TKS Staffing Limited

The College Business Centre

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

Summary of findings

Overall summary

About the service
The College Business Centre is a domiciliary care service. It provides care for people living in their own houses and flats. People are supported in their own homes so that they can live as independently as possible. CQC regulates the personal care and support. There were eleven people who received personal care at the time of the inspection. 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
People and families felt care staff knew them well and provided care to meet their needs safely. Care plans and risk assessments were in place, however some lacked detail. Care staff were trained and assessed as competent to administer medicines safely. However, some changes were required to ensure records of medicines were kept in line with good practice.

The registered manager completed pre-employment recruitment checks to ensure staff were suitable to work at the service. Care staff received training and support to help them provide safe care to people. Care staff knew how to recognise potential abuse and how to report it to promote people's safety. Risks from the transmission of infections, including from COVID-19, were identified and managed.

People were supported to have maximum choice and control of their lives and care 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 needs and choices were reflected in any assessments completed. Care staff completed induction training and had on-going training and support in areas relevant to people's care needs. Where people received care to help with their nutrition, their needs had been assessed and information was available to care staff on how to reduce any known risks. Care staff worked with any other relevant health and social care professionals when required to ensure people received effective care.

Care staff were caring, polite and professional. People's equality and diversity needs were respected. Care staff provided respectful care and promoted people's dignity and independence. People were involved in decisions about their care.

People received responsive and personalised care. People were supported to have choice and control over their care. Any communication needs were assessed to help ensure communication with people was effective. Care staff took steps to help reduce social isolation for people. Systems were in place to respond to any complaints or feedback and improve care quality. People received end of life care that helped to promote their comfort and choices.

Audits and spot checks were in place to help ensure the quality and safety of services and these had been mostly effective. Statutory notifications were submitted as required and policies and procedures were in place to support governance of the service. The service looked to continuously learn and improve care. The service was led with an open and approachable management style. People, relatives and care staff felt involved and able to contribute. Care staff felt valued. The service worked well in partnership with others to achieve good outcomes to people's care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This service was registered with us on 10 July 2017 and this is the first inspection. The service has not operated continuously since it first registered. It re-commenced providing personal care in September 2021.

Why we inspected
This was a planned inspection based on the date of registration.

Follow up
We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

Good

The service was well-led.

Details are in our well-led findings below.

The College Business Centre

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 Care Act 2014.

Inspection team
This inspection was completed by one inspector.

Service and service type
The College Business Centre is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing in Chesterfield and surrounding areas. At the time of the inspection the service were supporting eleven service users with their end of life care. There was a registered manager at the time of this inspection. The registered manager was also the nominated individual and provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service one day's notice of the inspection. This was because we wanted to speak with people and their relatives and care staff; we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 7 March 2022 and ended on 8 March 2022. Phone calls were made to people and their relatives and staff on 8 March 2022. We visited the office location on 7 March 2022. We continued to review evidence the registered manager sent us until the 11 March 2022.

What we did before the inspection
We used information received about the service since it registered with the Commission. The provider had not been asked for a provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We reviewed a range of records including the relevant sections of three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. We reviewed other records related to the management of the service, including policies, training records and audits.

We spoke with one person and four relatives of people who used the care service. We spoke with five members of staff, including the registered manager, deputy manager and three care staff.

What we did after the inspection
We continued to seek clarification from the provider to validate evidence found.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People and families felt their needs were assessed well and care staff told us they had sufficient information to provide safe care to people. However, we found care plans did not always contain all known and relevant details about people's care needs. We discussed this with the registered manager who told us they would review people's care files and include other known and relevant information in care plans and risk assessments.
- Assessments were in place for people's health and care needs and actions were identified to help reduce any identified risks. Care staff we spoke with were knowledgeable about people's needs and how to reduce known risks.

Using medicines safely

- People who received care with medicines told us this was managed well. Medicines administration record (MAR) charts had been completed by staff for when medicines had been given. People told us staff applied any skin creams when this was needed, and care staff had recorded this in their daily notes. However, this was not recorded on MAR charts in line with good practice guidelines. We discussed this with the registered manager who took action to implement MAR charts for skin creams during our inspection.
- Staff had been trained in administering medicines and had been assessed as competent to do so.

Staffing and recruitment

- People and relatives spoke highly of the care staff and management, saying they were reliable and professional. One relative told us, "[Family member] has severe dementia, the care is safe and there is a lot of consistency in the staff, especially at night." Another relative told us, "Staff arrive on time and stay the full length of the call."
- Recruitment files showed care staff had only been appointed after they had completed an application form, an interview and after checks on their suitability to work in care had been completed. These included reference checks and checks with the Disclosure and Baring Service (DBS). This helped the registered manager employ care staff who were suitable to work in the service.
- New care staff completed induction training relevant to people's needs. They also worked with more experienced members of care staff to understand their job role fully and to meet people. Staff told us they were given enough time to travel to people's homes and they felt there were enough care staff available to meet people's needs.

Systems and process to safeguard people from the risk of abuse: learning lessons when things go wrong.

- People and their relatives told us they felt they received safe care from the service.
- Safeguarding policies were in place and staff had been trained in safeguarding. Care staff understood how

to identify signs of potential abuse and how they would raise any concerns if they thought a person was at risk.
● Systems were in place to report any accidents and incidents and for these to be reviewed by managers to help ensure risks of recurrence had been reduced where possible.

Preventing and controlling infection
● We were assured that the provider's infection prevention and control policy was up to date.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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 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.

- The provider had policies to follow should people not have the mental capacity to consent to their care. We discussed with the registered manager where records could be clearer when relatives held any lasting power of attorney or if people had given their verbal consent for care. The registered manager told us they would make these records clearer.
- Staff had been trained in and understood the MCA. Staff provided examples of how they supported people to understand their care and give consent. One care staff member told us, "People can understand and consent to their care and we can explain it in a way so they can understand. We do it gently, so we ask, 'Are you going to have a shower?"

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

- People and their relatives told us they were involved in assessments of their care. One relative told us they appreciated how the registered manager did this. They said, "I felt they really got to know [person's] needs." Records showed assessments were in place for people's health and care needs. These were kept under review and updated to reflect changes.
- Assessments showed where other health and social care professionals were involved in helping to assess and meet people's needs. For example, such as district nurses or occupational therapists.

Staff support: induction, training, skills and experience

- The registered manager had oversight of what training care staff completed. Care staff told us this helped them provide effective care. One care staff member told us, "They are very good on training , you have to do it, and you can understand why they do that, we don't want to put people at risk."
- Care staff completed induction training, and if they were new to working in care they completed training for the Care Certificate. The Care Certificate aims to ensure care workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care. Staff had the skills and knowledge to care for people.

● Care staff told us, and records confirmed they had regular team meetings and supervision with their manager. Supervision provides staff members with the opportunity to reflect and learn from their practice, receive personal support and professional development.

Supporting people to eat and drink enough to maintain a balanced diet
● Not all people received support with their nutritional needs. When this was provided, a care plan was in place and care staff recorded any care given in their daily notes. Where people were at nutritional risk, food and fluid charts were made so people's nutritional intake could be monitored.
● Where people had been assessed as being at risk from choking, instructions were given to staff on how to reduce this risk when providing nutritional care.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Care staff told us they worked closely with other health and social care professionals when needed. One care staff member told us, "So if something changes with people's care needs, we ring the occupational therapist and the GP to get any updates to equipment needed and it gets sorted." People were supported to access the health and social care support they needed.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives consistently told us how caring, polite and professional the care staff and managers were. One relative told us, "They are really caring people." Another relative said, "They've been brilliant, they are all so lovely." One relative told us care staff always checked how they were feeling, they said, "They always ask me how I am too, which is lovely of them."
- Care staff had been trained in equality and diversity and worked in ways to prevent discrimination. For example, people had been asked if they would prefer female or male care staff. One relative told us how this had helped their family member. They said, "They've been able to support us with a preference for male staff as [family member] is better with men than with women carers."

Respecting and promoting people's privacy, dignity and independence

- People and families told us staff were respectful of their privacy and promoted their dignity and independence. One relative told us, "They are very respectful of [person's] needs and our home." Another relative told us when staff provided personal care for their family member, "It is done gently and with respect for their dignity."
- Care staff we spoke with understood the principles of privacy, dignity and independence. One care staff member told us how a person's independence was promoted. They told us they supported the person to have a shower later in the day as they felt stronger at that time, rather than in the morning.
- Care plans recorded people's strengths as well as their care needs. This helped to identify where people were independent, for example, with eating. This helped care staff continue to promote their independence in these areas.

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

- Relatives told us care staff involved their loved ones in decisions about their care. One relative told us, "They always discuss with [person] what they need. They ask them where they want their pillows and always check they are comfortable."
- Care staff told us they involved people and their families in care decisions when appropriate. One care staff member told us, "We try to communicate with families too, as much as the care centres around the client we make sure families feel involved."
- Care plans reflected people's views on their care and recorded where they had been asked and given feedback on the care provided to them.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as 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

- All relatives we spoke with told us care staff provided personalised care. One relative told us, "Staff are very accommodating to [person's] needs and our needs as a family." Another relative told us the care staff were able to come at the specific times needed by the family. They told us, "We've found them very flexible; they've really been cracking, they've been very good."
- Care staff provided examples of how they gave people choices. This included supporting people to do things, such as personal care, at times when they felt most able to manage it.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and any aids, such as hearing aids, that helped with communication had been identified.

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

- Relatives told us care staff were friendly and spent time with their loved ones in conversation. One relative told us, "They always speak to [family member] and they have a little chat and laugh together."
- Care staff told us they enjoyed spending time with the people they cared for. One care staff member told us, "We have enough time to build a rapport, we usually have more time at lunchtime and teatime to sit and talk with people." This helped to reduce social isolation for people.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and people and relatives we spoke with were aware of how to raise any concerns should this be needed. People we spoke with told us they had no concerns to raise. One relative told us, "I can't see anything they need to improve, and I can't fault them, I am happy with everything." Another relative told us, "As a family we are highly satisfied with the care, we have no issues at all."
- Where complaints had been received, these had been investigated in line with the provider's complaints policy and people and relatives involved in reaching an outcome that was satisfactory to them. This meant that complaints had been used to help improve care quality.

End of life care and support

● The service worked in partnership with other community health professionals involved in supporting people's end of life care. Where people had spoken about any advance wishes this was recorded in care plans so care staff knew how best to meet people's wishes.

● The service had guidelines available on advance care planning and an end of life policy in place to support their work in this area when people chose to discuss this. Staff had been trained in end of life care.

● Relatives we spoke with told us staff were all caring and considerate when supporting their loved ones. One member of staff spoke about providing end of life care. They said, "We can try and explain to families how to help make people feel comfortable. We give mouthcare and we focus on that a lot and try and give the best we can, we try our hardest."

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had recently introduced an electronic system to record people's care plans and assessments. This had not always captured the level of detail that had previously been recorded. We discussed this with the registered manager who told us they would review and take action so the previous level of detail in people's care records was not lost.
- Audits and spot checks on staff practice were in place to check on and improve the quality and safety of services. Most of these had been effective. However, the medicines audit had not identified handwritten MAR charts had not been signed by a second member of staff in line with the provider's policy. The registered manager took action during our inspection to implement a system so that any handwritten MAR charts were signed by a second staff member. They told us they would add an action to the medicines audit so this would be checked going forwards.
- The registered manager had submitted statutory notifications to the Commission as required.

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; Continuous learning and improving care

- The provider had a duty of candour policy in place. This provided guidance on how to meet this legal duty should incidents of this nature occur.
- Audits, spot checks and any investigations looked to identify what had been good outcomes as well as any further learning. This approach helped to identify what had worked well as well as how to further improve care.

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 registered manager had regularly sought people's views and experiences. Relatives told us they had been asked for feedback and completed survey type questionnaires on the quality of their family members' care. One relative said, "They take on board any comments and feedback." We saw that feedback from people and relatives about the service had been positive.
- People and relatives told us they felt staff and managers were approachable. One relative said, "They are easy to get in touch with."
- Staff told us they felt involved and valued. One care staff member told us, "We can feedback our views and highlight any risks, managers listen to our views and take them on board. They value us, they say it's us on

the ground and we need to bring them any concerns so we can improve things; we feel we are part of it."

Working in partnership with others

● Relatives were all positive about how well the service worked in partnership with them. One relative told us, "Staff know all about [person's care needs] and we work as a team, between me and my [relative] and the care team, its working really well."

● Staff told us how they involved other health and care professionals when needed to ensure good outcomes for people. Records showed where this had occurred.