

Care Education Ltd

Staffing Connect

Inspection report

Suite 9
Neals Corner, 2 Bath Road
Hounslow
Middlesex
TW3 3HJ

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Tel: 02038416440

Website: www.staffingconnect.co.uk

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Staffing Connect is a domiciliary care agency that provides personal care and support in the community for one person.

The inspection took place on 5 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

This was the first inspection since the provider registered on 25 July 2016.

At the time of the inspection a registered manager was 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 a process in place for the administration of medicines. The person received the medicines they needed in a safe manner.

The person's relative felt their family member was safe when they received care and support at home and when they were in the community. The provider had policies and procedures in place to respond to any concerns that were raised about the care provided.

A range of risk assessments were in place and the provider had processes in place for the recording and investigation of incidents and accidents.

The provider had an effective recruitment process in place. Care workers had received training identified by the provider as mandatory to ensure they were providing appropriate and effective care for the person using the service. Also care workers had regular supervision with the registered manager.

The person was supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service worked closely with healthcare professional to ensure the person's health needs were met.

The care plan identified the person's food and drink preferences as well as their cultural and religious needs.

The person's relative felt the care workers were kind and caring. Care workers encouraged the person to be independent but ensured he was safe.

A range of activities were identified in the care plan and the person was supported by the care workers to be

active.

The provider had a complaints process in place and the person's relative knew how to raise a concern if they needed to.

Detailed care plans were in place and these were regularly reviewed.

The person's relative and care workers felt the service was well-led and the care workers felt supported.

The provider had processes in place to monitor the quality of the care provided.

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.

Medicines were administered in a safe way and as prescribed.

The provider had systems in place for the recording and investigation of incidents and accidents.

The provider had systems in place to protect people using the service. All care workers had completed safeguarding adults training.

The provider had a recruitment process in place and the number of care workers required to provide appropriate care for a person was based on the assessment of the person's needs.

Is the service effective?

Good ●

The service was effective.

The registered manager understood the principles of the Mental Capacity Act 2005 and had followed its requirements. Care workers had completed relevant training and supported the person using the service to make decisions about their care and support.

Care workers had received the necessary training, supervision and appraisals they required to deliver care safely and to an appropriate standard.

The provider had a good relation with a range of healthcare professionals to ensure appropriate care was provided.

Care plans identified the person's food and drink preferences.

Is the service caring?

Good ●

The service was caring.

The person's relative was happy with the care provided and felt the care workers were kind.

The person was supported to maintain their independence wherever possible.

The care plan identified their cultural and religious preferences.

Is the service responsive?

Good ●

The service was responsive.

Detailed care plans were in place and were reviewed regularly.

The provider had a complaints process in place which was clear about how to raise any concerns.

Information relating to the care provided was recorded daily.

Is the service well-led?

Good ●

The service was well-led.

The service had a manager who was registered with the Care Quality commission (CQC).

The relative and care workers told us the service was well-led and management was supportive.

The provider had systems in place to monitor the quality of the care provided.

Staffing Connect

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 is 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 the 5 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available. One inspector carried out the inspection.

Before the inspection we reviewed the records we hold for the service and during the inspection we spoke with the registered manager. We looked at one care plan, the care workers rota, recruitment and training records for four care workers and records relating to the management of the service. Following the inspection we spoke with one relative and two care workers.

Is the service safe?

Our findings

The relative of the person using the service told us they felt their family member was safe with the care workers when they provided support with personal care as well as when they were in the community helping the person take part in activities. We saw the service had effective policies and procedures in place so any concerns regarding the care being provided were responded to appropriately. Care workers confirmed they had completed safeguarding training and understood types of abuse that could occur.

The person using the service had their prescribed medicines administered in a safe way. The provider had a process in place for the administration of medicines and all the care workers had completed medicines management training. Medicines were provided in a blister pack and care workers completed medicine administration record (MAR) charts which listed each medicine, dosage and when it should be taken. Where a medicine was prescribed to be administered when required (PRN) a protocol was in place providing care workers with guidance as to how to administer it. The care worker recorded on the MAR chart when the PRN medicine was administered and the current stock level. This meant the person using the service received their medicines in a safe way.

The provider had a process in place for the recording of incident and accidents. We saw two incidents had been recorded including detailed information provided by the care workers about what happened and what action was taken.

We saw a range of risk assessments were in place for the person using the service which had been developed during the needs assessment and were reviewed every six month or earlier if there was a change in the person's support needs. The risk assessments we looked at were up to date.

The registered manager confirmed there were currently four care workers to provide support for the person using the service. They told us they were currently recruiting additional care workers to help cover annual leave a sickness. The number of care workers required for each shift was based upon the needs and risk assessments. The rotas we looked at clearly indicated which care workers would be working each shift and they were not scheduled to work for extending periods of time.

During the inspection we looked at the recruitment records for the four care workers. We saw the provider followed suitable recruitment practices with applicants being asked to provide five years of employment history and two references from employers were obtained. We did note an anomaly with the reference for one care worker and the manager said they would review this. The provider accepted Disclosure and Barring Service (DBS) criminal record checks which had been requested within three years for new care workers. The registered manager confirmed this had now been changed so they now only accepted DBS checks carried out within the past 12 months. The applicant was also asked to confirm any changes in their criminal record since the DBS was received.

The provider had appropriate processes in place in relation to infection control. The care workers were provided with appropriate equipment including aprons, shoes covers and gloves to use when providing

support. These were delivered to the person's home by the registered manager each week.

Is the service effective?

Our findings

We saw care workers had received the necessary training and support to deliver care safely and to an appropriate standard. The family member we spoke with told us they felt the care workers had suitable training to care for their relative. As part of the induction new care workers completed training identified as mandatory by the provider which included administration of medicines, safeguarding, Mental Capacity Act 2005, lone working and physical intervention. During the first three months new care workers also completed the Care Certificate. The Care Certificate identifies specific learning outcomes, competencies and standards in relation to the induction of staff new to health and social care. We looked at the records for four care workers and we saw they had completed their induction and the Care Certificate. The records indicated they had all completed the mandatory training and identified the date by which they needed to complete the annual refresher courses. Care workers we spoke with confirmed they had completed a range of training. One care worker commented "It is very good training for the type of care and support we provide."

The registered manager explained supervision meetings with each care worker were held every three months and they were preparing to complete the first annual appraisals as the care workers had been employed for a year.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The registered manager confirmed the appropriate processes had been completed, with the support of the local authority, to ensure the care received by the person using the service was in their best interests and they were supported to make decisions whenever possible. The records indicated who had been appointed as the person's representative to assist in making decisions.

There was a good working relationship with other healthcare professional that supported the person using the service. The care plan provided the contact information for the GP and social worker as well as other health professional. Guidance had been provided by a healthcare professional for care workers as to how they should support the person appropriately. The registered manager confirmed the care workers supported the person to attend medical appointments and to maintain a healthy lifestyle.

The care plans identified the person's preferences for food and drink. The person's relative prepared the food eaten at home and the care plan identified how the care workers should support the person to make healthy food choices when out as well as the person's preference for treats. Care workers also completed a

food diary each day as part of their daily records of care.

Care workers completed time sheets to record the time they arrived and left the person's home. The person's relative checked the time sheets and signed them to confirm the hours worked. The registered manager confirmed the completed forms were submitted weekly and they reviewed them before being processed for payroll to ensure the information was accurate.

Is the service caring?

Our findings

A relative told us "I am really happy about the care they provide. They are really good with my family member and they are really kind. The care workers know what [name] needs and how to help. The care workers are nice." When the care package transferred to Staffing Connect two care workers also transferred to the service to provide continuity of care.

Care workers we spoke with confirmed they helped maintain the person's privacy and dignity when helping with personal care and providing support to the person with activities in the community.

The person's family member told us "The care workers are really good with helping [name] be independent and also helping him with care." The care plan identified when the person could complete an activity independently and when a care worker needed to provide additional support. Care workers commented "[Name] can be as independent as possible and we support when needed."

The care plans identified the person's religious and cultural preferences including their choice of language and their preferred name they wished to be called.

The care plan included guidance for care workers on the best way to communicate with the person including a glossary of terms in their preferred language as well as a selection of pictures and symbols to aid communication.

Is the service responsive?

Our findings

The family member we spoke with confirmed they had been very involved in the assessment process to ensure their relative received the care and support they needed.

The person's care plan was detailed and covered a range of areas including health and medicines, safety and safeguarding, nutrition, key skills and life skills. The care plan also provided care workers with guidance relating to different types of behaviour, any triggers and how they should respond to these in an appropriate way. The aims and objectives of providing the support were also identified with short, medium and long term objectives. The care plans were reviewed every six months or sooner if there were any changes in the person's support needs.

Care workers monitored the person's conditions and made regular records of their observations. If any issues were identified the care worker would escalate their concerns to management.

The person using the service had identified a range of activities they enjoyed and care workers helped them to take part. There was an activity rota that identified a range of activities each day which included going to the gym, a day centre and playing games. Each day care workers supported the person to access facilities in the community and the care worker in the evening would spend time with the person with activities at the home. The registered manager told us the activities rota had been amended twice in the last month as new activities were identified by the person's family.

We asked the person's relative if they knew how to make a complaint and they confirmed that they did but had never had any reason to.

The person using the service and their relatives could provide feedback on the quality of care provided. The registered manager visited the person on a weekly basis to check with them and their relatives if they were happy with the care provided. A family satisfaction survey form was also completed every three months. Relatives were asked to comment on the way care was provided.

Is the service well-led?

Our findings

The person's relative told us "We are really happy with the care, everyone is really happy. The registered manager is very very organised and is a good leader. She visits us every Monday and spends time here. She asks about the care and if we are happy. They are like family."

We spoke with care workers and asked them if they felt supported and if the service was well led. They told us "There is a great manager, we get the best support. If you have any concerns you can call her at any time of the day and she will be there to help you" and "It is really good, anytime I need help I just have to ask. I am supported by my manager all the time and they always there to help."

The provider had a range of audits and checks in place to monitor the quality of the care provided. The MAR charts were checked monthly and if any issues were identified actions would be identified and recorded on the audit form. Daily care records were reviewed monthly to ensure they were completed clearly and any changes in the person's support needs had been identified and responded to.

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

A meeting was held monthly with the registered manager, the person's relatives and the care workers. The meetings were arranged to discuss the care provided, the rota and any changes to activities. Notes were taken at these meeting and we saw the records from recent house meetings. A care worker told us "We meet every month and discuss the care the person needs and what we can do to make it happen."

The registered manager told us they kept up to date with new practice in relation to care by attending any training provided by the local authority and reviewing information on trusted websites related to social care. They also confirmed they attended all the training completed by the care workers to check the quality of the course as well as developing the same skills as the care workers directly providing care.