

Kwikfix Recruitment Services Limited

Kwikfix Recruitment Services Peterborough Branch

Inspection report

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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

Kwikfix Recruitment Services Peterborough Branch is a domiciliary care agency providing personal care and support to 48 people. This service is provided to both younger and older adults, those living with dementia, a physical disability, learning disability or people with mental health needs. 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.

People's experience of using this service and what we found

The provider had systems in place to manage risks and keep people safe from avoidable harm. Staff followed good practice guidance to prevent the spread of infection and gave people their medicines safely.

People liked the staff that cared for them. Staff were kind and caring and made sure people's privacy and dignity was respected. People, and their relatives were involved in making decisions on the care they wanted. Their preference for how staff delivered their care was recorded in their care plans.

Staff received training, supervision and support so that they could do their job well. Staff enjoyed working at Kwikfix Recruitment Services Peterborough Branch and told us that they would be happy to have a member of their family receiving the service.

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 supported this practice.

Systems to monitor how well the service was running were carried out. Complaints and concerns were followed up to make sure action was taken to rectify the issue. People were asked their view of the service and action was taken to change any areas they were not happy with. The registered manager had identified that people wanted to speak with them directly, rather than the area manager, and was in the process of contacting everyone.

The service was well managed by a registered manager. The registered manager was passionate about giving people a high-quality service and ensuring that staff were supported and skilled to deliver the service effectively. The registered manager was in the process of supporting those staff members who had shown interest to develop in the service to receive the appropriate training.

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

Rating at last inspection

This service was registered with us on 05 July 2019 and this is the first inspection.

Why we inspected

This is the first inspection since the service registered with the CQC on 05 July 2019.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Kwikfix Recruitment Services Peterborough 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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector and two Experts by Experience. 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 and specialist housing.

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

We gave a short period 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 12 May 2021 and ended on 24 May 2021. We visited the office location on 24 May 2021.

What we did before the inspection

We reviewed information we had received about the service since it had registered with the CQC. 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 all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and 15 relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, operations manager and support staff. We spoke with a professional from the Local Authority who has been working closely with the service and sought feedback from other colleagues in the Local Authority by email.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us that they felt safe with the support they received from staff. One person told us, "I feel safe with them because I can ask them anything and they will help."

A relative said, "The carers are lovely, they look after [person's] needs, I'm more than happy. No issues on safety at all."

- The service had systems in place to protect people from harm. Staff received safeguarding training and were confident they knew who and how to report any concerns they may have.

Assessing risk, safety monitoring and management

- People had individual risk assessments in place to guide staff. The registered manager told us that at the front of the care plan on site was a summary page which was updated when any changes occurred. They were confident that this would highlight to staff any changes they needed to know about. This information was also on an electronic care planner system which the staff had access to remotely through an application on their phone.

- Staff said they had time to read people's care plans and risk assessments prior to them delivering care and support to the person. Staff told us there was enough information about the person they supported to do safely.

Staffing and recruitment

- The provider had a recruitment process to help ensure that staff were suitable to work for the service. Staff told us, and records showed, the process had involved a Disclosure and Barring Service (DBS) record (criminal records check) and previous employment checks.

- People and relatives told us that there were enough staff. The service tried to provide a consistent team of carers; however, this was not always possible. We received different feedback from people about how they felt about this. Some people told us they liked to have different carers, one person told us this was because, "They all have something different to talk about", an another person said, "I have one or two who I know but it would be nicer to know more."

Using medicines safely

- People's care plans guided staff on the level of help each person needed to take their medicines. Risk assessments had been carried out for people having support with medication administration, and those people self-administering medicines without support.

- People and relatives we spoke with gave us a mixed response regarding the safety of medicine administration. We were told by more than one relative that medicines had been missed and this had been reported to the registered manager.

- The registered manager had carried out an audit of medicine administration prior to our inspection and had identified these errors. They had identified actions needed to rectify these errors from occurring again. These actions included re-training staff and competency assessments. The registered manager had also liaised with the designers of the computer system which staff used to administer medicines. Changes to the software would alert staff to missed medicines.
- Staff confirmed, and records showed, that they had received training in medicine administration and a medicine competency assessment. Staff told us that they knew the protocol to follow if a medication error occurred, and that there would be the requirement to undertake further medication training.

Preventing and controlling infection

- People and their relatives told us that staff wore Personal Protective Equipment (PPE) during the care call visit.
- Staff told us, and records showed, they had received training in infection prevention control (IPC). People and relatives were very positive about the staff and their use of PPE throughout the COVID-19 pandemic.
- The registered manager had up to date policies and procedures in place to safeguard people and staff and reduce the risk of transmission of infection.

Learning lessons when things go wrong

- Incidents involving people using the service or staff were managed effectively. Staff recorded these appropriately and the registered manager took action to reduce the risk of these reoccurring.
- Outcomes from lessons learnt were shared with the team during team meetings, 1.1 meetings or appraisals.

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.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant 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

- The registered manager met with people to assess their needs and agree the support staff at the service could offer before people started using the service. During the COVID-19 pandemic these assessments were carried out virtually to reduce the risk of infection.
- The registered manager had signed up to several different external organisations, including Skills for Care to receive alerts about changes to health and social care guidance. They also told us that throughout the COVID-19 pandemic they had accessed regular provider forums with the Local Authority and other registered managers. These forums provided support and shared good practice guidance and advice.
- Staff followed guidance and information from external health and social care professionals including occupational therapists, social workers and GP's. This was to promote people's well-being and deliver effective care and support.
- Care plans contained information about people's diverse needs and included any preferences in relation to culture, religion and diet. Staff received training in equality and diversity.

Staff support: induction, training, skills and experience

- Staff told us that they received a lot of training to ensure they could deliver support safely. They also felt that the quality and variety of training had improved in the last 12 months.
- All staff had received training when they first started working for the service and this was updated when required. The registered manager or a member of the management team carried out competency checks on staff to ensure that they were demonstrating best practice.
- Staff were provided with a range of tailored training to help them to care for people with complex health needs. This included enteral tube feeding, epilepsy and catheter care.
- Staff members received supervision as individual meetings and could also contact either the registered manager, service managers or care coordinators for support in between these meetings. Staff received a yearly appraisal.

Supporting people to eat and drink enough to maintain a balanced diet

- People who were currently being supported by staff with their meals and drinks had no concerns. One relative told us that they had raised concerns with the registered manager regarding food preparation, and this had since been resolved.
- Staff responsible for preparing food and drinks for people were required to complete training in food hygiene.

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

- People were supported to live more independent lives using equipment and technology. People's care records documented the equipment they had to promote their well-being and independence and the guidance provided by the professional to use the equipment.
- Staff followed external health professionals advise. This helped to ensure that people received effective care to support their health and well-being.
- During the COVID-19 pandemic, the registered manager told us that staff were key in liaising between health professionals, including the GP and the person they were supporting. For some people during the national lockdown, they only saw their carers, and during these visits, the carer would facilitate virtual appointments for the person with their health care professional.

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 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

- Staff ensured that people were involved in decisions about their care and knew what they needed to do to make sure decisions were made in people's best interests. Staff understood the importance of giving people choice and respecting the choices which they made.
- Staff knew how the MCA applied to their work.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- People and relatives made positive comments about the staff and the service they received. One person said, "They are all lovely, very kind." Another person told us, "My regular carer is just lovely, she shares family photos and it just makes my day, she is a lovely, lovely carer."
- People's care plans had enough guidance for staff to follow to ensure that people were well treated and supported. People's preferences and what was important to them was clearly documented in their care plan to ensure that staff understood what was important to them. For example, a care plan we reviewed stated that '[Name] is an independent [person]. Their appearance and their home are important to them'.
- People told us that staff took the time to talk to them during their visits, one person said, "I really look forward to them coming because they talk to me and I'm very lonely and it makes it better when they chat to me."

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

- People generally felt that they had been involved in making decisions about their care and had been given choice. One person told us, "I did ask them to tweak the times and they did that for me." Another person was unsure if they had given their opinion, however told us that they thought their relative would have provided this.
- People told us they were given a choice about who cared for them and this was always considered when matching staff to people. One person told us, "I always ask for a lady in the mornings, I want that."
- Staff also told us that they had been present during a person's care review recently. During the review they had requested changes to how their care was delivered. This had been agreed and was in the process of being changed over.

Respecting and promoting people's privacy, dignity and independence

- People were satisfied that staff respected their privacy and dignity. One person told us that staff ask them for consent when supporting them, and told us that staff will say, "I'm here to help you with [this task]. Shall we do that now?." Another person told us, "They are always helpful, they will do anything I ask, and they never ask me to do anything I don't want to do."
- The registered manager told us that the staff team shared her passion for supporting people to remain living in their own homes if this was their choice. People and relatives recognised this, and one relative told us, "[Relative] hated the care home, but loves the care at home."
- The service kept people's information about people securely in people's homes. Information was stored electronically and when required people's personal information was stored securely in their main office.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff told us that people and their relatives were involved in the development of their care plan. One staff member said, "[People] are asked at the beginning how they would prefer to have their care delivered, and we then check when necessary with their relatives that it is ok too."
- All staff we spoke with understood the importance of people being given choice to meet their needs.
- People told us staff supported people in a way that met their individual needs and preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans showed that people's communication needs had been considered and gave clear guidance on whether people needed support or used equipment to support their communication. For example, one person used either their iPad or telephone to communicate.
- Some people told us that at times they found communication difficult, due to not being able to understand their carer. A relative told us, "[Relative] is quite happy with the care. They did have a problem understanding the previous carer. I spoke to [the manager] who was very understanding and changed their carer."
- The registered manager had recognised in a recent audit that additional work was required to improve the ways staff communicated. During our visit they told us that they were identifying training in additional communication methods, such as Makaton, which is a form of sign language.

Improving care quality in response to complaints or concerns

- People and relatives knew who to speak with if they were not happy with the care they received. One person told us, "I haven't any complaints because if I have a problem I talk nicely to the carers and they are very helpful, I always talk to the carer."
- The provider had systems in place to deal with any concerns or complaints. Complaints had been investigated and responded to by the provider. Concerns raised by people receiving care, or by relatives were recorded and responded to appropriately. People had a complaints procedure to follow if these were raised.

End of life care and support

- Staff were not currently supporting anyone who was at the end of their life. Some staff had completed end

of life training, and the registered manager told us they would look at this to be added to the mandatory training for all staff to complete.

- Staff had documented people's end of life wishes in the person's care plan. The registered manager acknowledged that these records could be more detailed in some areas. This would help ensure people's wishes were fully documented.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Feedback was sought from people using the service and their relatives. Although some people spoken with had not yet been asked to formally feedback as they had not used the service very long.
- The registered manager analysed the customer satisfaction feedback to identify any themes and suggestions. These were then included in an action plan to improve the service.
- The registered manager identified that people would prefer to speak directly with them to provide feedback and raise concerns. This has been actioned and the registered manager spends time each month contacting people directly.
- During the COVID-19 pandemic, team meetings were carried out virtually using technology due to staff members not being able to meet in the same place. These were well received by the staff as everyone could attend. These will remain virtual events going forward based on the feedback provided by staff.
- Staff are also invited to complete a confidential employee satisfaction survey.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- The registered manager was committed to developing a person-centred culture within the service. They understood their responsibilities to ensure people received the care they needed and was committed to providing a good service for people. Staff told us that they could contact the registered manager at any time, one staff member told us, "I even have their personal number so can contact at any time I need to."
- Staff told us that they would be happy for a relative of theirs to receive support from Kwikfix Recruitment Services Peterborough Branch. This showed that staff were proud of the service offered to people and believed that people were offered a quality service.

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; Continuous learning and improving care

- The registered manager used information gathered from audits, complaints, spot-checks and feedback to develop the service and make improvements.
- The registered manager raised safeguarding concerns with the Local Authority team appropriately to ensure that appropriate follow up from professionals could take place.
- The registered manager had worked closely with the Local Authority and a consultancy agency to address

concerns raised in areas which required development.

- Professionals who have worked with the service have commented on the "rapid improvements" made. One professional told us, "The service now has a clear structure and staff have defined roles and responsibilities."

Working in partnership with others

- Staff and managers worked in partnership with other professionals and agencies, such as the GP, Occupational Therapists, Social Workers, other health care professionals and the local authority to ensure that people received joined-up care.