

Care Education Ltd

# Staffing Connect

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it

### Right Support:

The service (or staff) supported people to have the maximum possible choice, control and independence and they had control over their own lives. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported by staff to pursue their interests. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. Staff supported people to take part in activities and pursue their interests in their local area and to interact online with people who had shared interests. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

### Right Care:

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

### Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People received good quality care, support and treatment because trained staff and

specialists could meet their needs and wishes. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them, including advocates, were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. People's quality of life was enhanced by the service's culture of improvement and inclusivity. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 10 March 2020).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an announced comprehensive inspection of this service on 27 January 2020 and 3 February 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Staffing Connect on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# 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 Health and Social Care Act 2008.

#### 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.

#### 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

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 registered manager would be in the office to support the inspection.

Inspection activity started on 3 January 2023 and ended on 9 January 2023. We visited the location's office on 5 January 2023.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with the relative of a person using the service and we contacted three care workers via email. We spoke with the registered manager during the inspection. We looked at a range of records which included the care record for one person, the recruitment records for one care worker and the staffing records for three longer term care workers and a range of records including those used for monitoring the quality of the service, such as audits, minutes of meetings and policies.

# 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.

### Using medicines safely

At our last inspection the provider did not have systems in place to ensure medicines were always administered as prescribed which could place people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed safely and administered as prescribed. Medicines administration record (MAR) charts were completed showing that medicines had been administered as prescribed. The records included information on when the medicines should be administered, dosages and any other guidance for example if the medicines should not be taken within 2 hours of indigestion tablets.
- The provider had completed a risk assessment for each medicine that had been prescribed including what the medicine was used for, possible side effects, if the person had experienced any reactions to the medicine in the past and what action to take if this occurred. Risk assessments had also been developed for the delivery, storage and disposal of medicines.
- At the time of the inspection there were no medicines prescribed as being administered as and when required (PRN) but the provider had guidance in place for previously prescribed PRN medicines. There was also guidance in relation to Stopping over medication of people with a learning disability, autism or both (STOMP) to ensure care workers were aware of the impact of medicines on people.
- Care workers had completed training for the administration of medicines and had their competency assessed to check their skills and knowledge.

### Systems and processes to safeguard people from the risk of abuse

- The provider had a process for reporting and investigating if concerns were raised about the care being provided.
- The relative confirmed they felt their family member was safe when receiving support, "The care workers have been working with [my family member] for a long time. I trust them and [my family member] is in good hands."
- Care workers we contacted confirmed they had completed safeguarding adults training and demonstrated a clear understanding of the role of safeguarding when providing care.
- At the time of the inspection there had been no safeguarding concerns raised. However, systems and procedures were in place in the event that a safeguarding concern was raised.

### Assessing risk, safety monitoring and management

- The provider had assessed and identified possible risks in relation to people's wellbeing and safety when receiving support.
- Risk assessments and risk management plans had been created in relation to the person's support needs if they became frustrated or agitated. Risk management plans had also been developed to identify possible risks when the person was supported to take part in activities outside of their home. Care workers were provided with guidance on how they could mitigate these risks and provide appropriate support to meet the person's care needs.
- An environmental risk assessment had been completed which reviewed the environment that care was being provided including risk of falls, use of electrical equipment and providing care in small areas such as bathrooms.

### Staffing and recruitment

- The provider had a robust recruitment procedure which enabled them to ensure new care workers had the required skills and knowledge for the role.
- We reviewed the recruitment records for one care worker. The records included two references from previous employers and checks were carried out on the applicants right to work in the United Kingdom. Checks were also carried out for any criminal record. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staffing records showed new care workers has completed a 12 week induction programme and shadowing care visits. Observations were carried out on their skills and knowledge and feedback was obtained from the person's family and experienced care workers.
- The relative we spoke with told us that regular care workers provided care to ensure consistency to meet their family member's needs.

### Preventing and controlling infection

- The provider had procedures in place to help ensure people were protected from the risk of infection. Care workers confirmed they had completed infection prevention and control training and had access to supplies of personal protective equipment (PPE).
- The registered manager told us they restocked PPE in the person's home every month and guidance had been developed for care workers in case of sickness.
- The relative we spoke with confirmed care workers wore PPE including masks when providing care for their family member.

### Learning lessons when things go wrong

- The provider had developed a procedure for the reporting of incidents and accidents and identifying where lessons could be learned to reduce further risk.
- At the time of the inspection, the registered manager confirmed there had been no reported incidents and accidents, so we were unable to review any records or investigations.



# 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.

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

At our last inspection we recommended the provider consider current guidance on recording of the care provided during each visit and to update their practice accordingly. The provider had made improvements.

- People's care plans were personalised and identified their care and support needs.
- The care plan we reviewed included information on how the person's care should be provided, their preferences for food and drink, their personal history, their religious support needs and their likes and dislikes. There was also a personal development plan with guidance for care workers on how to support the person if they became frustrated or agitated including de-escalation and distraction techniques.
- The relative we spoke with confirmed care workers provided the care their family member required and were focused on making them the priority. They said, "They encourage my family member to be as independent as possible, not to be dependent on staff but they help them when they need help. Care workers provide care in a respectful way."
- A medical feedback form was completed following any GP or healthcare visit to ensure any changes to the person's support needs was updated in their care plan.
- Care workers completed records of the care and support they provided throughout the day as well as monitoring the person's mood and sleep patterns.

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.

At our last inspection we recommended the provider consider current guidance on providing information in an accessible format to meet people's communication needs. The provider had made improvements.

- The provider had developed a care plan which was in a format that met the person's communication needs.
- The care plan provided care workers with guidance on the most appropriate methods when communicating with the person they were supporting. The care plan included a list of frequently used words in the person's second language and care workers were encouraged to learn the words to use when

providing support.

- Information was also provided for care workers on non-verbal methods of communication the person regularly used to identify their wishes.

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 maintain relationships with people who were important to them as well as undertake hobbies and activities which they enjoyed.
- The person's care plan included a daily activity planner which showed photographs of where the person liked to go so they could identify what activity was scheduled for each day. Information was also provided in the care plan on what the person liked to do when at home. The relative told us care workers supported their family member to maintain their routine.

Improving care quality in response to complaints or concerns

- The provider had a system for investigating and responding to complaints. The relative we spoke with confirmed they knew how to raise a complaint if they needed to, but they had not had any concerns about the care provided.
- The provider had not received any complaints since the last inspection.

End of life care and support

- At the time of the inspection the provider was not providing support with end of life care. The registered manager explained that if a person required support with end of life care they would work with the relevant healthcare professionals to ensure the person's care needs and wishes were 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

At our last inspection the provider did not ensure that quality assurance systems were 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 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had developed a range of effective audits and checks to monitor and improve the quality of the service and care provided.
- These monthly audits included checks on the MAR charts and the records of the care provided which were completed by care workers were monitored to ensure they reflected the person's support needs. Checks were also carried out to ensure all the medicines from the blister packs had been administered as prescribed.
- Regular checks were undertaken to ensure supervision meetings and mandatory training had been carried out in line with the provider's requirements.
- Checks were also completed to ensure the care plan reflected the person's care and support needs.
- Monthly checks were carried out reviewing the home environment in which care was being provided.

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

- The relative we spoke with was happy with the care their family member received. They said, "This is a very good company. They care, are good and honest. The care workers are kind and caring and are very helpful. The registered manager is a good [person] and makes my [family member] the priority."
- Care was provided in a person-centred way. The relative confirmed they were involved in the development of the care plan and the regular reviews of the support their family member required.
- The cultural background and religious preferences of the person being supported were identified in the care plan. One care worker said, "I do respect people's dignity and privacy by promoting their independence and values, their culture and beliefs."
- Care workers told us they felt supported by the senior staff. Their comments included, "I have a supportive

manager and good team to work with. No issues, no concerns at all" and "The registered manager is always supportive, and I can discuss anything, anytime with him. During COVID-19, the support we received as a team was excellent from our manager and [they] even dropped and picked us up from work."

- The relative told us the registered manager visited them every week and was in regular contact with them to ensure the care provided met their family member's support needs. Regular meetings were held with the care workers and the person's family to discuss any issues or suggestions.
- Surveys were carried out with relatives and care workers to obtain feedback on their experiences. The feedback from the most recent relative and care worker's surveys we reviewed was positive.

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

- The registered manager demonstrated a clear understanding of the duty of candour and how it impacts the way care was provided. They told us, "I need to make sure everything is fine with service users, staff and environment and make sure business continuity is in place. If something does go wrong, I need to follow policies and make safeguarding referrals if needed. I have an open door for staff and being open and honest with relatives." A care worker said, "The culture of the organisation is very positive, and the manager has an open-door policy for staff."
- The provider had a range of policies and procedures which were regularly updated to reflect any changes in legislation or good practice.
- The registered manager had a good understanding of the legal requirements and responsibilities. They explained there was a human resources manager and a finance team with defined roles and all staff had a role description. The registered manager also told us that senior care workers were supported in completing level 5 health and social care training to help them prepare for roles as senior care coordinators as the number of people supported increased.

Working in partnership with others

- The registered manager told us that due to the size of the service they were only working with healthcare professionals involved in the care of the person they were supporting. As the number of people being supported increases, they would look to identify external organisations to work in partnership with to benefit the people they were providing care for.