

Care Education Ltd

Staffing Connect

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Staffing Connect is a domiciliary care service providing personal care and support for people in their own homes. At the time of the inspection they were providing support and personal care for one person. 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

Medicines were not always managed in a safe way to ensure they were administered appropriately and as prescribed.

The provider had a range of audits in place, but the audit in relation to administration of medicines did not provide appropriate information to identify where actions for improvement were required.

We have made a recommendation about the recording of the day to day care provided for people.

We have made a recommendation about providing information in an accessible format to meet people's communication needs.

Relatives told us they felt their family member was safe when they received care and support from the service. The provider had processes in place for the recording and investigation of incidents and accidents.

There was a recruitment process and the appropriate number of care workers were allocated to each visit to ensure people's needs were met. Care workers received the training and supervision they required to provide them with the knowledge and skills to provide care in a safe and effective manner.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was a process to investigate any concerns regarding the care provided and any complaints that were received. Risk management plans were developed providing care workers with guidance on how to minimise risks for people using the service.

Detailed assessments of a person's support needs were completed before care started. Care plans described the care and support a person required and how it should be provided. People using the service were supported to access the community to take part in activities they enjoyed.

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

Rating at last inspection

The last rating for this service was good (published 28 July 2017)

Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvements. Please see the Safe and Well-Led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to safe care and treatment and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Staffing Connect

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

The inspection was carried out by one inspector.

Service and service type

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

At the time of the inspection the manager had applied to the Care Quality Commission to be the registered manager for the service. This means that they and the provider would be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection. Inspection activity started on 27 January 2020 and ended on 3 February 2020. We visited the office location on both dates.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key 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 judgements in this report. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with the manager and the general manager. We spoke with the relative of the person receiving care from the service. We contacted four care workers and received feedback about the service from two care workers. We reviewed a range of records including one care plan and medication records. We also reviewed other information relating to the management of the service including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training information we requested from the manager.

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 this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- The provider had a policy in relation to administration of medicines, but care workers did not always record administration appropriately. Information was not always provided for care workers to support them to administer medicines as prescribed.
- Where a medicine had been prescribed to be administered as and when required (PRN) the care workers did not record the number of tablets left following administration to ensure the medicine administration records (MAR) reflected the number of tablets remaining.
- Care workers were not provided with clear guidance as to when the PRN medicine should be administered. The MAR showed the medicine had been recorded as being administered at the same time of day on each occasion but the mood and sleep records for people did not always reflect a need for the medicine to be administered. This meant care workers may not have administered medicines as prescribed to respond to a specific medical need.
- A risk management plan had not been completed to provide care workers with guidance when taking medicines into the community (when accompanying people), so they could be administered if required. This meant care workers did not have information on how to ensure the medicines were stored safely and appropriately.

We found no evidence that people had been harmed however, systems were not in place to ensure medicines were always administered as prescribed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager confirmed there were meetings with people's GPs to ensure there were regular reviews of prescribed medicines.
- Care workers completed training on the administration of medicines and their competency was assessed annually.
- The manager confirmed they were reviewing how care workers recorded the administration of PRN medicines to ensure it reflected the reasons why they had been administered.

Systems and processes to safeguard people from the risk of abuse

- The provider had a system in place for responding to any concerns relating to the care provided. The manager confirmed that, at the time of the inspection, no safeguarding concerns had been raised in relation to the service.
- The relative told us they felt their family member was safe when they received care and support from the

service.

Assessing risk, safety monitoring and management

- Risks were identified, and guidance provided for care workers as to how to reduce them. When a specific risk was identified during the initial needs' assessment or during a review of a person's support needs the relevant risk assessment was completed.
- Risk assessments relating to mental health and behaviour which could be challenging were completed and regularly reviewed. There were also risk assessment for accessing the community including a day centre.
- An environmental risk assessment was completed which included electrical equipment, fire safety and staff welfare. A monthly home safety checklist on the environment inside and outside the home was also completed.

Staffing and recruitment

- The provider had a recruitment process to ensure care workers had the appropriate skills and knowledge to provide care in a safe manner. The manager confirmed a minimum of two references were requested from the previous employers covering a period of five years. Checks were also carried out in relation to criminal records and the applicants right to work in the country.
- During the inspection we reviewed the employment records for one care worker who had been recently recruited and we saw the provider's recruitment process had been followed.
- The number of care workers required to provide support during each shift was based upon individual care and support needs.

Preventing and controlling infection

- The provider had an infection control process. Care workers were provided with personal protective equipment (PPE) to use if needed when providing care.
- Care workers completed infection control training as part of their induction and also as part of their annual mandatory training.

Learning lessons when things go wrong

- There was a process in place for recording and identifying actions taken following incidents and accidents, and records were reviewed regularly to identify any trends.
- An incident and accident form was completed detailing what happened, any immediate action taken, if a cause was identified and any longer- term actions.
- The manager explained that an incident form should be completed if a person experienced behaviour that could be challenging to identify any triggers for the behaviour and how a person was supported in response. The manager told us they were working with care workers to ensure forms were completed if required.

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 this key question was rated as good. At this inspection this key question has remained the same. 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

- An assessment of a person's care and support needs was completed before the package of care started. Information on a person's care needs was provided by the local authority and other professionals involved in their support for example GP's and any healthcare professionals.
- The manager explained if they received a new package of care they would meet with person and their family to discuss their support needs, medication and how they wanted the care provided including their likes and dislikes. All this information was used to develop the care plan and risk assessments.

Staff support: induction, training, skills and experience

- Relatives we spoke with told us they felt the care workers supporting their family member had the appropriate training and had a good understanding of their needs.
- Care workers had completed a range of training identified as mandatory by the provider. These included health and safety, physical restraint and first aid. Care workers also completed the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff new to care an introduction to their roles and responsibilities.
- The manager confirmed care workers completed four supervision meetings and an appraisal each year. New care workers completed an induction course and shadowed an experienced colleague with feedback from staff and the person receiving care on the competency of the care worker.
- The manager met with care workers each week to discuss any issues and the care provided.

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

- People were supported to eat food they enjoyed. Care workers recorded the food they had supported the person to eat during each visit.
- Care plans identified if a person had any food allergies care workers should be aware of. If a person required care workers to support them to eat a healthier diet the care plan provided guidance for care workers on what they should do.
- Care workers completed food hygiene and fluid and nutrition training.

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

- Care workers supported people to access healthcare. The relative confirmed care workers supported their family member to access medical appointments.
- The manager explained they were informed of any healthcare appointments and recorded the outcomes to identify if there had been any changes in a person's health care needs which meant the care plan needed

to be reviewed.

- If a person required support from other agencies, the manager confirmed they would identify the relevant organisation and worked closely with them to ensure their care needs were met.

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.

- People's rights were protected in line with the principles of the MCA. The provider ensured appropriate processes had been followed to ensure any deprivation of liberty had been legally authorised under the MCA.
- Care and treatment was provided in people's best interests to meet their support needs in the least restrictive way.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Relatives told us they felt care workers provided care for their family member in a kind and caring manner. They said "The care workers are very kind and caring. They make sure there a routine and a choice of activity."
- The care plan included information about a person's religious and cultural needs, for example in relation to food.
- The preferred gender of the care worker was identified during the assessment to ensure appropriate care workers were allocated to visit.

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

- Relatives confirmed they were involved in the development and ongoing review of their family member's care plan to ensure their support needs were met.
- Care plans identified how care workers could support a person to make choices relating to daily life such as food, what to wear and activities.

Respecting and promoting people's privacy, dignity and independence

- Relatives felt their family member received care that respected their privacy and dignity. They also felt the support provided encouraged their family member to become as independent as possible.
- Care workers we spoke with demonstrated they had an understanding of the importance of maintaining people's dignity and supporting people to be independent. The care workers said they maintained a person's privacy and dignity by "Respecting their views irrespective of culture, religion and sexual orientation" and Respecting their culture, religion and their background. Also not sharing [personal information] with anyone who is not related with that person."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Care plans identified how people should be supported to meet their care needs including information on personal care, nutrition and activities.
- Care workers were also provided with detailed information on how to support people in relation to specific aspects of their daily life including identifying any influences on people's behaviour and how the care workers should respond. If required, additional information, for example positive behaviour support guidance, was included as part of the care plan.
- Care workers completed mood and sleep record charts for people during each visit. These used a scale from calm to highly agitated to reflect people's mood and behaviour. No other records were made relating to the care provided. We discussed this with the manager who confirmed they were introducing a more detailed recording system which reflected the care provided, activities and interaction between the person receiving support, care workers and the wider community.

We recommend the provider consider current guidance on recording of the care provided during each visit and to update their practice accordingly.

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.

- The care plan and daily schedule for activities were not provided in a suitable format which met people's communication needs. This meant people could not always be supported to be involved in their care. We discussed this with the manager who confirmed they would develop these documents in an accessible format to meet people's needs.
- People could assess picture-based systems which identified what they had done, the next activity and what was planned for later in the day. The manager told us that pictures of the care workers scheduled to visit and what was planned for the day were displayed in people's homes.

We recommend the provider consider current guidance on providing information in an accessible format to meet people's communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in activities at home and in the community that they were interested in and enjoyed.
- Relatives confirmed care workers supported their family member to take part in activities such as shopping, going to the gym and visiting a day centre which they enjoyed.

Improving care quality in response to complaints or concerns

- Relatives of people using the service that we spoke with confirmed they knew how to raise any concerns about the service, but they told us they had not needed to. The provider had a process to respond to complaints and to monitor the issues to identify any trends that required action to resolve.
- The provider had not received any complaints since the previous inspection.

End of life care and support

- At the time of the inspection the service was not providing people with support at the end of their life. The manager explained that if this type of care was required they would work with relevant health and social care professionals to ensure people's needs could be met.

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 this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The provider had a range of quality assurance checks in place but those relating to the administration of medicine were not responded to in a way to ensure improvements were made when issues were identified.
- The MAR charts were reviewed each month and we saw the audits completed between August 2019 and November 2019. All the audits indicated the same or similar issues with the recording of the administration of medicines and if they were administered as prescribed. Actions were recorded but we could not find any evidence these were completed. The same issues were identified each month which demonstrated that improvements had not been made.
- For example, we saw some of the medicines prescribed had not been included on the MAR so care workers could record when they were administered. This had either not been identified by the audit or had been identified and no action was taken to ensure the MAR's reflected the medicines prescribed.
- This meant the checks in place either did not identify an issue with the records of medicines or if an issue was recorded there was no improvement to the system in place to ensure medicines were administered as prescribed.
- The provider did not have a process in place for care workers to record the support provided during each visit. This meant they were unable to monitor if the support provided always met the person's identified care needs.

The provider did not ensure that quality assurance systems was robust enough to enable issues to be identified and resolved so care and medicines were always administered appropriately. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager explained they were in the process of introducing new audits and checks including a weekly medicines audit as well as additional training for care workers on medicines administration.

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

- Relatives commented they felt the service was well run, "It is very well run, 100% and I have no issues, they know what care is needed. The manager is a good guy and they are all like family."
- Care workers told us they felt well supported by their manager and the service was well run. Their comments included "Yes my line manager has an open-door policy. There are regular manager visits,

guidance, supervision and training" and "My manager is very helpful and more than happy to answer any issue or concern we have. He does spot checks and I found team meeting are very effective."

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

- The provider had a range of policies and procedures in place which were regularly reviewed and updated when required.
- The manager explained they were introducing a policy of the month system. This meant a different policy would be focused on each month during discussions and meetings with care workers to ensure they had a good understanding of how it impacted on the care provided.

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

- At the time of the inspection the manager had submitted an application to become registered with the CQC. The manager explained they were planning to recruit an experienced care coordinator to enable the service to expand.
- The manager had qualifications in health and social care and strategy, leadership and management. They had also completed train the trainer courses in relation to aspects of health and social care for example moving and handling, so they could provide training for care workers.

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

- People and relatives were supported to give their views on the care provided. The manager explained they visited the home of people receiving care every week to check the quality of the care provided and to speak with relatives and care workers to identify any issues. A monthly meeting and spot check visit were also completed to review the care provided and obtain feedback.
- A survey was sent to people using the service and their relatives every year, so they could provide feedback on the care provided. It included questions on if the person was treated with dignity when care was provided, if care workers were respectful and if they arrived on time. We saw the results of the January 2020 survey which showed positive feedback and relatives were happy with the care workers.

Working in partnership with others

- The manager told us they worked with local authorities, healthcare professionals and day centres.
- They also worked closely with voluntary organisations which provided advice, support and activities for people to support them to become more independent and involved in the community.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure the proper and safe management of medicines. Regulation 12 (1) (2) (g)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not have a system in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity Regulation 17 (1)(2) (a)