

SKL Professional Recruitment Agency Limited

Bushey

Inspection report

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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 caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection visit took place on 20, 24 and 29 March 2017 and was unannounced. SKL professional Recruitment agency Bushey is registered as a domiciliary care agency and provides personal care and support to people in their own homes. At the time of our inspection 60 people were being supported by the service.

When we last inspected the service on 02 August 2016 we found that they were not meeting the required standards. At this inspection we found that some improvements were made but the provider was still not meeting the required standards. There were still areas that required further development.

There was a registered manager in post who was also the provider. 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. A new manager had recently been recruited as the previous branch manager who was not registered was leaving the service on 31/03/2017. The provider told us that the new manager would be registering with CQC to become the registered manager.

People were kept safe by staff who had an understanding of their responsibilities with regards to protecting people from harm or possible abuse. There were sufficient numbers of staff employed at the service and staff had been recruited appropriately with pre-employment checks completed before staff commenced working at the service. However, we found that full employment history had not been completed for two of the staff whose recruitment files we reviewed. People were supported and prompted to take their medicines by staff who had received training in the safe administration of medicines.

Staff did not always arrive at the service user's home at the expected time and did not always stay for the time scheduled. Staff members had received training, however some was out of date and required updating to help ensure staff followed best practice and current guidance. This was an area that was being reviewed by the provider at the time of our inspection. There had been some staff turnover since the last inspection and this had impacted on the consistency of care people received.

The registered manager had a clear understanding of the Mental Capacity Act 2005. They were knowledgeable about protecting legal rights of people who did not have the capacity to make decisions for themselves. The service acted in accordance with legal requirements to support people who may lack capacity to make their own decisions. Staff required further development to enable them to properly understand MCA principles in relation to obtaining consent from people.

Staff knew the people they were supporting well along with their needs and routines. Work was in progress to develop care plans and make them more personalised. There was evidence that some people had been involved in the development and review of their care plans but this was not a consistent approach.

There was a complaints policy and procedure in place and we saw that complaints had been recorded and investigated with an outcome recorded. However we found that the response to complaints was defensive and no apology was provided, despite clear evidence that the complaint was substantiated. People felt that raising a concern was not viewed as a means of improving and learning from issues that were raised.

There were quality monitoring systems in place these included satisfaction surveys, spot checks and internal audits. However these were ineffective because they had not been analysed and actions had not been put in place to address issues and concerns that people had raised. The registered manager acknowledged that this was an area which required further development and steps were in place to address this as a matter of priority. We found that people had repeatedly raised concerns about late visits, the skills and abilities and attitude of some staff, and a lack of timely response from office staff when concerns were raised.

The provider had recently made some changes to the management structure to help support the implementation of the action improvement plan. They promoted an open culture during the inspection and were realistic about the areas of the business which required on-going development where both staff and people using the service could raise concerns without fear of being frowned upon.

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 ●

This service was safe.

Risk assessments were completed to help keep people safe.

People's care was provided by appropriate numbers of staff who had been through a robust recruitment process.

Staff understood how to recognise potential abuse, and were aware of how to report concerns.

People's medicines were managed safely.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff had not always received appropriate training and support to ensure they had the skills and knowledge to support people effectively.

People's consent was not consistently obtained or recorded and not all staff knew how consent related to the MCA principles.

People where required were supported to eat and drink sufficient amounts to maintain a balanced and varied diet.

People where required were assisted to access health care professionals to ensure that their health and wellbeing was maintained.

Is the service caring?

Good ●

The service was caring.

People were treated in a kind, caring and compassionate way.

Staff demonstrated they had a good knowledge of people's needs and routines.

Staff had developed positive relationships with the people they supported and knew them well.

Staff were respectful of people's wishes and treated them with dignity and respect.

Is the service responsive?

The service was not consistently responsive.

People's care was not always provided in accordance with their assessed needs and wishes.

There was a complaints process in However they were not consistently responded to and little changed or improved.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

People and their relatives, did not always feel the service was well managed and some had lost confidence in the branch manager.

Systems and processes that were in place to monitor and improve the quality and safety of the service were not effectively identifying issues and concerns we found during our inspection of the service.

People and their relatives felt the manager did not always worked in an open and transparent way, and found them 'defensive' and not always approachable.

Requires Improvement ●

Bushey

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.

The inspection took place on the 20, 24 and 29 March 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we reviewed the records held by the CQC, including notifications. A notification is information about important events which the provider is required to tell us about. We also checked the information that we held about the service and the service provider and contacted commissioners of the service to ask them for their views. The provider had completed 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 any improvements they plan to make.

During our inspection we spoke with four people who used the service, three relatives, four care staff members and the registered manager, a trainer employed by the provider and a member of the office staff. We looked at records including five care plans, recruitment and training records for four members of staff. We also checked that recruitment, training and support for staff were appropriate for them to provide good quality care. We also looked at other records relating to the monitoring of the quality of the service including complaints and audits completed by the provider.

Is the service safe?

Our findings

At the previous inspection in August 2016 we found that the care people received was not always safe. People were not consistently supported in a safe manner. Recruitment was not always robust and there were inconsistencies in the process, such as completion of pre-employment checks. People did not always receive their support at the expected times.

At this inspection people told us there had been some improvements. One person told us "I do think things are getting better, at least they do try to make sure they help you to stay safe and I personally have not had any problems." Another person told us, "I do feel safe especially with my regular care workers." A relative told us, "I do feel my [relative] is safe, they [staff] do call them now if they are running late which is important otherwise they don't know what time to expect them and that was a worry."

We found that staff had been trained in how to safeguard people from potential abuse and were knowledgeable about the potential risks and knew how to identify signs of abuse. Staff were able to demonstrate how they would report any concerns both within the organisation and externally if required. We saw that there was a current policy in place and a member of the management team was in the process of arranging refresher training for all staff so that staff had the most up to date information to help them keep people safe. Information and details about how to report concerns, together with relevant contact numbers, were displayed in the office as a reminder to staff. This showed that the provider had taken steps to help ensure that people were protected from abuse and avoidable harm.

People had risk assessments in place and where potential risks to people's health, or safety had been identified. These were assessed and where possible actions were put in place to reduce or mitigate the risks and were kept under regular review to take account of people's changing needs. The assessments and reviews included areas such as moving and handling and environmental risks which may be harmful to people's safety. Staff were able to describe how they kept people safe by checking their risk assessments and in particular when there were any changes to people's ability, they reported to senior staff to review.

People and their relatives told us that there were enough staff available to meet people's needs. People told us that visits were sometimes late, however recently this had improved. We discussed this with the provider who told us they had put some changes in place to try to address this and improve timekeeping going forward. This included a review of geographical areas and allocating visits to a small staff team of four staff who would be assigned to work in a specific area. We also saw that there had been a reduction in the number of missed calls. Missed calls occurred when staff arrived too late to assist people or where a combined morning and lunch time visit had been provided. This was being closely monitored via the telephonic monitoring system which helped improve compliance.

Safe and effective recruitment practices had been improved since our last inspection and we reviewed the recruitment records for four staff who had all been recruited since our last inspection and found all pre-employment checks had been completed including a disclosure and barring check (DBS) and references had been taken up before staff commenced their employment. This helped to ensure that staff were of good

character and suitable to work with individuals in their own homes. Required documentation was in place including satisfactory references and criminal record checks.

There were arrangements in place for staff to assist people to take their medicines and staff had received training. People and their relatives told us that they received their medicines regularly and that they were satisfied that their medicines were managed safely. Staff were able to demonstrate that they had a good knowledge of how to administer medicines safely and how to complete the Medicine administration records (MAR).

Is the service effective?

Our findings

At the previous inspection in August 2016 we found that people were not always supported by staff who had received appropriate training and support and staff knowledge was inconsistent.

At this inspection we found that although improvements had been made in this area, further improvements were required to ensure staff had the training relevant to their roles and the provider remained compliant with the regulations. The newly appointed manager had reviewed all the staff training and had put a program in place to retrain all staff in all the key topics over the next three months. We saw that groups of staff had been required to attend refresher training in moving and handling, safeguarding, administration of medicines and other training topics relevant to their roles. Every week two groups of staff were attending the training with the expectation that all staff employed would have completed the schedule of training and had their competencies checked to make sure they had fully understood the learning from the training.

At the previous inspection in August 2016 we found that staff did not always demonstrate they had a comprehensive understanding of consent in relation to people who had fluctuating capacity. We also saw that mental capacity assessments were not always consistently carried out for people who had a diagnosis of dementia and they may have lacked capacity to take decisions regarding their daily care needs. Staff had differing understanding of what best interest decisions were or why they would be made. At this inspection we found that although improvements had been made further improvements were required to ensure a consistent approach. people`s consent to the care and support they received was not consistently recorded in their care and support plans, and therefore staff did not have clear instructions.. We saw that refresher training had been planned in MCA and was being rolled out to all staff at the time of our inspection.

Newly employed staff confirmed they had induction training and then shadowed more experienced staff until they were confident working unsupervised. They had their competency checked and were observed in the work place by a senior member of staff or field care supervisor to check they were competent in their role.

Staff members told us they felt that recently there was more support from the managers. They also told us that supervisions were starting to happen more regularly over the last couple of months. One staff member told us "I feel supported by my manager I can come to the office anytime I need to discuss anything and we discuss my training and clients." The newly appointed manager told us they had plans to develop the staff support arrangements to ensure a more consistent approach to staff supervision. Another staff member said, "We are offered more training now, which is good."

People were assisted where appropriate to eat and drink sufficient amount to maintain their health and well-being. Staff told us they helped people with meal planning and always encouraged them to drink plenty. One person told us, "[Name of staff] always offers me a cuppa as soon as they arrive, and they always ask me if I want anything left out before they leave." Staff told us if they had any concerns about people because of weight loss or gain they would report this to their manager so that they could follow up by referring people either to their GP or for more specialist support.

People were supported to maintain their health and staff were knowledgeable about the health needs of the people they supported. One staff member told us, "The people we support can see their GP whenever they need to. If they are not well we can arrange for the GP to visits. If they have family they will usually arrange health care appointments." Staff told us that they also supported people with things like dental, opticians and chiropodist appointments when required. We saw that records were kept of people healthcare appointments.

Is the service caring?

Our findings

People told us during our last inspection that staff were often rushed, they did not have consistency of staff which made it difficult to develop meaningful relationships. At this inspection we found that improvements had been made.

People and their relatives told us they were happy with the staff that provided people's care. A person who used the service told us, "They [staff] are workable." When we asked them to clarify this, they said, "Most of them [staff] are caring but some are less chatty than others so you feel they are perhaps not so friendly." Another person told us, "Overall they [staff] are a good bunch, you do get one occasionally that is not as nice as the regular ones." A relative told us, "They always ask [relative] if they need anything else done before they go, sometimes they are a bit late and on such occasions may be a bit rushed but we don't have any complaints about their approach."

Staff spoke kindly when we asked them to tell us about people in their care. One staff member told us, "They are like my extended family, we have a good chat and I think they do really look forward to our visits." Another told us, "They are gentle in their approach towards me, they do check if I need anything else to be done." The staff also told us they tried to chat with people to take their mind of the task they were being assisted with.

People were supported in a way which protected their dignity and staff were respectful of people's home environment. One staff member said, "I never forget we are visitors in people's home, it's not our workplace and I don't forget that." People told us that they felt staff respected their dignity at all times. One relative said, "I personally find them to be respectful, and that they maintain my dignity. They always cover me up and make sure I am not left in an undignified way." Another person told us, "If I am in the bathroom, they go and do something else and tell me to give them a call when I am ready for them to help me." A relative said, "They knock on the door and wait for a reply before coming in."

Staff had developed caring relationships with people and demonstrated they knew people's routines and preferences well. People told us they were offered choices and these were respected which helped people to feel they still retained their independence. For example people were able to say whether they wanted to have breakfast first then be assisted with personal care or what they wanted to eat and drink and what clothes they wanted to wear.

People told us that staff from the office came to see them every so often to discuss their care needs. One person said, "When I first started with this service they came to the house and took all my particulars. They asked all about what I needed help with and what I could do myself." The person went on to say, "Since then, they come every couple of months I think and ask if anything has changed."

We saw that people's care plans were more personalised than at our previous inspection. Care plans included detailed information to inform care staff of how people liked to be supported and the ones we reviewed had been signed by people to confirm their agreement. We saw care plans were reviewed regularly

so that they were kept up to date.

People told us they had a copy of their care records in their home and staff completed a 'dairy entry' when they visited. Every so often staff removed these from the file and took back to the office for safe storage. Staff and managers confirmed this to be the process. This ensured people`s confidential records were kept securely. The same was applicable to people's confidential records which were stored securely in the office.

Is the service responsive?

Our findings

When we last inspected the service in August 2016 we found that people did not consistently receive care that reflected their needs and preferences. Although assessments had been completed and care plans reviewed care was not always provided at times people required the support.

During this inspection we found that there were some improvements made however further improvements were required to remain compliant with the regulations. People gave us mixed feedback when asked if the service they received met their needs. People told us that care staff still arrived in an ad hoc basis and this meant that their needs were not always met in a timely and responsive manner.

We saw that although people or their relatives had been involved in developing people's care plans, care was not always provided in the way people had preferred. One person told us, "I expect them at an agreed time and they don't arrive, I call the office they send someone later, so I get my own breakfast, it's a struggle but I manage. These days they do try to call and let me know but it does not make it right."

Staff were able to demonstrate they knew the detailed needs and routines of the people they supported regularly in particular people's preferred routines, likes and dislikes, background and family circumstances and they used this to form the basis of people's care plans and needs.

People's care plans were sufficiently detailed to enable staff to provide people with personalised care. However care was not always delivered in accordance with the instructions due to time delays or rescheduling of the visits. We spoke in detail to the manager and provider about this, in particular how they intended to improve this in the future. Work was in progress and we were confident that the improvements would be implemented in line with the detailed action improvement plan.

People told us that they did not always feel their concerns were acted upon. For example, three people told us they had experienced late or missed visits on several occasions. Although the issues raised were not disputed, the outcome was recorded as 'partially substantiated' and a reason why the late visit had occurred. One person told us, "They are defensive; I don't need to keep hearing that they are late due to traffic or roadwork. They need to plan better." There was no evidence of learning from these complaints. For example, we noted that one person had raised the issue of late visits several times; despite this the issue was not resolved. We discussed this with the provider who assured us this was an area that was currently under review. There was a complaints policy and procedure in place. However complaint and feedback were not always responded to in a timely way and responses were inconsistent. People who used the service and their relatives told us that although they had raised concerns they had not been addressed and things had not changed. One person told us, "I think my concerns fall on deaf ears, they do their best but if things don't improve it's no good." For example one person told us they complained about the attitude of a staff member but never got feedback about how it was addressed, although they did not send them back again."

We noted that issues raised verbally had been documented and in some cases feedback had been provided while in others it had not. This demonstrated an inconsistent approach to people's feedback.

Is the service well-led?

Our findings

When we last inspected the service in August 2016 we found that systems and processes to monitor the quality and safety of the service were ineffective in identifying and addressing the shortfalls we found during our inspection.

At this inspection we found that the service had made some improvements and had implemented some quality monitoring systems. However, these required further development to ensure they were effective and sustainable.

The provider and registered manager had sent an action plan to CQC following the last inspection setting out how they would address the shortfalls. However, this was not detailed and a further version was requested. We received an updated action improvement plan which set out timeframes for achieving the improvements. During the implementation period we received no progress updates to indicate how the improvements were progressing and so were not clear what actions had been completed.

During this inspection the provider told us that they had just recruited a new manager who was in the process of applying to become registered with CQC. The newly recruited manager was aware of the outstanding actions from the action plan and had recently reviewed and updated the action plan.

We found that many of the actions from the initial action plan remained unresolved for example people still experienced missed and late visits. People did not have consistency of worker and concerns remained unresolved. For example staff did not always use the telephonic monitoring system to log the arrival and departure times from the visits they done. The action plan included more robust monitoring of non-compliance of this system. However there was no evidence of actions taken in relation to staff who persistently failed to comply with the system. Actions were being implemented to improve scheduling of visits to reduce travel time and utilise staff in a more effective way for example those staff who did not drive and were reliant on transport were to be geographically clustered. We found that although this work had started it required further development to be effective and to achieve the desired outcomes for people who used the service.

Other actions that had not improved sufficiently were around the quality monitoring of the service. Although feedback had been sought from people who use the service, it had not been routinely analysed and there was no evidence that anything changed as a result of the feedback. For example we saw that one person had complained about the attitude of a staff member. Despite this, the issue had not been addressed with the staff member, although they no longer supported the person who raised the concern. In another case a person had raised concerns about a staff member's skills and abilities. Again there was no follow up or additional training or support for the staff member to develop the skills they needed. Training also was inconsistent throughout the organisation and required development to achieve a consistent standard.

The new manager demonstrated that they had a good overview of the service and were prioritising the actions to ensure they were achieved in a timely way. The previous branch manager had just left the service.

The senior management team was also being supported by a care manager who was on a temporary placement to support the service through some interim changes that had recently been implemented. They were working alongside the provider and demonstrated they were committed to making the required improvements within the next three months. We found the management team to be open and transparent throughout the inspection. They were receptive and responsive to feedback provided as part of the inspection process.