

Staff 2000 Limited

Staff 2000 Domiciliary Care Service

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?

Good 

Overall summary

The inspection was announced and took place on 9 and 10 February 2015. We told the provider two days before our visit that we would be coming. This was to make sure the deputy manager was available.

Staff 2000 employs care workers to provide personal care for adults of all ages in their own homes. At the time of the inspection the service was providing personal care to five people.

We last inspected Staff 2000 on 19 August and 2 September 2014. Following this inspection we issued four warning notices for repeated breaches of the regulations. This was because Staff 2000 had not met the shortfalls identified at our inspection in October 2013. The warning notices were issued because staff recruitment was not

Summary of findings

safe, staff did not have the training and support they needed, shortfalls in record keeping and monitoring the safety and quality of the service. Improvements had been made and all four warning notices were met.

There was a registered manager at the service but they were on a planned period of absence. The deputy manager was covering this position in the registered manager's absence. 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.

People and relatives said the staff were all very kind, compassionate, respectful and caring. They took the time to make sure people had everything they needed before they left them.

People told us they felt safe and relatives said their family members were safe with staff and they had confidence in staff. Any risks to people's safety were assessed and managed to minimise risks.

There were systems in place to safely manage and administer medicines for people. Staff had been trained in the safe administration of medicines.

People received care and support in a personalised way. Staff knew people well and understood their needs and the way they communicated. We found that people received the health, personal and social care support they needed.

Staff were caring and treated people with dignity and respect. People and staff had good relationships.

Staff received an induction, core training and some specialist training so they had the skills and knowledge to meet people's needs. There were enough staff employed and staff were safely recruited.

People and their relatives knew how to raise concerns or complaints. People and relatives were regularly consulted by the managers.

The culture within the service was personalised and open. There was a clear management structure and staff, relatives and people felt comfortable talking to the managers about any issues and were sure that any concerns would be addressed. There were systems in place to monitor the safety and quality of the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

People received a safe service.

There were systems in place to minimise potential risks in the delivery of people's care.

Staff knew how to recognise and report any allegations of abuse.

We found staff were recruited safely and there were enough staff to make sure people had the care and support they needed.

People received their medicines as prescribed.

Good



Is the service effective?

The service was effective.

Staff had an understanding of the Mental Capacity Act 2005 and sought people's consent before providing any care and support.

Staff had the right skills and knowledge, training and support to meet people's needs.

People had the food and drinks they needed when this support was provided by the service

Good



Is the service caring?

The service was caring. The people and their relatives told us that staff were kind and caring.

People and or their relatives were involved in decisions about the support they received and their independence was respected and promoted.

Staff were aware of people's preferences and respected their privacy and dignity.

Good



Is the service responsive?

The service was responsive to people and their needs.

People's needs were assessed and care was planned and to meet their needs. Care workers knew people well and how to meet their needs.

People and their relatives knew how to complain or raise concerns at the home about the service.

Good



Is the service well-led?

The service was well-led. Observations and feedback from people, staff and relatives showed us the service had an improving, positive and open culture.

Feedback was regularly sought from people, staff and relatives. Actions were taken in response to any feedback received.

There were systems in place to monitor the safety and quality of the service. There was learning from accidents, incident and investigations into allegations of abuse.

Good



Staff 2000 Domiciliary Care Service

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.

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 to assist with the inspection. The inspection was carried out over two days by one inspector on 9 and 10 February 2015.

Before the inspection we reviewed the information we held about the service, this included incidents they had notified us about.

We visited one person in their home, spoke with one person and two relatives by telephone, and spoke with two care workers. We also spoke with the deputy manager (who was covering the registered manager's position during their planned absence). We looked at three people's care and medicine records in the office. We saw records about how the service was managed. This included four staffing recruitment and monitoring records, staff schedules, audits, meeting minutes, and quality assurance records.

We did not ask the provider to complete a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they planned to make. This was because we were following up on the actions taken by the provider to meet the warning notices issued.

Is the service safe?

Our findings

People told us they felt safe and were confident with the care workers that visited them. Relatives said they did not have any concerns about the safety of their family members whilst care workers were supporting them. One relative said, “My husband and I feel very confident with xxx (care worker). They take him out for walk and he feels safe with staff”.

Staff had received training in safeguarding adults during their induction and ongoing training. Staff knew the different types of abuse and were confident about how they could report any allegations.

We found people had effective risk assessments and plans in place for; their home environment, pressure areas, nutrition, medicines and falls. Care workers told us there were systems in place for emergencies, for example they described what they did when someone was unwell when they arrived at a visit. There was an out of hours and on call system in place for people and staff to contact in the case of emergencies. Following our last inspection the registered manager had made sure that on call staff had completed safeguarding adults training so they knew how to appropriately respond to safeguard people.

One person said, “Staff help me with my tablets, they put them out for me so it’s easier for to take”. This was detailed in the person’s care plan to promote their independence in managing their own medicines. A relative said care workers supported them with ordering and picking up their family member’s medicines.

Staff had been trained in the administration of medicines and records showed they had their competency assessed to make sure they were safe to administer medicines.

We looked at the medicines plans, administration and monitoring systems in place for people and found they were safe. Following the last inspection the medicines policy and procedures had been reviewed and implemented. Medicine Administration Records (MAR) were regularly reviewed by managers to make sure people’s medicines were administered as prescribed.

There were five staff employed providing care and support to people. The staffing levels for each person were based on their assessed needs. The deputy manager and people told us and staff schedules showed there were enough staff to meet peoples’ planned care and support. The deputy manager told us they did not plan to take on any more services for people until they had staff in place to meet any new people’s needs. People and a relative spoke positively about the consistency of staff and reliability of the service.

At our last inspection in September 2014 we issued a warning notice for shortfalls in the safe recruitment of staff. At this inspection we found that recruitment practices were safe and that the relevant checks had been completed before staff worked with people in their homes. This included up to date criminal record checks, fitness to work questionnaires, proof of identity and right to work in the United Kingdom and references from appropriate sources, such as current or most recent employers. Staff had filled in application forms to demonstrate that they had relevant skills and experience and any gaps in employment were explained. The deputy manager told us they no longer used agency staff, from the staff agency operated by the provider, without interviewing them and making sure they were recruited safely. This made sure that people were protected as far as possible from individuals who were known to be unsuitable.

Is the service effective?

Our findings

People and relatives felt that care workers had the right skills and knowledge to meet people's needs. One person said, "They understand my needs, they understand when I'm upset and they know that everyone is different. Staff are very understanding about my situation and know how to care for me. Staff know what they are doing, they have a good knowledge of this job and they have been trained with medication and helping me to get dressed".

At our last inspection in September 2014 we issued a warning notice for repeated shortfalls in staff training and support. At this inspection improvements had been made. All care workers completed an induction that was based on Skills for Care Common Induction standards, which are nationally recognised induction standards. Care workers we spoke with had a good understanding of their roles.

Staff completed core training that included the provider's compulsory training. For example, infection control, moving and handling, medicines management and emergency aid. Some staff had completed dementia awareness training as some people lived with dementia. Staff had also been provided with specialist training to meet people's specific needs. For example, they had been trained in how to support people who may present some challenges to themselves and others. Staff told us they had put this training into practice when supporting one person and this had resulted in better relationships between staff and the person.

Staff told us they were well supported by the managers and they had opportunities to develop professionally. Records showed the registered and deputy manager completed observations of staff. The deputy manager was part of the team providing care and support to people so they had

regular contact with people, relatives and staff. This included medicine competency check, appraisals, spot checks and one to one supervision sessions. Spot checks are an observation of staff performance carried out at random.

Staff had been trained in the Mental Capacity Act (MCA) 2005 during their induction and staff we spoke with had an understanding about this and making decisions that were in people's best interests.

One person and a relative told us staff sought their consent before undertaking any support or personal care tasks. Records showed people's consent to their care had been sought by staff and people had signed their care plans. Where people lacked capacity to make specific decisions about their care their relatives had been consulted about what was in their best interests. The principles of the MCA had been applied by staff.

People told us they were supported to have enough to eat and drink and at the times they wanted it. They said, where preparing food and drinks was part of the care and support package, the care workers always made sure they had food and drinks left in their reach. Where providing food and drink was part of a care and support package, people's nutritional needs were assessed, monitored and planned for. Daily records reflected what food and drinks had been prepared and what the person ate and drank.

People's health needs were assessed and planned for to make sure they received the care they needed. One person told us they had complex health needs and pain management issues that staff supported them with. This care and support was detailed in the person's care plan and staff we spoke with were knowledgeable about the person's health needs.

Is the service caring?

Our findings

People and relatives told us staff were caring and compassionate. One person said, “I think they do a really great job, they understand the situation about the person”. A relative said, “We get on very, very well with the carers, it’s a great help that we’ve got them and they do make the effort to give extra care”. Another relative said, “I couldn’t ask for a better person (care worker) to care for Granddad. She does over and above and understands his dementia. The care is excellent and she’s so compassionate towards him. I think she’s the best carer I have actually ever seen.”

Staff were aware of the fact that people who were confined to their homes due to ill health could become lonely and told us part of their role was to provide people with companionship and a caring relationship. One person said, “The staff never leave me before they are sure I’m ok and everything I need has been done.”

People we spoke with and their relatives confirmed that they were involved in making decisions about their care.

We saw they had been involved in developing their care plans. One person told us, “I read the care diary and I’m happy with what they write. I happy with my care plan, they asked me about it and I have signed it”.

One person said, “Staff 2000 keep my dignity. I wish all the others (other community services) were as good to all clients. Other people and relatives we also spoke with said staff treated them with dignity and respect. For example, a relative told us their family member liked staff to leave them alone whilst they used the toilet and that staff respected this. They said staff discretely waited outside the toilet until their family member was ready for them to return.

Staff knew about keeping people’s personal information confidential. People and relatives confirmed that staff did not discuss other people or any private matters with them.

Care plans were personalised and included details of how staff could encourage people to maintain their independence. For example, One person told us, “My mobility is getting worse but they always support me to do what I can”. Staff told how they encouraged the person to remain mobile whilst acknowledging their deteriorating mobility and this was reflected in the person’s care plan.

Is the service responsive?

Our findings

People and relatives told us staff were responsive to their needs. A relative told us they had worked with the staff to have visits at times that suited their family member.

People told us and records showed that people's needs were assessed and that care

was planned to meet their needs. Staff knew the people they were caring for, what care and support they needed and this reflected what we saw in people's care plans. We looked at four people's assessments and care plans and saw that they had been reviewed on a regular basis or as their needs changed. The care plans were personalised and focused on meeting the individual's needs and their abilities. The deputy manager told us they tried to meet people's preferences about times of visits and this was supported by what people and relatives told us.

People and relatives told us they were involved in reviews of their care plans and we saw up to date care plans in one person's home. Staff said that care plans were easy to

follow and gave them all the information they needed to be able to provide the right care and support. Following the last inspection people's care plans had been reviewed and updated.

The same staff worked with the same people so they had a consistent service. This was confirmed by the people who said they had regular small teams of care workers. One person had recruited their own staff team through the agency to make sure they had staff they had interviewed and chosen. They told us when new staff started they worked alongside regular staff so they got to know them.

People and relatives knew that they could telephone the agency's office if they wanted to complain, raise a concern or make a written complaint. They all had written information about how to make a complaint with contact telephone numbers. One relative we spoke with had needed to raise a concern to the service. They were satisfied with the response from the agency and were happy that actions had been taken to minimise the risk of reoccurrence. We looked at the records for this concern. The service had responded in a timely manner and had acted appropriately. The deputy manager told us they would share the outcomes and the learning from complaint investigations with staff.

Is the service well-led?

Our findings

Feedback from people, relatives and staff showed us the service had an improving, positive and open culture. They all said they could approach managers and they were listened to by the managers. People, relatives were confident that action was taken when needed and they were positive about every aspect of the service.

All of the staff we spoke with knew how to whistleblow and raise concerns. They were confident that any issues they raised would be addressed.

At our last inspection in September 2014 we issued a warning notice for repeated shortfalls in assessing, monitoring and managing the risks to people and the quality and safety of the service.

At this inspection improvements had been made since the new monitoring systems had been introduced. For example, people had completed a survey in November 2014 about the quality of the service. All of the responses were positive and no areas for improvement were identified by people.

People and relatives told us the registered manager regularly contacted them for feedback about the quality of the service. In addition to this all telephone contacts with people, any incidents and accidents were recorded on the person's file on the computer. These records were then printed out monthly and reviewed by the registered manager or deputy manager. This was to make sure all concerns, accidents and incidents were followed up and actioned to minimise the risk of reoccurrence. The deputy manager told us that following any incidents or accidents they had a debrief session with the staff involved. They also reviewed the incidents with staff so that any lessons could be learnt. Staff confirmed these reviews happened.

At our last inspection in September 2014 we issued a warning notice for the repeated shortfalls identified in keeping accurate records. At this inspection records were accurately maintained and were stored securely. The deputy manager told us they and the registered manager now reviewed records when they were returned to the office once a month. This was to make sure they were fully completed and reflected the care provided to people. One person and two relatives told us they were happy with the records kept by staff and they reflected the care provided and the timings of the visits.