

Care Staffing Ltd

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Inspection report

Care Staffing Domiciliary Care
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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Care Staffing Limited is a domiciliary care agency which is registered to provide personal care and support to people with a physical disability, a sensory impairment, younger people, older people, people living with dementia and people with a mental health condition.

At the time of our inspection the service was supporting 23 people who were receiving 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 the service and what we found:

At our last inspection, we found improvements were required around managing people's care calls in a more structured way to ensure care was received when required. People's preferences were not always supported and there were ineffective quality assurance processes.

At this inspection, we found improvements had been made. People received their care and support in a way that met their needs. The improvements in quality assurance, call management and meeting people's preferences and choices had improved. The provider was no longer in breach of the regulations.

We found there was a positive culture, which focused on meeting people's needs. People spoke positively about the service and the staff team. People's views and feedback was sought on the service they received and acted upon through regular meetings and daily interactions.

People were supported to receive their medicines safely, however some improvements to medicines management needed to be made. Immediately following our visit, the registered manager had taken those actions. Staff received training and they had their medicine competency assessed, to ensure they followed correct procedures.

People were supported by staff who knew them well and who were kind, caring and attentive. People's safety and care needs were identified, their care was assessed and planned, and their needs were met. People's individual preferences and lifestyle choices were respected, whilst their safety needs were balanced through risk interventions.

Staff understood how to protect people from abuse and poor practice. Staff were confident the provider would take action to protect people, should this be required.

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. People's freedom was not unnecessarily restricted, and people were not physically restrained.

Where required, staff worked with people, relatives and health and social care professionals to maintain people's overall health and wellbeing.

The provider had safe recruitment systems to ensure staff were suitable to look after people. There were enough staff on call schedules to ensure care calls were completed at people's agreed times and for the right duration. People and their family members were involved in how their care was provided which helped them live the lives they wanted.

The providers systems and processes showed improvements and some of the actions we identified for improvement, had been identified through their audits. A regular programme of audits and checks were completed and actions formed one provider action plan. However, further work was needed to ensure there was evidence of what was checked and what actions had been taken, for example, improvements to record keeping and medicines management.

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 requires improvement overall (published 12 August 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

When we last inspected Care Staffing Limited on 11 July 2022, breaches of legal requirements were found. This inspection checked whether they were now meeting the legal requirements. We found improvements had been made and the provider was no longer in breach of regulations.

We undertook a comprehensive inspection to review the key questions of Safe, Effective, Caring, Responsive and Well Led.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Care Staffing Limited on our website at www.cqc.org.uk. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Details are in our well led findings below.

Care Staffing Limited

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 Health and Social Care Act 2008.

Inspection team

The inspection was completed by 1 inspector and 1 Expert by Experience. An Expert by Experience is someone who has experience of this type of service. An inspector visited the provider's office and the Expert by Experience gained feedback off site through telephone conversations with people and their relatives about their experience of the service.

Service and service type

This is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was announced. We gave the service 24 hour's notice of our arrival. This was to ensure there were staff at the office to support us with our inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We looked at the information we had received from relatives and people who used the service. We asked the local authority

for any information they had which would aid our inspection. Local authorities, together with other agencies may have responsibility for funding people who use the service and monitoring its quality. The provider was asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people and 5 relatives to get their experiences about the quality of care received. We spoke with 3 members of care staff, a care co-ordinator, a deputy manager, and the registered manager.

We reviewed a range of records. These included samples of 3 people's care records, as well as associated records that included daily report logs and medicine administration records. We reviewed 2 staff recruitment files and the providers quality assurance systems and processes.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Staffing and recruitment

At our last inspection the provider had failed to ensure people received their care calls at the times they required, which put them at risk. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made enough improvements. The service was no longer in breach of the regulation.

- At our last visit, people's care calls did not take place at agreed times, this was found to be a risk to people. At this visit, new and effective management of care calls was in place. Regular checks throughout the day using an electronic call management system made sure people's care calls were completed. Where any missed tasks or late calls were identified, immediate action was taken.
- People confirmed they received their care calls at agreed times. Regular feedback was, "They (staff) always turn up, always stay their time and never leave before everything is done." On the odd occasion where staff were running late, people were informed.
- The provider ensured there were sufficient numbers of suitable staff. People told us there were enough staff and they received support from a consistent staff team.
- The provider operated safe recruitment processes.
- Safe recruitment checks included undertaking checks such as references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Risks associated with people's care were known and recorded. This included risk management actions in relation to people's diabetes, catheter care and risks to specific medical conditions.
- Staff told us they had information in people's homes and updates from office staff to ensure they had up to date information to manage current risks.
- Risks assessments included information that guided staff in how to manage certain risks. In 1 care plan, we saw information for staff that helped manage a person's health condition safely. Staff conversations showed they knew how to mitigate risks.

Using medicines safely

- People were supported to receive their medicines safely.
- People were administered their medicines by staff who had received training and had their medicine competency assessed, to ensure they followed correct procedures.
- Most people or their family members were responsible for administering their medicines.
- Staff told us they were confident administering medicines to people. Staff explained how they recorded what medicines people had been given.
- Improvements to the quality of some records and how medicines were administered needed

improvement. For example, the registered manager updated their systems post our visit to produce an electronic medicine administration record rather than relying on some information through a recorded task. This record would support people received their medicines as prescribed.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Staff told us they were trained in how to recognise and report abuse. Staff knew how to escalate concerns and they were confident any concerns passed to the registered manager would be actioned.
- People were positive about the way their safety was considered and people felt safe. One person told us, "I feel very safe because they always turn up and never let me down."
- People felt safe with staff because they were matched with staff they got on well with. Comments people gave us were, "I have 4 great regular staff and 6 others, they are all brilliant" and "If I shout help, they (staff) are remarkably quick...they are there behind me, steadying me. They are excellent."

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Staff told us they wore appropriate personal protective equipment (PPE) to help keep them and others protected when care was provided. Regular changes of PPE helped reduce the risks of cross infection.

Learning lessons when things go wrong

The provider learned lessons when things had gone wrong.

- The registered manager gave us examples showing they were involved in discussions and made aware of any concerns so learning could be taken from any incidents. For example, around management of falls and specific incidents.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- At our last visit, some people felt staff were not trained or confident to support them. At this visit, effective systems ensured staff training and staff competencies were regularly completed. Records showed observed practices and additional learning was provided to staff to ensure they remained confident to meet people's needs.
- The registered manager said, "I hold regular 1-hour sessions to discuss particular topics, such as safeguarding and moving and handling." The registered manager said observations of staff practice ensured staff applied their training effectively.
- Staff induction and ongoing training ensured staff were fully skilled in their role. This provided the right information and knowledge to understand people's specific health conditions. One staff member told us they had specific training related to a health condition and they felt confident they knew how to support those people.
- Staff told us they had regular opportunities to discuss their work and development with the registered manager.
- People and relatives felt well supported and told us they knew how staff had to care for them. Where people needed support with equipment to transfer, people said staff knew what to do. People told us they felt confident with staff.

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

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.
- Initial assessments determined if staff could meet people's needs and if those needs were met, care plans and risks assessments were completed, with the person and their family if this was possible. Where needs changed over time, relevant care records were updated.
- Staff conversations showed they knew people well and their preferred routines. Staff told us they were kept updated when people's needs changed over time.
- People and relatives told us they were involved in their care planning to ensure it met their needs and preferences.

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

- People were supported to eat and drink enough to maintain a balanced diet.

- Most people were able to make their own meals and drinks or they had family members who could help them. Where staff supported people, they knew people's dietary preferences and provided food and drink to meet people's need.

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

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- People were supported to live healthier lives, access healthcare services and support.
- The registered manager worked in collaboration with other agencies. For example, where a person's care and support required input from a social worker, communication and meetings took place.
- One relative described how staff supported their family member to access dental services. This relative said, "[Staff member name] took my [relative] in his car together with his wheelchair to the dentist to have his treatment. [Staff member name] then stayed with [relative], watched him in the chair while he had his treatment.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff worked within the remit of the Mental Capacity Act and understood the importance of gaining consent from people related to supporting them with personal care, for example. Staff training covered the mental capacity act.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were always supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to ensure people's preferences were not always considered and respected. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made enough improvements, and the service was no longer in breach of the regulation.

- At our last visit, there was no consideration to ask people what gender of care staff they preferred. At this inspection, people's privacy, dignity and independence was considered, respected and promoted.
- People and relatives confirmed to us that staff were supportive in promoting independence. For example, 1 relative said staff washed and dried their family members back, while the person washed and dried their front. Other people told us they felt comfortable when staff supported them.
- Care plans provided information to staff in ways to promote independence in a personalised way.
- Staff understood the importance of respecting people's right to privacy and dignity. One staff member told us, "I have a chat, always ask if they feel good and okay. If I do something wrong, I ask them to tell me. I always ask if they are comfortable." Another staff member said, "When I provide personal care, I ask people to leave the room and close doors."

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People were well supported
- At our last visit, people's preferences for staff to support them were not considered. At this visit, people told us they were asked what gender preference of the staff they wanted. Where requests were made, this was met. For example, one person's care plan stated they preferred female carers and they told us they had always had female staff. In some cases, cultural wishes were respected to aid communication and cultural understanding.
- Staff spoken with gave examples of how they engaged with people in making decisions about their day to day care and support.

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

- People were supported to express their views and make decisions about their care. One relative said, "Yes I was involved with [Relative's] care plan and everything works well."
- People and their relatives were encouraged to express their views and be involved in decisions about their care as far as possible. People's views were sought at each care call, care reviews and through regular feedback and surveys by senior staff.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- At our last visit, people felt when they raised a concern or complaint, there was no effective action taken. At this visit, people and relatives could access the provider's complaints policy if needed. People and their relative's feedback to us was positive and no one had any current complaint about the service received. A typical comment was, "If I had a problem I would speak to [Registered manager's name], they sort things out as nothing is too much trouble." One relative told us, "They do listen to you and they do act if you're not happy with anything."
- The registered manager had a system that recorded complaints. We saw complaints had been investigated and responded too within expected timescales.

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

- Care was personalised. People were supported by consistent staff who knew them well and how to provide care and support to them. Comments to us included, "Staff are more than responsive because they go above and beyond in what they do" and "Staff go that extra mile with their support."
- Staff knew people they supported well. One staff member told us how they supported 1 person, who required specific care related to their health condition. Another staff member told us, "We have 1 female and 1 male staff member, so the female staff member can give personal care, the male staff member can administer the medicines. This is what the person wants."
- People and relatives said staff always completed the tasks before they left.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff knew how to effectively communicate with people.
- People's plans of care contained information about how people communicated. For example, one person's care plan informed staff how the person communicated pain so 'when required' medicine could be given.
- The registered manager told us if information was required in alternative formats, this could be supported.

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

- Additional support hours, including companionship, could be purchased if people or relatives wished to do so. Staff told us they spent time with people talking to them and helping them where they could.
- Relatives said staff engaged well and had time to sit and chat, laugh and spend quality time with those they supported. People and relative's positive comments showed they all got on well, understood each other and worked to provide good outcomes. One relative said, "They are lovely staff and there is always plenty of laughter in the house."

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has stayed the same. 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.

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

- At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 17(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made enough improvements and the service was no longer in breach of the regulation.

- At our last visit we found systems to safely monitor the quality of care, quality of recording and risks associated with call planning were not effective. At this visit, improvements had been made. The provider was no longer in breach.

- The registered manager completed regular checks on the quality-of-care people received. These included checks to ensure people's care preferences and needs were met, that people had received their medicines, calls were on time and the quality of recording.

- However, improvements to the quality of medicines was required, especially around the accuracy of what was administered. Although records were completed, the audit had not identified that your electronic system had not generated a medicine administration record. Following our visit, this was implemented so you could present a record of medicines administered over a period of time. We were however confident, people received their medicines safely.

- Checks of care call durations was completed and some calls went lower than planned. Your audit had not identified what actions were taken to limit this from happening. You told us you checked people's care records, but there was no record of whose care plan and what had been checked, to ensure actions were taken when required.

- The registered manager told us they knew they lacked evidence to support what they checked. Audit records given to us showed us it was only in December 2023, that audits had been implemented. Completed audits resulted in action plans and those actions were compiled onto a 'master' action plan for the registered manager to work from. However, some audits were a tick box exercise rather than demonstrating exactly what was checked. We saw actions were being addressed and outstanding actions continued to be worked upon.

- The registered manager took immediate action following our inspection visit in response to the feedback we provided to update their audit systems.

- The registered manager was supported by the provider to understand their role and responsibilities. This included the requirement to notify the Care Quality Commission (CQC) about key events at the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive culture at the service. The registered manager told us, "I am proud of the team. Things have improved and we all work well together." Staff we spoke with told us the management team and their colleagues were supportive and everyone worked well together.
- People were pleased with the support they received. Comments included, "I would recommend the company", "The service is excellent, they listen to you and all the staff are very supportive." One relative said, "[Staff member name] is brilliant...just cannot fault all of them."
- Staff told us they knew how they were expected to care for people through regular communication with the office team. This included feedback on the care they provided to people. The deputy manager told us they undertook competency and spot checks on staff to ensure staff applied their knowledge and experience.
- The registered manager acknowledged our feedback and updated us after our visit, of the improvement actions taken, especially related to improvements to medicines recording and daily records being more detailed.

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 understood their responsibilities under the duty of candour.
- The registered manager understood the need to be open and honest with people if anything went wrong with their care. For example, this was seen through their complaint investigations and incidents.
- People and relatives feedback to us showed a service that listened and responded. People and relatives were complimentary of the whole staff team, in particular, the registered manager who they said was approachable, effective, listened and acted.

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- Areas of learning identified were shared with staff, such as training for specific health conditions and additional training through observed staff practice. Through their audits, further improvements had begun to improve the quality of recording.
- The registered manager showed us examples in how they had developed their auditing and checking processes on new IT systems. Through discussions with us during our visit, they had improved practice to further strengthen what they had already implemented. This meant the provider could be assured the care provided to people continued to develop.

Working in partnership with others

- The provider worked in partnership with others.
- Staff worked with other health and social care professionals, such as multi-disciplinary teams, speech and language therapists and people's GPs, so people would receive the care they needed.