

Safer Staffing Solutions Ltd

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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

Safer Staffing Solutions Ltd is a domiciliary care service which provides personal care to adults with a range of support needs in their own homes. At the time of this inspection the service was supporting 5 people.

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

There were systems in place to recognise and respond to any allegations of abuse. Staff had received training in safeguarding vulnerable adults. Safe recruitment procedures made sure staff were of suitable character and background. There were enough staff deployed to meet people's care and support needs in a timely way. There were effective systems in place to ensure people received their medicines as prescribed.

Staff were provided with an effective induction and relevant training to make sure they had the right skills and knowledge for their role. Staff were supported in their jobs through regular supervision and team meetings. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care records provided person-centred information to enable staff to meet people's needs and preferences. People told us staff were kind and caring. Staff knew how to treat people with dignity and respect. There were systems in place to respond to complaints. People told us they knew how to complain. Comments about the registered manager were positive. There were effective systems in place to monitor and improve the quality of the service provided. Staff had access to a comprehensive set of policies and procedures covering all aspects of service delivery.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 7 December 2022) and there were breaches of regulations. 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.

This service has been in Special Measures since 7 December 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or

in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We previously carried out an announced comprehensive inspection of this service on 28 July 2022. 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; governance; receiving and acting on complaints; person-centred care; staffing; and fit and proper persons employed

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Safer Staffing Solutions Ltd on our website at 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 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.

Safer Staffing Solutions Ltd

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 team was made up of 1 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post. The registered manager was also the nominated individual and the owner of the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 9 March 2023 and ended on 14 March 2023. We communicated with people using the service and their relatives on 10 and 13 March 2023. We visited the location's office on 9 and 14 March 2023.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service and Healthwatch, Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We communicated via telephone, email and text with 3 people about their experience of the care provided. We met with the registered manager and spoke with four care workers. We looked at written records, which included 2 people's care records and 3 staff files. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. This included reviewing policies and procedures.

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 inadequate. 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 had failed to establish systems to ensure the proper and safe management of medicines. This placed people at risk of harm. This was a breach of Regulation 12(1) (Safe care and treatment) 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.

- People received their medicines as prescribed. A person told us, "Staff always make a fuss of [my relative]. They [staff] sort out [my relative's] medicines. They [staff] know what they are doing."
- Staff's competency in medicines management was regularly checked. Staff confirmed this to be the case.
- There were records of regular audits of medicine administration records (MARs) taking place. If there were any issues identified these were shared with the relevant staff. A member of staff told us, "If [name of registered manager] has any concerns or issues then we are told to redo medicines training."
- Care records contained guidance for staff on how to safely administer people's medicines. For example, when a person may need their 'as required' (PRN) medicines, and where to apply topical medicines, such as creams and lotions.

Staffing and recruitment

At our last inspection the provider had failed to establish and operate effectively safe recruitment procedures. This placed people at risk of harm. This was a breach of regulation 19(1, 2) (Fit and proper persons employed) 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 19.

- The process of recruiting staff was safe. We saw recruitment files contained references to confirm the applicant's suitability in previous relevant employment, proof of identity, including a photograph and a Disclosure and Barring Service (DBS) reference number. DBS checks provide information including details about convictions and cautions held on the Police National Computer. These checks help employers make safer recruitment decisions.

At our last inspection the provider had not deployed sufficient numbers of suitably qualified, competent,

skilled and experienced persons. This placed people at risk of harm. This was a breach of regulation 18(1) (Staffing) 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 18.

- There were enough staff employed to meet people's needs in a safe and timely way. People told us, "Staff are always very cooperative and responsive to [my relative's] needs and are flexible in how they work with us [family]" and "Staff let us know if they are running late. They [staff] always come through the door smiling."
- Staff confirmed they were assigned to regularly support the same people, had enough time to travel between calls and were able to stay the required length of time. Comments from staff included, "I know in advance where I am going, and I have enough time to deal with people when I get there. We have time to travel so we are not late for our next calls" and "We [staff] have a lot of time to spend with service users. There is enough time to travel [between calls] we visit people in similar [geographical] areas."
- The registered manager had recently introduced an electronic monitoring system which tracked calls times. They were alerted by the system if there were any delays or short calls. To date there had not been any.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection we found the provider had failed to establish systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. This placed people at risk of harm. This was a breach of regulation 17(1) (Good governance) 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.

- Risks to people were assessed and monitored. Where risks to a person had been identified there was an associated care plan with guidance for staff on how best to manage and reduce the risks.
- Accidents and incidents were recorded. There were systems in place to track the action taken and any lessons learnt were shared with staff in team meetings and supervisions.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and well cared for. One person told us, "[My relative] has a regular team of people, we are familiar with three of four staff. [My relative] is comfortable with all of them."
- Staff confirmed they received training in safeguarding. Staff told us they were confident any concerns they reported to managers would be dealt with appropriately.
- There were systems in place to record any safeguarding concerns raised with the local authority.

Preventing and controlling infection

- There were systems in place to reduce the risk of the spread of infections. Staff confirmed they had access to plentiful supplies of personal protective equipment (PPE), such as plastic aprons and gloves.
- People told us staff wore PPE when supporting them with personal care.
- The provider had infection prevention and control policies in place. Staff confirmed they received training in this area.

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.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to maintain an accurate, complete and contemporaneous record in respect of each service user. This placed people at risk of harm. This was a breach of regulation 17(1) (Good governance) 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.

- Care records contained an accurate and up to date assessment of people's care and support needs.
- Care records were person-centred. They contained useful information for staff to ensure people's needs and preferences were met.
- Care records were regularly reviewed and updated to reflect any significant changes.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received the appropriate support, training, supervision and appraisal to enable them to carry out the duties they were employed to perform. This placed people at risk of harm. This was a breach of regulation 18(2) (Staffing) 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 18.

- Staff received an induction to their job. This included completing training and shadowing more experienced members of staff. Staff new to working in social care confirmed they were supported to complete The Care Certificate. The Care Certificate is an agreed set of 15 standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff received regular training to ensure they had the necessary knowledge and skills to carry out their jobs effectively.
- Staff received ongoing support from the registered manager. Staff confirmed they had regular supervision in line with the provider's policy and they could contact the registered manager anytime they needed to. A member of staff told us, "The [registered] manager and senior care worker help us [staff] in every way."

Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection the provider did not always have regard to the service user's well-being when meeting a person's nutritional and hydration needs. This placed people at risk of harm. This was a breach of regulation 9(1)(Person-centred care) 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 9.

- People's nutrition and hydration needs were met. Care records held information on the person's dietary needs and preferences. This included guidance for staff on how best to support the person to meet these needs.
- Some people were assessed as needing encouragement to eat and drink. In these cases, staff recorded the person's food and fluid intake so this could be monitored and any action taken as required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care records contained details of the professionals involved in their care.
- Staff worked effectively alongside existing support networks, such as community nurses and social workers to ensure people received the care and support they needed. For example, one person told us staff had diligently followed instructions left by the district nurses and as a result their relative's skin integrity had improved.

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 MCA 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 service was working within the principles of the MCA. There were systems in place to record people's capacity to make significant decisions, where appropriate.
- Staff had an understanding of the MCA and had received training in this area. They were able to give us examples of how they gave people choices. A member of staff told us, "I always ask people what they want and give them choices according to their preferences."

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to ensure the care and treatment of people met their needs. This placed people at risk of harm. This was a breach of regulation 9(1) (Person-centred care) 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 9.

- People's dignity and independence was respected. A member of staff explained what this meant to them, "I would look at care records to see what care is provided and what the person likes to do. I always explain what I am doing. I always ask people if they need anything else."
- Staff spoke respectfully about the people they supported. They clearly knew people well and were keen to support them as best they could. Staff were pleased they now had enough time allocated to do this safely and respectfully.
- People's confidentiality was maintained. Confidential records were locked away in the office. Electronic devices were password protected.

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

- People told us they were treated well by all the staff. Comments included, "Safer Staffing Solutions Ltd has been the best thing that's happened, they [staff] go above and beyond" and "I have no concerns [about this service]. I know [my relative] is safe."
- People confirmed the staff were caring. A person told us, "The [staff] are lovely, polite, caring and always ask if I'm okay and need anything. I can't ask for anything more, they [staff] are excellent in every way."
- The provider complied with the Equality Act 2010. This meant there was no evidence to suggest people were treated unfairly because of any characteristics that are protected under the legislation, such as age and gender.

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

- Care records contained evidence of reviews taking place.
- People told us they were involved in planning the support they needed to meet their needs and preferences. One person told us, "Communication has really improved. I like to think we [family] work well with [name of registered manager] and staff as a team to support [name of relative]."

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.

Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to investigate and take necessary and proportionate action in response to any failure identified by the complaint or investigation. This placed people at risk of harm. This was a breach of regulation 16(1) (Receiving and acting on complaints) 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 16.

- We saw the provider had an up to date complaints policy and procedure in place. This was available to people in the 'Service User Handbook'. People told us they knew how to complain to the registered manager.
- People told us they found the registered manager to be responsive. One person told us, "[Name of registered manager] communicates and works with us [family]. They always let us know what is going on."
- There had been no formal written complaints since our last inspection, however all concerns and compliments were now recorded with any remedial actions taken.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences, End of life care and support

- The service did offer support to people at the end of their lives. The provider had an 'End of Life' policy. Training was available to staff in this area but was not mandatory at the time of this inspection. Care records contained information on people's preferences at the end of their life, where appropriate.
- People received care and support from the same small group of staff. One person told us some of the care staff assigned to support their relative had been changed at their relative's request. They explained this was purely because they got on better with certain members of staff. They were pleased the registered manager had accommodated their relative's preferences.
- Care records contained a clear summary of what support was required by the person at each visit. This meant they would be easy to follow for a new care worker unfamiliar with the person.
- Staff knew the level of support required to safely meet people's individual needs. Care records gave good information on support levels, such as two staff being needed to safely support a person with their personal care.

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.

- People's communication needs were included on their care records.
- There were systems in place so people with a disability or sensory impairment were given information in a format they could understand.

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 who used the service were supported by care staff to undertake activities and maintain social relationships to help promote their wellbeing, if they had been assessed as needing support in this area.
- People confirmed care staff spent time supporting them in a way that met their personal preferences.

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 inadequate. 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.

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

At our last inspection we found the provider had failed to establish effective systems and processes. This placed people at risk of harm. This was a breach of Regulation 17(1) (Good governance) 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 registered manager had effective quality assurance processes in place. The registered manager undertook regular audits. Where issues had been identified we saw actions had been taken to rectify them.
- The registered manager had established quality performance checks. For example, observations of staff practice were now regularly undertaken by the registered manager and senior care worker. These were recorded and shared with the member of staff.
- There were comprehensive policies and procedures in place. We saw these reflected current legislation, best practice guidance and local health and social services procedures. Staff could access these via an app on their mobile phones. The registered manager could check when they had been read.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

At our last inspection we found the provider had failed to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. This placed people at risk of harm. This was a breach of Regulation 17(1) (Good governance) 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.

- There were systems in place to ask people with experience of the service and the staff for their views. Staff confirmed information was shared with them and their views were asked for at regular team meetings. The

registered manager agreed the need to formally record these meetings for staff who are not able to attend and to ensure lessons learnt from incidents and accidents were shared.

- The registered manager regularly gathered feedback from people. This was recorded. We saw recent written feedback from 4 people, the comments/responses on all were positive.
- The registered manager liaised with other health and social care professionals to discuss any changes and updates to people's care and support needs.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- The service was well-led. By recruiting more staff and implementing a rigorous improvement plan the registered manager was now able to focus more of their time on managing the service and supporting staff.
- The registered manager was aware of their obligations to submit notifications to CQC in line with the Health and Social Care Act 2008. When asked, the registered manager was able to tell us the situations when a notification should be submitted.
- Staff told us they felt supported by the registered manager and enjoyed their jobs. Comments included, "We [staff] all try to do our best. I really do enjoy this job" and "I have a very good relationship with [name of registered manager]. Everything is going well [at work], I am really enjoying it [my job]."
- The registered manager and staff were committed to providing person centred care and respecting people's needs and preferences. They spoke of feeling motivated and supported by each other to do this.