

24/7 Staffing Support Ltd

24/7 Staffing Support Ltd

Inspection report

Leicester Business Centre, Unit B12
111 Ross Walk
Leicester
Leicestershire
LE4 5HH

Tel: 01162682400

Website: www.247staffingsupport.co.uk

Date of inspection visit:
06 February 2018

Date of publication:
06 April 2018

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

This inspection took place on 6 February 2018 and was announced.

We carried out an announced inspection of this service on 27 January 2017. Four breaches of legal requirements were found and we rated the service as 'Requires Improvement'. This was because the provider had failed to: submit statutory notifications when required; ensure people's medicines were administered safely; ensure people's consent was sought before offering care; and operate effective systems to assess, monitor and improve the service, and mitigate risks to the health, safety and welfare of the people using it.

In response the provider wrote to us to say what they would do to meet their legal requirements in relation to the breaches. At this inspection we found that action had been taken and all the breaches had been met and we found improvements had been made to the service.

24/7 Staffing Support Ltd provides personal care and support to people in their own homes in Northampton and the surrounding areas. At the time of this inspection 12 people received personal care from the service.

The service does not have a registered manager. 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 said they had identified a person and began the process to register them.

We received positive comments about the service people received. People's relatives told us they were pleased with the service and the provider and staff listened to them, wanted to hear their views, and kept them informed about the service. Relatives said the provider and staff were approachable and they were kept up-to-date with their family member's progress and any changes or developments at the service.

Medicines were managed safely and people told us they received them at the right times. Staff were trained to administer medicines safely and medicines records were audited to ensure they were of an acceptable standard.

The service provided safe care. Staff were trained in safeguarding (protecting people from abuse) and knew how to keep people safe. Staff provided people with the care and support they required and encouraged them and their relatives to be an active part of the care planning process.

Care plans and risk assessments were personalised; people's relatives told us they were involved in helping their relatives make decisions about their care and had access to their care plans.

The provider's recruitment procedure, which helped to ensure the staff employed were safe to work with the people using the service, had been followed.

Staff ensured people were having enough to eat and drink and treated people with dignity and respect. The provider's complaints procedure had been followed. People who raised concerns had been listened to, told the outcome of their complaint and what was being done to improve the service in response.

The provider and registered manager carried out audits of all aspects of the service to ensure it was well-led. People and their relatives were encouraged to provide their views and opinions of the service. Statutory notifications were submitted to the CQC when required and these showed that the staff had taken appropriate action to safeguard people when incidents had occurred.

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.

People's relatives told us they and people using the service felt safe and staff knew what to do if they had concerns about anyone's welfare. There were enough staff employed to keep people safe and meet their needs. Medicines were safely managed and administered in the way people wanted them. Staff recruitment procedures protected people from unsuitable staff, and staff supported people to manage risks.

Is the service effective?

Good ●

The service was effective.

People were assisted to access health care services and maintain good health. Staff were trained to support people safely and effectively and were aware how to support people in line with the Mental Capacity Act. Staff had the information they needed to enable people to have enough to eat and drink and maintain a balanced diet.

Is the service caring?

Good ●

The service was caring.

People's relatives told us staff were caring and kind and treated people with respect. Staff respected people's privacy and dignity and involved them as far as possible in decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs. Complaints were taken seriously and managers took action to investigate them and make improvements where necessary.

Is the service well-led?

Good ●

The service was well-led.

The service did not have a registered manager, but the new manager had begun the registration process.

The service had an open and friendly culture and the staff were approachable and helpful. The provider ensured regular feedback on the service to ensure people were satisfied with the service provided. The provider used audits to check on the quality of the service.

24/7 Staffing Support Ltd

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 6 February 2018 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 in the office.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at information received from local authority and health authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

We reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes standard information about a service and is required as part of the registration process with CQC. Notifications are changes, events or incidents that providers must tell us about.

During this inspection people were not able to communicate with us about their experiences of support from the service, but we were able to speak to their relatives and spoke with seven people's relatives. We also spoke with the responsible individual and three care workers.

We looked at records relating to all aspects of the service including care, staffing, and quality assurance. We also looked at four people's care records and four staff member's records.



Our findings

At our previous inspection on 27 January 2017 we found the provider had failed to administer medicines safely.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following this inspection the provider sent us an action plan stating how they intended to ensure the service delivered good quality care. At this inspection we found that the provider had followed their action plan and this breach in regulation had been met.

At this inspection, we looked at how people's medicines were managed so they received them safely. People's relatives told us that they administered most of their relations medicines. However, where people were supported by staff, relatives told us that they were confident people received their medicines as prescribed. One relative said, "The carer takes the tablets from the blister pack and after making sure they've been taken, it all gets written up in the notes. We've never had any missed doses this way."

The provider had made a number of improvements to medicines safety. Records showed that staff who administered medicines had been re-trained in the safe administration of medicines in May 2017. Staff who commenced work at the service after the last inspection had also been trained. To ensure their skills remained up to date the provider monitored staff's medicine skills and performance during supervisions and 'spot checks' (when senior staff observed care workers providing care in a person's home). This meant managers were aware of how competent staff were and could provide them with further training and support if they needed this.

The provider had policies and procedures in place for the safe management of medicines and these were being followed. Care records included the information staff needed to support people with their medicines. Records were personalised so people could have their medicines in the way they preferred.

We checked Medication Administration Record (MAR's) for the two months prior to the inspection. These had been mostly completed correctly with one signing error. The provider audited all medicines records monthly and stated they were able to check all of the MAR charts. We pointed out the error and the provider said he would follow it up with those staff concerned.

The provider told us if staff made an error on the records they were re-trained as necessary. These measures helped to ensure medicines records were in good order and showed that people had had their medicines when they required.

Peoples' relatives told us they felt safe with the staff that supported their relation. One relative said, "Any new carers always spend time with an experienced carer first and are always introduced to us as well."

Staff told us and records confirmed they had been provided with safeguarding training. One staff member said, "Yes I have had safeguarding training and I would be able to raise any concerns with the manager." There was a safeguarding policy along with a copy of the local authority adult safeguarding policy available to staff for guidance. The registered manager was aware of their responsibility to submit safeguarding alerts to the local safeguarding team as required.

Staff we spoke with had been trained in protecting people from abuse and understood their responsibilities to report concerns to the nominated individual or other relevant agencies if necessary. Staff told us what actions they would take if they were concerned for the safety of people who used the service. This demonstrated people who used the service were protected from the risk of abuse, because the provider had taken steps to identify the possibility of abuse and prevent abuse from happening. Staff were aware of the whistle-blowing procedure to report concerns to external agencies.

We looked at the provider's procedure to identify and manage risks associated with people's care. Staff told us risk assessments contained sufficient instructions for them to follow to minimise the risk of harm to people. Environmental risk assessments were completed by a reablement officer on the first visit to the person's home. We saw risk assessments informed staff how to protect the person from identified issues in the environment such as kitchen equipment, hazardous substances and tripping risks.

We looked at the provider's procedure to identify and manage risks associated with people's care. Staff told us risk assessments contained sufficient instructions for them to follow to minimise the risk of harm to people. Environmental risk assessments were completed by the nominated individual on the first visit to the person's home. We saw risk assessments informed staff how to protect people from identified issues in the environment such as kitchen equipment, hazardous substances and tripping hazards. Staff were able to give us examples of how they ensured people's safety, for example by making sure their home was secure.

People were assessed for and agreed to the staffing numbers and hours necessary to provide safe care. People, their relatives, the local authority and provider were involved in this process and care records showed that people received their contracted hours. The provider said staff at the service advocated for people if they felt they required extra time to ensure their needs were met.

We found the provider followed their recruitment procedure, which helped to ensure the staff employed were safe to work with the people who used the service. The staff files we checked showed that staff had the required documentation in place including police checks and references.

The provider stated any changes or outcomes from investigations would be documented and any lessons learnt fed back to staff. We saw from the minutes of staff meetings where outcomes were explained and staff prompted to ensure their practice was changed accordingly. The provider stated if necessary issues would be followed up at one to one meetings, to ensure confidentiality.

People were protected by the prevention and control of infection. Staff received training in relation to Infection Control and food hygiene. There was guidance and policies that were accessible to staff about

Infection Control. In addition, staff were supplied with Personal Protective Equipment (PPE) to protect people from the spread of infection or illness.



Our findings

At our previous inspection on 27 January 2017 we found the provider had failed to obtain consent prior to care being offered to people.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following this inspection the provider sent us an action plan stating how they intended to ensure the service delivered good quality care. At this inspection we found that the provider had followed their action plan and this breach in regulation had been met.

At this inspection, we looked at how people's consent and ability to make decisions had been assessed and recorded in their care plan. Where people were deemed not to have capacity a best interests decision had been recorded, and was assisted by a close relative. Staff had received training in MCA and DoLS and understood their responsibilities under the act.

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.

The provider had a MCA policy in place which set out how staff were to meet legal requirements with regards to the MCA. Staff were trained in the MCA and understood their responsibilities to protect people and alert other agencies if they felt a person's rights were being compromised.

Staff understood how to seek consent from people in line with legislation and guidance. Care workers we spoke with understood the need for people to consent to their care. One relative said, "I usually hear them asking [named] if he feels like making a start with their shower. Some mornings, they'll only feel like a wash, but nobody [staff] ever pressures him to do something he's not keen about." A second relative said, "It's not easy to get [named] consent with [named] dementia, so they have more of a conversation approach with [named], encouraging [named] that it's time to get up and started."

People's care needs were fully assessed to ensure their needs could be fully met. The assessment covered

people's physical, mental health and social care preferences to enable the service to meet people's individual cultural needs. The provider told us it was their role to complete the initial assessment for people before a care package was offered. They added that they involved family members and care managers, if and when appropriate to ensure accuracy of information.

People and their relatives thought the staff were well-trained. Records showed staff completed a range of training courses. These included induction training and then a range of training to equip staff with the knowledge to care for people.

One relative said, "We probably see one or both of them [the managers] fortnightly at least. They will observe whoever the second carer is whilst they work with them."

Care workers told us the management supported them with their training. One care worker said, "We have training when we go into the office, when we see [provider] on a call he is watching to see we do things correctly."

One care worker said "We ask people if they want to do things like washing and dressing. If they refuse then we might try asking them again ten minutes later. If they keep refusing we contact the office and they might have to have their care reviewed."

Care workers supported some people with their meals. One person said, "The carer will get me a breakfast and dinner and then supper at night if I want it." A relative told us care workers helped their family member to choose a 'ready meal' and then prepared it for them. Staff were trained in nutrition and hydration and food safety during their induction so they were aware of the importance of people maintaining a balanced diet.

Records showed that people had nutritional assessments to identify the support they needed with their meals. Care plans set out people's dietary requirements and gave staff the information they needed to help ensure people's needs were met. For example, if a person was at risk of choking care workers were made aware of this and instructed how to prepare food so it was easier to swallow.

Care plans detailed the assistance people required to ensure they had enough food and drinks throughout the day. Where people lived alone staff ensured people were provided with enough to eat and drink.

One relative said, "They'll get my [named] lunch if I tell them I'm not going to be here. They'll usually have a sandwich which they'll put on a plate for him and then they'll make him a cup of tea." A second relative said, "I tend to organise all [named] meals, but they do make [named] hot drinks and they're good at encouraging [named] to drink." That ensured people's nutrition and hydration was monitored by staff, which helped people to remain healthy.

People's healthcare was identified in their care plan along with a brief medical history. Staff we spoke with told us that they would seek medical support if they were concerned about a person's health. One staff member said, "If I found a person needed urgent medical treatment, I would arrange that immediately, then I would let the office know in case it delayed my following calls." This demonstrated that staff were effective and monitored people's health needs to ensure that appropriate medical intervention was sought when needed.



Our findings

People's relatives told us the staff were caring and treated their relations with respect. One relative said, "When [named] carer goes upstairs, I hear them [staff] knock on the bedroom door and they call out [named] name before they go in." A second relative said, "They [care staff] are all so happy and bubbly and [named] always cheers up when they come through the door."

People met their carers before the service commenced, and new staff were introduced before working alone with the person. People had time to develop positive and caring relationships with staff since they commenced receiving a service from 24/7 Staffing Support Ltd.

People's relatives told us that regular care workers were necessary to provide a good level of consistent care. One relative said, "Because [named] has regular carers, everyone connects with [named] and they understand [their] needs really well." A second relative said, "It was very important to have a small number of regular carers and that's what we have. They really understand [their] needs and they pick up when they're not feeling at his best that way."

Staff told us the service promoted equality and diversity and management followed the provider's policy on delivering a culturally appropriate service. However many of the carers did not match the culture of the people the service was provided for. We asked the provider about this and he said he will attempt to employ a wider culture base of staff to fully represent the areas covered by the domiciliary care agency.

When we spoke with people's relatives' one relative said, "To be fair, most of the carers speak with an accent and we do have to listen carefully sometimes, but it's never caused a problem as such." A second relative said, "[Named] enjoys meeting carers with different backgrounds. You have to listen a little harder, but other than that, it's not a problem."

People's relatives told us that due to some of their relations lack of abilities, they were involved in making decisions about their care, though when able the person was involved as well. People had access to a copy of their care plans, which were stored along with other contact information at their home.

People's relatives told us that staff respected their relations privacy and dignity. One relative said, "[Named] carers would never dream of doing anything until the curtains have been properly closed at teatime and they don't get opened again until after they've finished washing and dressing them totally."

People's relatives were positive about the attitude and approach of staff, and told us that staff closed windows, curtains and doors to ensure people's dignity was recognised. Staff told us it was important to cover people up when offering personal care, which helped protect them from embarrassment.

Staff told us it was important to encourage people's independence, so they could retain the abilities they currently had. One staff member said, "We have to encourage the person to do what they can for themselves even though they are finding it difficult."



Our findings

Relatives told us that care workers responded to their relations needs. One relative said, "They've always managed to change things when we've needed them to." A second relative said, "[Named] likes his shower to be nice and warm and his carers always run the shower whilst they undress him so that it is just nice for [named] when they get in there."

People's relatives said the care workers followed their relations care plans but also asked if there was anything else they could do, if they had time at the end of the call. People's care plans were personalised and included an explanation of what people wanted to achieve with the support of their care workers. For example, one relative told us, "[Named] is getting a lot stronger. So much so, that as soon as the weather improves, we want to try and get them out and about as it's been so long since they were able to regularly go out."

Care plans included instructions to staff on how best to communicate with people. Care plans contained people's preferred care routines and choices. For example, one relative explained, "They've always managed to change things when we've needed them to." A second relative said, "We were asked about if [named] preferred male or female carers." This demonstrated that care was provided by a carer of the persons chosen gender.

We received a mostly positive response when we asked people's relatives about the timeliness and flexibility of calls. One relative said that on one occasion they needed the care worker to come at a different time, as their family member had an appointment, the staff at the office arranged this. One relative said, "99% of the time they are within 10 minutes of their due time. On the rare occasion that they get held up in an emergency, [named] will always call or text me." A second relative said, "We experienced one missed call over Christmas. I called [the provider] and they came from the office and took care of everything. It's not happened since."

We discussed the potential for calls to be delayed with the provider. They said the company was small and this didn't happen often, but office staff would always try to reschedule calls if people wanted this. The managers said that if a care worker was delayed they were told to call the office so the staff there could let the person in question know that their care worker would be delayed. However they said this happened infrequently and, as records showed, most people received responsive and timely care.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information

Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager told us they could provide literature and information in an easy read format or enlarged print if it was required.

People's relatives told us that their concerns were listened to and acted upon, though no one we spoke with had made a formal complaint. They confirmed they were provided with information on how to make a complaint when the service commenced. One relative said, "Because the [provider] comes out regularly [to provide] care to my husband, they tend to ask me if I have any concerns." A second relative said, "We certainly haven't had anything not to be happy about."

People's relatives told us they knew they could telephone the office if they had any concerns and they had confidence that these would be dealt with quickly and effectively.

The complaints records showed that four complaints had been received by the service. Records showed these had been dealt with appropriately because the provider had investigated the issues, taken action and informed the complainants of the outcome.

The staff team had received training on end of life and palliative care and a policy was in place to help them support people who were nearing the end of their life. The provider informed us that no one had needed that type of support, but staff training would be reviewed periodically.



Our findings

At our previous inspection on 27 January 2017, we found the provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service being provided.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

Following this inspection the provider sent us an action plan stating how they intended to ensure the service delivered good quality care. At this inspection, we found that the provider had followed their action plan and this breach in regulation had been met.

There were effective systems in place to monitor quality. The provider carried out regular audits of the service. If these revealed shortfalls the provider ensured staff knew what to do to bring about improvements. For example, following an audit of care and medicines records, the manager wrote to staff to clarify their responsibilities with regard to completing MAR charts and following the medicines administration policy.

People's relatives told us they had been sent quality assurance questionnaires, which gave them the opportunity to share their views about the service. One relative said, "The [provider] sends [questionnaires] out probably every couple of months. We always fill them in and send them back." A second relative said, "I've certainly completed a couple of surveys about the service in relation to [named] care." Other relatives confirmed the provider contacted them by phone to ensure they had no issues with the care provided and visiting staff.

The provider said questionnaires were sent out regularly to all the people using the service and their relatives. All those returned contained positive feedback, and any negative comments would be taken up with staff immediately.

At our previous inspection on 27 January 2017 we found the provider had not ensured that statutory notifications were submitted to the CQC when required.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 Notification of other incidents. Following this inspection the provider sent us an action plan stating how they intended to ensure the service complied with this regulation. At this inspection, we found that the provider had followed their action plan and this breach in regulation had been met.

CQC records since the last inspection showed we had been notified of relevant incidents as required and the provider had taken appropriate action to safeguard people when incidents had occurred. The provider was clear about their responsibilities with regard to notifications they had to send. They told us they were committed to running an open service that was compliant with the relevant legislation and provided people with good quality care and support.

The provider is required to display their latest CQC inspection report so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating as required.

The staff we spoke with said they felt supported by the provider. One care worker told us, "He is easy to talk to and works beside us. Staff said they were satisfied with the supervision and support they received. One care worker told us, "Because the provider works with us, he sees how we care for people and corrects any areas we need to improve on."

The provider communicated with care workers through staff meetings and individual supervision. Staff meeting minutes showed training opportunities, improvements to medicines recording, and care plans were discussed. The staff meetings and supervision helped to ensure staff understood their responsibilities and provided good quality care and were acknowledged for the work they had done.

One relative said, "They [provider and staff] have never been anything other than professional and polite." A second relative said, "Thinking about the first class service [named] has had, it gives me no cause for concern about how the service is run."