are usually here within 30 minutes of the time that I would expect. A third person said, "The carers [staff] are pretty good but I have so many different ones, I have mentioned this to [registered manager] who does try." Another person's relative told us, "There is a high staff turnover so the continuity is not great."

● The provider told us that, based on staff feedback on their rotas and hours worked, that the care hours rota had changed to give staff additional days off at weekends. Whilst this had caused some changes, they were confident that moving forward people now had consistent teams of carers that provided their care, with the exception of episodes of staff sickness where changes may have been necessary.
● People were assured staff were suitable to work with them. Appropriate recruitment safety checks were carried out. These included references and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely
● People's medicines were managed safely. People who received support with their medicines, told us they were satisfied with the way they were managed. One person told us, "There has never been a problem when they help me with my medication." Another person's relative said, "The carers give my [family member] their medication safely and there have been no issues. It is all recorded on the electronic app."
● People were provided with 'as required' (PRN) medicines when needed and PRN care plans were in place to help ensure these were provided safely.
● Medicines audits were completed. This included reviewing MAR (Medicine administration records) which electronic records.

Preventing and controlling infection
● People told us staff wore personal protective equipment (PPE) as required and disposed of it safely.
● Staff had access to PPE supplies, such as masks, gloves and aprons. All staff we had contact with were able to access this PPE when required.
● Infection prevention and control training was provided and completed by all staff.

Learning lessons when things go wrong
● The provider had a system in place to report and record any incidents and accidents that occurred but was aware enhanced monitoring was required. The provider told us they were implementing new processes and record keeping to better monitor the service and identify concerns. We have reported on improvements needed to the oversight under the key question of well-led in this report.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People were supported by staff who received training for their roles. However, we received some mixed feedback about the skills of staff and some challenges where English was not the staff member's first language. One person told us, "They [care staff] are well trained but language can be a problem as I keep repeating myself as some carers don't understand me which is a nuisance." Another person told us, "There can be problems with understanding as [care staff] don't understand English and with some of the carers and this can be a problem."
- We also received some mixed feedback about the competence of staff with one person telling us, "I am transferred very safely into my chair. They [care staff] know what they are doing." However, another person commented, "The training …well they don't always carry out tasks in the same way. Some carers do things differently than others."
- The provider told us they carried out regular 'spot checks' of care staff performance but was unable to locate all of these records.
- The provider had not updated their induction training to include the 'Oliver McGowan Mandatory Training on Learning Disability and Autism'. The Oliver McGowan Mandatory Training aims to provide the health and care workforce with the right skills and knowledge to provide safe, compassionate and informed care to autistic people and people with a learning disability. This requirement is set out in the Health and Care Act 2022.

We recommend that the provider research current guidance and best practice in supporting people who have a learning disability and autistic people.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- At our last inspection we were concerned that assessments of people's needs were not always completed to enable a plan of care to be developed. At this inspection we found that each person using the service had a care plan in place that had been developed following an assessment of their needs and choices.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- At our last inspection we were not assured of the provider's competence at making timely referrals to healthcare professionals when people's needs deteriorated, or a care need arose. At this inspection we found improvements and appropriate referrals and liaison with healthcare professionals had been made.
- People told us they were confident that staff would support them if they needed to access healthcare. One

person said, "They [care staff] monitor [family member's] skin and apply cream to ensure their skin is okay. If they see red marks, they call the district nurse."

Supporting people to eat and drink enough to maintain a balanced diet
● Staff continued to prepare food and drink for people when requested and required as part of their plan of care. One person told us, "The meals and drinks they [care staff] provide are very nutritious and they are presented very nicely." Another person commented, "The carers do everything that I ask of them and they cook me nice meals and leave me with plenty to drink….in fact they are just making me sausage, onion and mash and veg which I am looking forward to."

Ensuring consent to care and treatment in line with law and guidance
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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● At this inspection we found improvements, people's care records documented to confirm staff sought consent from people before providing their care, and where people had declined, this decision was also recorded and respected.
● No person using the service was subject to any deprivations of their liberty under the Court of Protection.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

Following our last inspection, we issued the provider with a warning notice requiring them to become compliant with Regulation 17. This was particularly in relation to safe infection control practices and the safe recruitment of staff. We found improvements in these areas at this inspection and the provider had met the warning notice. However, further development is needed to ensure oversight systems are robust and meaningful and the provider remained in breach of Regulation 17.

● Whilst we noted improvements at this inspection and all people using the service had a care plan in place and appropriate health care related risk assessments and guidance, the systems in place to check quality were not sufficiently robust enough to drive improvement.
● At the time of our inspection there was an informal governance system in place. There was no structured system to review service delivery and ensure high quality care was provided.
● There was a limited programme of regular audits, telephone monitoring calls or spot checks to check on the delivery of care and ensure it was in line with the provider's policies, procedures and people's care needs. One person told us, "The [registered] manager has never asked me about how I think my care is going." Another person commented, "I have never had any forms to fill in about my care package."
● Whilst daily care logs were reviewed, there was not a robust system in place for auditing to identify areas of learning or improvement. There were examples where there were discrepancies in times for care visits however systems to audit these and record actions had not been implemented.
● Incidents were reported to the registered manager and investigated appropriately, however analysis of themes, trends or patterns were not assessed. Staff were not always informed of the outcome from these incidents to enable them to reflect on their practise or develop their knowledge to mitigate recurrence. A staff member commented, "Staff have requested a staff meeting but the management refuses to hold one."
● Several staff told us there was a culture within the service where they were not able to speak up for fear of repercussion. One staff member said, "We [care staff] don't feel safe raising any concerns with the management as it leads to victimisation. The registered manager does not respond to emails but when staff raise a concern, the registered manager calls them for a meeting to avoid any written trail."
● Systems to maintain oversight were not fully embedded and had not addressed all issues we found on the

inspection.

Systems were not yet robust enough to demonstrate good governance. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The majority of people who used the service, and their relatives that we spoke with, were continued to be complementary about the service. One person said, "They are very good, and I would highly recommend the company." Another person's relative told us, "I have no worries at all about the care being provided by Link Medical."

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● People, their relatives and several staff told us systems for feedback required improvement.

● People's feedback was sought by the management team; however, this was inconsistent, and actions taken in response to this feedback, were not always recorded. This meant we were not assured that people's views and feedback were consistently recognised and acted upon.

● Staff shared with us that there were limited opportunities to communicate and receive updates as staff meetings were not held. The provider responded to say that staff meetings would be held moving forward.

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 17 HSCA RA Regulations 2014 Good governance Improvement to systems were not yet robust enough to demonstrate good governance