

# Staffordshire Healthcare Staffing Ltd

## Kare Plus Stafford

### 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?	Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 4 May 2016. This was the provider's first inspection of this service since its registration in November 2014.

The service provided people with personal care and support in their own homes. There were 50 people using the service at the time of this inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had some systems in place to monitor the quality of the service, however improvements were required to ensure that all areas of care delivery were audited to identify any areas of weakness and put a continuous improvement plan in place.

People felt safe and were protected from risks of harm associated with their care. Staff and managers knew what to do if they suspected someone may have been abused.

People's medication was administered safely by sufficient numbers of suitably trained staff who had been employed using safe recruitment procedures.

The provider followed the principles of the Mental Capacity Act 2005 (MCA 2005) and ensured that people consented to or were supported to consent to their care and support.

People received care from staff who were supported and trained to fulfil their role effectively.

People were supported to choose what they wished to eat and drink and if they became unwell staff responded and gained the appropriate healthcare support.

People were treated with dignity and their privacy was respected. People were encouraged to be as independent as they were able to be.

Care being delivered met people's personal preferences and was regularly reviewed to ensure it met people's needs.

There was a complaints procedure and people knew how to use it. The provider took the appropriate action when complaints were raised.

## 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. People were safeguarded from the risk of abuse as staff and management knew what to do if they suspected abuse had taken place. Risks of harm to people were assessed and staff followed their care plans to keep people safe. There were sufficient staff to meet the needs of people who used the service. People had their medication at the times they needed it.

### Is the service effective?

Good ●

The service was effective. People received care from staff who were suitably trained and supported to fulfil their role. The provider followed the principles of the MCA and ensured people consented to or were supported to consent to their care.

People were supported to eat and drink sufficient amounts and received healthcare support when they needed it.

### Is the service caring?

Good ●

The service was caring. People were treated with dignity and respect and their independence was promoted. People's right to privacy was respected.

### Is the service responsive?

Good ●

The service was responsive. People received care that reflected their individual needs and preferences. People knew how to complain and complaints were listened to acted upon.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led. Systems to monitor the quality of the service required improvement to ensure people received the care they required and that was safe. The provider had not sent us notifications as they are required to do.

People who used the service and the staff felt the service was well managed.

# Kare Plus Stafford

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 May 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure someone was available to facilitate the inspection.

The inspection was undertaken by one inspector and an expert by experience. An expert by experience is someone who has experience in using this type of service.

We reviewed information we hold on the service. This included safeguarding concerns and previous inspection reports.

We spoke to 12 people who used the service and seven relatives. We spoke with the registered manager, the provider, field supervisor and two care staff.

We looked at two people's care records, staff recruitment procedures and the systems the provider had in place to monitor the quality of the service to see if they were effective.

# Is the service safe?

## Our findings

People who used the service told us they felt safe and we found that people were protected from harm and the risk of abuse. Staff we spoke with all knew what to do if they suspected someone they cared for had suffered abuse. One staff member told us: "I would phone the on call and tell them if I suspected anything". The registered manager demonstrated knowledge of what constituted abuse and had made appropriate referrals to the local authority for further investigation when they had suspected abuse had taken place.

Risks to people were assessed and plans were in place to minimise the risk of harm. The plans were clear and comprehensive to inform staff how to support people and prevent harm to themselves or others. We saw if people required support with mobility such as the use of a hoist, there were instructions to staff as to what support they needed. People we spoke with who had been assessed as requiring two staff to help them move told us that if the care staff didn't arrive together they would always wait until they were both there before commencing care. One person told us: "I have two carers as I can't move at all. They will make sure the sling is under me properly as they raise me. They will check I am comfortable and if I'm not they will lower me and we start again. They are very patient".

Some people required support in taking their medication. One person told us: "The staff get my medication straight from the container into a little glass for me. There is a book they write in each time they've been and I think they sign for my medication". Staff told us and we saw that they had all received training in how to administer medication. We saw that staff recorded when people had their medication on medication administration records.

There were sufficient suitably trained staff to meet the needs of people who used the service. People we spoke with told us that the staff always stayed for the allocated amount of time and no one had a missed care visit. There were a team of casual staff who were able to provide care in the absence of permanent staff. We saw that safety checks had been undertaken prior to the person being employed. References and Disclosure and Barring (DBS) checks were completed to ensure that the prospective staff was of good character. The DBS is a national agency that keeps records of criminal convictions. This meant that the provider checked staff's suitability to deliver personal care before they started work.

## Is the service effective?

### Our findings

People who used the service told us they felt the staff were effective in their role. One person told us: "I think they do a grand job they have a lot of training". Staff told us they felt supported and received training. There was a period of induction prior to a new staff member being able to care for people alone. Staff told us they received training which was applicable to their role and that the management were approachable. One staff member told us: "It's brilliant, we have responsibility but we are able to ask for advice and support at any time". The registered manager told us: "We call the staff who work alone every day to make sure they are okay".

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. The provider was working within the principles of the MCA when supporting people to make decisions about their care. People consented to or were supported to consent to their care by their legal representatives. If people refused treatment or support this was respected. Staff had knowledge of mental capacity and what to do if people refused their planned care. One staff member told us: "I would go back and try again, giving the person time to change their frame of mind".

People were supported to access food and drink of their choice. One person told us: "The care staff have just been and made me a lovely poached egg on toast which is what I fancied this morning. Nothing is too much trouble". Staff had received training in safe food handling and preparation. The registered manager told us that no one was on a special diet; however they planned to look at supporting people with 'PEG' feeding (PEG feeding is supporting people to receive food and fluid through a tube). They told us that staff would be suitably trained before they offered this service to anyone.

When people became unwell staff knew what to do. One person told us: "I think they have some really good carers. A few weeks ago I wasn't feeling well and the carer noticed I was poorly she phoned the GP". The staff members we spoke with gave us examples of how they had supported people when they had become unwell. The registered manager told us that they worked closely with other health agencies such as district nurses and occupational therapists to ensure that people received appropriate care.

## Is the service caring?

### Our findings

All of the people we spoke with told us that the staff were kind and caring. A relative told us: "We have always found them to be polite and caring", and a person who used the service said: "I like it because we have the same small team and you get chance to know one another and bond with them. On my birthday they even stood on the doorstep and sang 'Happy Birthday' at the front door. It was lovely".

People told us that staff would always check if there was anything else for them to do before leaving. Some people said some staff would just get on and do things like put the rubbish out without being asked. One person said: "We have a good chat and they will usually make a drink for me before they go. They always ask if there is anything else to do before they leave. I am very happy with my care at the moment".

People's independence was promoted. One person said: "The carers let me do what I can for myself even though I am not very quick". Another person said "They never rush me; they support me, they like me to do what I can for myself".

Staff we spoke with told us they respected people's privacy when supporting them with personal care. One staff member told us: "I always ask people how they liked to have things done, and I shut the door when I'm helping with personal care". One person told us: "I can't fault them in any way, they have been brilliant".

People were involved in their care planning. People told us that they had received visits from a senior member of staff to discuss their care and ensure that they were still happy with it. Telephone reviews took place and we saw when a request or a niggle had been recorded, action was taken to make the desired improvements.

## Is the service responsive?

### Our findings

Prior to people being offered a service an assessment of their needs was undertaken to ensure that the provider could meet people's individual needs. Care plans and risk assessments were drawn up for staff to be able to support the person based on their individual preferences. A member of staff told us: "If there has been any changes to people's needs the office staff always contact us before the call".

People received care that was responsive to their personal needs. One person resided in an environment which had presented them and the staff with areas of concern and it appeared that they may not be able to continue to remain there. However support and equipment had been arranged by the provider to help the person to remain in their chosen home environment. The registered manager told us: "[Person's name] is now able to sit up and they are really happy about this, their care has been very successful".

People's care was regularly reviewed and we saw when people requested a change to their planned care this was facilitated. The registered manager told us: "We signpost people to other agencies if they need it, for example some people have worries about their benefits so we put them in touch with the right people to help them sort out their finances".

The registered manager told us that they tried to send the same staff to care for people to ensure a continuity of care. The registered manager told us: "We send a copy of the rota to all the service users so they know which staff will be attending. We pride ourselves on the continuity we can give".

The provider had a complaints procedure. We saw that when people had complained formally or informally, it was taken seriously and recorded. We saw action was taken to rectify the situation, for example one person's property had been damaged through the staff's use of equipment. We saw that the provider had responded and arranged for the property to be repaired.



## Is the service well-led?

### Our findings

This was the provider's first inspection since registration. There was a registered manager in post who was supported by a field supervisor.

Although there were some systems in place to monitor the quality of the service, improvements were required to ensure that all areas of service delivery were audited and monitored for its quality. People's medication administration records (MAR) and daily records were not audited to ensure that people received their medication and care as required. We saw some gaps in staff signatures on MAR sheets which had not been identified and investigated by the registered manager.

Accident and incident reports were not audited to ensure there was no pattern or trend to the incidents and to look for ways to minimise the accident/incident occurring again.

Staff received regular training, however there were no checks in staff's competency in moving and handling and administration of medication to ensure that staff remained competent following their initial training. The manager told us that there were plans in place to ensure competencies are checked in moving and handling and medication every six months.

Safeguarding concerns were fully investigated internally within the organisation, however providers are required to send us notifications when they suspect abuse of a person who used the service had taken place. The registered manager had not sent us notifications of the safeguarding incidents they had raised with the local authority as they are required to do.

People who used the service and their relatives told us they felt that Kare Plus was well managed and organised. One person told us: "I have had several different companies over the years and this one is by far the best, it seems more organised". The staff we spoke with told us that the management were supportive and approachable.