

# SKL Professional Recruitment Agency Limited

## Bushey

### Inspection report

Suite 7 & 11 Herkomer House  
156-158 High Street  
Bushey  
Hertfordshire  
WD23 3HF  
Tel: 02089506992  
Website:

Date of inspection visit: 8 October 2015  
Date of publication: 17/11/2015

#### Ratings

### Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Good



#### Overall summary

The service provided care to adults in their own homes. People who were being supported by the service had different levels of requirements. The service assisted people with age related fragility and various health conditions as well as people living with dementia. At the time of the inspection, 98 people were being supported by the service.

The service had a manager, who was in the process of registering with the Care Quality Commission. 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 provider also worked at the service.

People's needs had been assessed, and care plans were in place detailing their individual needs, preferences, and choices. However these were not always met in the way people preferred and or in a timely way. There were risk

# Summary of findings

assessments in place that gave staff appropriate information on how to manage and where possible minimise risks to people. There were systems in place to safeguard people from the risk of avoidable harm.

We received mixed feedback from people who used the service about the quality of care they received and from staff about the support staff received. This is detailed in the main body of the report under the responsive domain.

The provider had effective recruitment processes in place and there were sufficient staff to support people safely. Staff understood their roles and responsibilities. Staff obtained people's consent prior to care being provided in line with MCA legislation.

Staff received support, supervision and appropriate training, relevant to their roles. They were able to demonstrate through telling us about how they supported people and also told us that their competency had been monitored.

People were supported by staff who were caring and respectful. People who wished to were also supported to pursue hobbies and interests. People were supported to access health services including GP, opticians and dentist appointments when they needed.

The provider had a procedure for handling complaints, comments and concerns. They encouraged feedback from people as a way to improve the standards within the service.

The provider had effective quality monitoring processes in place. This included a telephonic monitoring system to make sure care and support staff attended client visits in a timely way and stayed for the duration of the visit. Records were stored securely in locked cabinets in the office and computerised records were also kept, which were backed up daily to ensure there was always up to date information available.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff knew how to recognise and report allegations of abuse.

Possible risks to people's health and well-being were identified and managed effectively.

There were sufficient numbers of staff available to meet people's individual needs at all times.

People were supported to take their medicines safely by trained staff.

The recruitment process was effective to ensure that staff who were employed at the service staff were appropriate and qualified to do their jobs.

Good



### Is the service effective?

The service was effective.

People were asked to give consent in advance of support being provided and consent was recorded in care records.

Staff had been trained and had the required skills to meet people's needs effectively.

People were provided with a varied and balanced diet which met their needs. This was subject to the availability of foods in peoples homes.

People had their health needs met with access to health professionals when required.

Good



### Is the service caring?

The service was not consistently caring.

People and or their relatives were involved in their care planning and review of their care.

People were treated with dignity and respect and their privacy was maintained.

People and their relatives were able to access independent advocacy services if required.

People were not always cared for in a kind and compassionate way by staff who knew them well and were familiar with their needs.

Requires improvement



### Is the service responsive?

The service was not consistently responsive.

Requires improvement



# Summary of findings

People's care and support was not consistent, Peoples needs were not always met in a timely way or in a way that people preferred.

People were not routinely supported to pursue hobbies and social events.

There was a complaints policy in place. People knew how to make a complaint if they needed to.

Staff had access to information and guidance that enabled them to provide person centred care and support.

## **Is the service well-led?**

The service was well led.

People who used the service and staff spoke positively about the management of the service.

Staff had clear roles and responsibilities and were well supported by the management team. There were effective quality monitoring systems in place to manage risks and to work towards continual improvement.

**Good**



# 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This visit took place on 8 October 2015 and was carried out by one Inspector. We gave the provider 48 hours notice of the inspection to make sure that appropriate staff and managers would be available to assist us with our inspection. Before our inspection we reviewed information

we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During and following the inspection we spoke with 7 people who used the service, 3 relatives and 6 members of staff, the branch manager, two care coordinators and the nominated individual. We received feedback from health and social care professionals and saw the latest contract monitoring report. We looked at care and support plans and staff recruitment records. We reviewed safeguarding procedures and the complaints procedure. We looked at quality monitoring arrangements and staff support documents including supervision records, team meeting minutes and individual training records.

# Is the service safe?

## Our findings

People who used the service told us they felt safe. During our inspection we looked at five people's care plans and found that assessments were undertaken to assess any risks to people. The risk assessments included information for staff how to reduce the risks where possible. For example the risk assessments informed staff how to support and transfer people safely, and in the case of a person who required the assistance of two people, staff were advised not to attempt the transfer alone. We saw how risk assessments had been updated when there was a change to the person's needs or abilities. This process helped to ensure that staff had access to relevant and up to date information.

Health and safety risk assessments were also completed when someone new started using the service. The assessment highlighted any potential risks for staff and the people they were supporting whilst working in a person's home, and included environmental risks.

Most people said that staff treated them well and that they felt safe with the care staff. However, people told us that that there was not always continuity of staff and they had been visited by many different staff. Several people said that this made them feel vulnerable. One person's relative said, "We feel like we are starting from scratch going through the routine with different staff." People said that when new staff arrived they introduced themselves and asked about the care the person would like.

The manager told us they were constantly recruiting staff to try to ensure continuity for people. There were currently enough staff to cover all the visits, with some capacity to respond to unforeseen circumstances. The coordinator scheduled visits in a geographical area to reduce the amount of travelling between visits.

Missed and or late calls were monitored by a telephonic call monitoring system that was in use at the service. This helped to identify quickly if visits were missed or late and helped to keep people safe by quick intervention from

office staff. For example if people required a 'critical visit' for medicines there was only a 15 minute window. If the support staff did not arrive within the time, the office staff would contact them and deploy another worker who was in the area. Generally people said that their care and support 'worked well' and they had not had any problems with late or missed calls. However, several people said that they had experienced a few missed or late calls since they had been receiving care from the service.

Suitable recruitment procedures and pre-employment checks were in place and were undertaken before staff began to work for the service. These checks included a disclosure and barring check (DBS) and taking up references to help assess the suitability of the person to work with vulnerable people.

Staff said that they had received training in how to keep people safe from harm and had access to up to date policies and procedures. They were clear about the process for reporting any concerns they might have and they were confident that any concerns would be fully investigated by the manager. We saw records which confirmed that staff had received appropriate training and staff were able to demonstrate they knew about different types of abuse that people may be subjected to. Staff were aware of the whistle blowing policy which was in place.

All safeguarding incidents were appropriately reported and investigated by the provider and the LA. This meant that the provider took all necessary actions to ensure people who used the service were protected from harm.

There were arrangements in place for assisting people to order, store, and administer medicines. Staff reminded people to take their medicines or in some cases supported people with the administration of medicines and had received training on how to do this safely. Medicines audits were carried out on a regular basis, and if any concerns were found these were noted and action was put in place to address them. All of these checks helped to ensure that people were kept safe and people received their medicines as prescribed.

# Is the service effective?

## Our findings

People told us they felt that staff were well trained and knew how to provide good care. Staff were able to describe how they provided effective care that met people's changing needs. Staff also said that they had extensive training relevant to their roles. People we spoke with felt that staff were adequately trained, and had the necessary skills to care for them well. One person said, "Most of them are good, and they know exactly what to do, however you do occasionally get someone who does not know the drill." Another person said, "I am very grateful for their support, I think they have had training".

We reviewed the care and support plans for five people. We also spoke with the manager and staff to check their arrangements for obtaining consent to care, treatment and support and to assess their knowledge about the Mental Capacity Act 2005. We found that they had received up to date training. The MCA is in place to ensure that staff support people to make important decisions for themselves if they have capacity. We found that people's capacity to consent to their care and support was reviewed periodically. For example, we saw that people had consented to their information being shared with other professionals involved in their care.

The manager told us that people and their relatives had access to independent advocates if they wished, contact details were available to them. People were made aware of this but no one had used the services of an advocate.

Staff and the manager told us about the training plan and how they monitored that staff training was up to date. We

saw that staff had been supported to obtain a nationally recognised qualification in care. In addition, records showed that staff had received training in key subjects including how to support people who lived with dementia, infection control and health and safety.

Staff received supervision and an appraisal from their line managers. Staff told us supervisions were used to discuss people they supported, personal development, training and support needs. These support arrangements gave staff an opportunity to discuss any concerns they had in relation to their work, and also to identify any further training they required.

People were supported to eat and drink sufficient amounts to maintain their health and wellbeing. People told us that much of the food preparation had been completed by family members. Staff had received training in food safety and were aware of safe food handling practices. Staff before they left people they ensured they were comfortable and had access to food and drink. We saw that people's nutritional needs were assessed monitored and reviewed.

People were supported to maintain good health and wellbeing. Staff told us they would arrange GP appointments when required or other appointments such as chiropody or opticians. There were also contact details for other health and social care professionals should staff need advice or assistance which included social workers and occupational therapists. If they were concerned about a person's health or wellbeing this would be communicated to office staff for further advice and support.

# Is the service caring?

## Our findings

People were generally happy with the care provided by the service. However we got mixed feedback from people who used the service about some care staff. One person said, "They are very good and I am very grateful for the support". Another person said, "They do their best, most of them." However another person said, "It varies, some are more kind and caring than others." A relative said, "They like to get in and out as quickly as possible." One relative said, "They seem very nice, very kind." Several people said they appreciated the staff visits as some people said that staff they were their only regular visitors.

We received comments from people who said the lack of continuity of staff impacted on relationships that they could build with them. One relative said their loved one had a few different staff members visiting, however they had been able to forge relationships with a few staff and really valued their visits and support.

People confirmed that staff were respectful of people's privacy and maintained their dignity. Staff told us how they ensured people privacy's whilst they supported them with aspects of personal care. For example staff said they always ensured the person was covered while providing personal care. Another said they spoke with the person so they tried to take their mind off the task. Staff understood that some

day's people were more able to do things and sometime they needed extra support. People told us they felt staff treated them respectfully. They added, "I'm grateful that they [staff] are sympathetic and understand my needs."

Staff recognised the importance of not intruding into people's private space. For example where people lived at home with their family or other relatives they tried not to be intrusive. For example staff always knocked first even if they had a key, and waited until they were invited into the home. Staff respected people's wishes while they ensured that people were cared for in a way that respected their dignity, privacy and choices.

Staff were knowledgeable about the care people required and the things that were important to them. One person told us, "They always try to help me in the way I want and the regular staff have got to know my likes and dislikes".

People had access to local advocacy services if they required assistance, however, there was no one who currently required this support. Advocates are people who are independent of a service and who support people to make and communicate their wishes.

Records were stored securely and computer records were password protected. Staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis and with the appropriate permission.

# Is the service responsive?

## Our findings

We found that people had a care and support plan and risk assessments in place. However people we spoke with had mixed experiences about the service they received. One person told us, “They are not always reliable.” Another relative told us staff did not always visit at the times that had been agreed. A relative told us this impacted on their time as they had to be around when the care staff attended their relative. Another person said they had not arrived to assist them and they had called the office and a care worker came in the afternoon. This had impacted on the persons other plans for the day.

We saw that care plans were reviewed on a regular basis; however there was some inconsistency about the frequency of the reviews. The manager told us that they tried to keep abreast of peoples reviews to make sure they continued to meet their needs and wishes. In the case of some of the care and support plans that we reviewed we saw examples of how staff made the necessary amendments. For example, during a person’s review they had requested the times of their visits were too early and wanted them to be provided later. This change was implemented the following week. However another person told us they had asked for the visits to be provided later, this had happened for a few visits and they returned to the previous times. The person said having people in your home meant you had to work around them, so impacted on family members and not just the person being supported..

The care plans we looked at demonstrated how people’s individual needs were met. In some cases they had been summarised to cover important information. Not all the care plans had the same information. We saw and people told us they asked people how they wanted staff to support them and detailed access arrangements, visit times and other relevant information. Staff told us they asked people if they had any specific spiritual religious or ethnic needs, and discussed how these would be met. We found that in most of the care plans we looked at had been signed by the person who used the service or a family member on their behalf.

One staff member said, “I know my regular clients very well and I try to make sure they are well cared for.” Another member of staff said, “I have not worked for the agency very long but have a few regular clients and I am getting to know their likes and dislikes and routines.”

Staff we spoke with were knowledgeable about the people they supported. They were aware of people’s preferences and interests, as well as their health and support needs.

Staff told us that they did not routinely support people to access the community or to pursue hobbies or interests as they were supported by family in these areas. However one person said they had been to the local shop with staff, another person had been supported to go and get their hair done. Staff told us that some of the people they supported attended day centres or luncheon clubs in their local area, this helped minimise the risk of social isolation for people.

People were given information when they started to use the service. People could also access local advocacy services if required. There was an out of hour’s service and the office phones were diverted to the on call number when the office was closed. In addition the service was monitored by the telephonic monitoring system to check that people had arrived at the planned time.

People told us that they felt the service tried where possible to be responsive to their needs but sometimes it was not possible. Staff told us if a person had to attend an appointment at a specific time this would be prioritised.

There was a complaints procedure in place and people we spoke to told us they knew how to make a complaint. Two people we spoke to told us they had contacted the manager when things had gone wrong but they did not make a formal complaint because the issue was rectified. Records showed that the concerns had been investigated properly and the outcome detailed that the complaint had been resolved to the complainant’s satisfaction.

# Is the service well-led?

## Our findings

During this inspection we found the manager had systems in place to check the quality of the service provided. People who used the service generally made positive comments about the service and told us the service had improved in recent times. A person told us they were confident in the manager. They said, "The manager has a handle on things." Another person said, "I know who the manager is, I had contacted them on a couple of occasions." During the inspection we heard the manager speaking with people on the telephone in a kind and caring way and demonstrated that they had an overview on the individual needs of people.

Most of the staff spoke positively about the level and type of support they received from the management team. They told us the manager was approachable and knowledgeable and felt they were open and honest when communicating with them. Staff were confident in the manager and told us their issues had been dealt with fairly whenever they raised anything with management.. Staff told us they enjoyed their work more now that the service was better organised. One staff member said, "It is less stressful now."

The manager had sent questionnaires to people who used the service and when they were returned the responses were analysed and where required remedial actions were put in place. Spot checks were in place to ensure people were competent in the workplace. Staff were supported with individual supervision and team meetings and were

asked to contribute to people`s care reviews which was seen as a positive action as they were the people who knew them best. These actions improved staff motivation and improved the experience for people who used the service.

We found that the number of staff who used the telephonic system was had improved and this was being monitored effectively to ensure compliance was no only maintained but also continued to improve. This system also ensured that people were only invoiced for the times they had actually been provided care and not the planned times. However some people did not have telephones and so were unable to use this system, while other people who had 'companionship visits also did not use this system as visits were for much longer durations and visits of longer durations did not register on the system.

The latest contract monitoring visit undertaken by Hertfordshire Local Authority had rated the service as excellent and had shown improvements in all aspects of the service.

Incidents and accidents were recorded, as a way of minimising the risk of a reoccurrence, and also to learn from them. Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken. This had been done so that people could be confident that they would reliably and safely receive all of the care they needed.