

KTG Recruitment Ltd

KTG Recruitment Ltd t/a

KTG Social Care

Inspection report

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25 April 2019

30 April 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

KTG Recruitment Ltd is a domiciliary care agency. It is managed from well-equipped offices based in central Preston. The service was providing personal care to 11 people at the time of the inspection.

People's experience of using this service:

The service was safe, everyone we spoke with told us this. The service had policies and procedures around safeguarding, whistleblowing and discrimination. Staff had received safeguarding training and knew who to inform if they had any concerns. Staff reported the service was not discriminatory and felt all were fairly treated. Risks related to people's care and support were managed. The service had sufficient staff to meet people's needs. Improvements had been seen to medicines management. However, we found inconsistencies in documentation around medicines. These were addressed by the registered manager immediately. Staff followed safe infection control practices and reported having access to personal protective equipment for personal care.

We saw improvements in the documentation of consent in people's care records. Where people lacked capacity, the service had carried out mental capacity assessments and held best interests meetings with family members. Care was person-centred and people's preferences were identified. Staff regularly reviewed people's care. People and their relatives were involved in the assessment process and they felt listened to. Relatives we spoke with were happy with the skills of the staff providing care. Staff recruitment was safe and inductions took place. Ongoing training was in place and the service had oversight of training to ensure it was effective. Staff had received regular supervision. We received positive feedback from health professionals.

The service promoted privacy and dignity. All relatives gave positive feedback in the way people were cared for. People's needs were supported and staff respected people's wishes. The service had a policy and procedures around equality and diversity and staff had training in this aspect. Records covered what was important to people, their likes and dislikes as well as aspects around people's communication. The service was aware of advocacy services.

Care plans reflected individual needs, risk assessments were person-centred. Technology was used by the service, IT systems were in place for staff rota and policy and guidance documents. All relatives we spoke with were aware of how to make a complaint and in cases where issues had been raised, relatives felt the issues had been acted on appropriately. The service cared for people at the end of life and care plans specific to this aspect were seen in case notes; these were person-centred.

There was a registered manager in post and the service had a clear organisational structure. We found improvements in audits and monitoring of the quality of the service. We saw evidence of partnership working and referrals to other agencies had been made appropriately.

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

Rating at last inspection:

At the last inspection the service was rated as requires improvement (published 2 May 2018).

Why we inspected:

This was a scheduled inspection based on the previous rating.

Follow up:

We will monitor as part of the inspection profile as a good service. We may inspect earlier if any concerning information is recorded.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

.The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

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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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was undertaken by one adult social care inspector.

Service and service type:

KTG Recruitment Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a day and night time service to older adults and younger disabled adults.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

The inspection was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 25th April and ended on 30th April. We visited the office location on the 25th and 30th April.

What we did:

Before the inspection we reviewed the information we had received about the service since the last inspection. This included details about incidents the provider must notify us about such as abuse. Due to

technical problems, the provider was not able to complete a Provider Information Return. This is information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the adjustments in the report.

We carried out two site visits on the 25 April and the 30 April 2019. Over these days we received a range of records which included four people's care records, three staff files and a variety of records relating to the quality monitoring and management of the service. We spoke with the care co-ordinator/field care supervisor and registered manager who took overall responsibility for the service. We were introduced to the managing director.

Following the site visits the registered manager provided further information to support the inspection. We spoke over the phone with one person who was able to discuss their views and six relatives. We contacted staff by phone and spoke with three staff members. We received feedback from the local authority and one health professional.

Is the service safe?

Our findings

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

At the last inspection on the 15, 16 February and 22 March 2018 we asked the provider to make improvements in relation to having suitable risk management arrangements in place to ensure that care and treatment was provided in a safe way and to ensure that medicines were managed in a safe. This action had been completed.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The service was safe, everyone we spoke with felt the service was safe. Relatives said, "The service is safe I can trust the carers, they have the right skills." Another said, "I feel the service is safe I can leave [person receiving care] knowing that they will support their needs."
- The service had safeguarding, whistleblowing and discrimination policies and procedures.
- The staff we spoke with had received safeguarding training and were aware of how to raise concerns. Staff we spoke with felt there was no discrimination within the service.
- The registered manager knew their roles and responsibilities around safeguarding and which external agencies to contact.

Assessing risk, safety monitoring and management

- Staff assessed risks related to all aspects of people's care and support including environmental risks to help keep people safe.
- Staff monitored and reviewed potential risks to people's health. For example, we saw risk assessments for people who were at risk of falls which were regularly reviewed.
- There was guidance noted in care plans for staff to follow to reduce risks such as with assisting people to transfer from their bed and in relation to supporting people to drink safely.

Staffing and recruitment

- Staff were recruited safely. Checks were completed before they worked at the service including Disclosure and Barring Service (DBS) criminal record checks. The DBS helps employers make safer recruitment decisions.
- There were enough staff to meet people's needs. There was consistency in the staff providing care to people. Where changes were required in staffing due to leave, people were informed of the change and feedback was obtained about people's views of the staff member. Relatives commented how the consistency of staff was important to the person receiving care.

Using medicines safely

- People were supported to have their medicines safely. Relatives we spoke with where the service supported medication, felt it was done safely. Staff we spoke with had received training.

- We saw inconsistent documentation around the time given for "as required" medicines and the daily log sheets and medicines administration records (MARs). The registered manager took immediate action to change the way the MARs sheet was documented and also updated the medication policy and audit for "as required" medicines.

Learning lessons when things go wrong

- The service had an accident and incident policy and procedure which we saw was being followed. A lessons learned log was completed which described situations that had occurred and made recommendations and actions to reduce further risk occurring. This was overseen by members of the senior management team.

Preventing and controlling infection

- Safe infection control practices were supported. The service had policies and procedures around infection control, staff had received training and confirmed they received personal protective equipment for their roles such as gloves and aprons which protected people from infection.

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 the last inspection on 15, 16 February and 22 March 2018 we asked the provider to take action to make improvements to ensure the treatment of people who used the service was provided with the consent of the relevant person in accordance with the Mental Capacity Act 2005. This action had been completed.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People and relatives met with staff before they started to use the service. They discussed their care and support needs to ensure the service could meet their needs. We saw "all about me" forms and care plans were person-centred. Care reviews took place on a regular basis, relatives felt involved in the review process.

Staff support: induction, training, skills and experience

- Everyone we spoke with were happy with the skills of the staff and they had appropriate training. One person said, "I am more than happy with the staff, they are able to meet my needs." One relative said, "The carers have appropriate skills." Another relative said, "The staff have the right skills and all the staff have the same standards of care."
- All new staff completed an induction, staff were supported to complete the care certificate. The care certificate is an identified set of standards that social care workers adhere to in their daily working lives.
- Staff told us and documents showed training was taking place to support their role. The service monitored staff training to ensure it was up to date and effective. Staff told us they had regular supervision sessions to discuss their personal development.

Supporting people to eat and drink enough to maintain a balanced

- Everyone told us staff supported people with their nutritional needs where it was requested. Staff had training in basic food hygiene and care plans indicated preferences around food and drink. Care notes documented if people had taken drinks or snacks overnight.

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

- One health professional said the service was responsive and always asked for feedback after each shift.
- Staff told us that they worked with other agencies such as GP and district nurses. Care records had contact details of the different services available for guidance to staff.
- Relevant referrals were made to professionals where it was required. Staff we spoke with confirmed this.

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 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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. Where people are deprived of their liberty in their own homes applications must be made directly to the Court of Protection. We checked whether the service was working within the principles of the MCA.

- Staff we spoke with stated they gained consent before they supported people such as for personal care. We saw written consent in care records and consent was noted in daily record sheets.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The service was caring. Everyone we spoke with gave positive feedback to say the staff were always on time, kind and caring in their approach. One person said, "Excellent staff, kind and caring." Relatives described staff as "Professional and friendly", "kind and caring." Everyone felt people were provided with care that supported their needs and staff respected peoples wishes. A relative commented, "The staff are professional and aware of [person]'s needs."
- The provider had policies and procedures supporting equality and diversity, staff reported and records showed staff received training in equality and diversity.

Supporting people to express their views and be involved in making decisions about their care

- Everyone told us people and relatives were involved in care assessments. Care records showed personalised details such as likes and dislikes around food and drink. A relative said, "[Person]'s wishes are respected and listened to and acted on."
- Care assessments had recorded how best to support people's individual communication needs, such as offering time for responses.
- The service was aware of advocacy services and information on advocacy services was available for people. Advocacy seeks to ensure that people are able to have their voice heard on issues that are important to them.

Respecting and promoting people's privacy, dignity and independence

- Everyone we spoke with stated privacy and dignity was maintained by staff, they said, "They support [person]'s privacy and help where necessary." One relative stated the staff promoted independence for the person when supporting their care needs. They said, "They are building a relationship with [person] and trying to give her independence."
- Peoples care records were kept securely in line with the requirement of the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidance for the collection and processing of personal information of individuals.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care was planned around people's individual needs and preferences. We saw people's care plans reflected their individual needs, risk assessments were person-centred and staff knew the information. One relative said "Staff are respectful of [person]'s choices around likes, dislikes and supporting religious needs." Staff reviewed and updated records and people and relatives felt listened to and involved in the process. Staff we spoke with said they were made aware of any changes to people's care plan prior to their shift.

Improving care quality in response to complaints or concerns

- Everyone we spoke with was aware of whom to make a complaint to. Those that had raised concerns or complaints were happy with the response of the service in dealing with it. Sometimes concerns were raised at review meetings and a relative said, "They visit and if there are problems they are acted on appropriately."
- The service had a complaints procedure and complaints and compliment folder, which indicated action was taken to make improvements when a complaint was raised.

End of life care and support

- The service supported people at the end of their lives. We saw specific care plans in care records to support these needs. The care plans were personalised to the wishes of people and included detail such as who, where and how someone wished to be cared for at the end of their life. Contact details for relevant health professionals were also included. Do not attempt cardio pulmonary resuscitation forms were completed and held within care records.

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 the last inspection on the 15, 16 February and 22 March 2018 we asked the provider to make improvements to their quality monitoring systems. This action has been completed.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service ensured people received person-centred care which met their needs and reflected their preferences. Relatives we spoke with told us staff gave the support needed. One relative said "The carers do what is needed."
- The service had policies and procedures around duty of candour responsibility for if something goes wrong.
- The registered manager was supportive of the inspection process and information was provided promptly.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was well-led. There was a clear organisational structure. Relatives and staff knew who to contact for advice and that this would be responded to appropriately. A relative said, "Any problems are dealt with effectively."
- The registered manager had knowledge and understanding of their regulatory responsibilities. They were aware of the need to submit notifications about certain events that may happen within the service. The previous ratings were displayed both on the website and in the office. The staff understood their roles and responsibilities and felt supported by the registered manager and team.
- The service used audits around aspects of care, staff files, daily records and medication to monitor the quality of the service. Staff carried these out on a regular basis.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives told us people and relatives were involved in care reviews on a regular basis.
- There were weekly well-being calls to people and staff. Surveys and views were obtained from people who used the service.
- Staff meetings were held and changes were communicated via weekly email. The service had a monthly newsletter which went out to all people and staff.
- The service had engaged in community events such as Disability North West and the Muslim Society.

Continuous learning and improving care

- The service was introducing a new IT system to monitor calls and allocation of visits. Management told us this would also enable monitoring of locations to ensure staff were attending the correct addresses.
- The service had a lessons learned log which supported improvements to care.

Working in partnership with others

- The service worked in partnership with health professionals, to ensure people's support needs were being met. Staff made referrals to other agencies appropriately to support the needs of people.