

Safer Staffing Solutions Ltd

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Inspection report

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Ratings

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

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 thirteen 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

The provider did not have effective recruitment procedures in place to make sure staff were of suitable character and background to work with people using the service. The systems in place to ensure people received their medicines as prescribed were not effective. Accidents and incidents were not consistently recorded or analysed, which meant staff could not learn from these events.

There were not enough staff to meet people's needs in a timely way. People did not receive consistent call times. Calls to people were sometimes cut short. Visits were frequently late or sometimes missed. This impacted negatively on people's wellbeing and safety.

Staff were not provided with relevant training and ongoing support to make sure they had the right skills and knowledge to support people. Care plans were not detailed or up to date. Risks to people were not always fully identified. Care was not always person-centred or delivered in line with people's needs and preferences.

Where there were systems and processes in place to monitor and improve the quality of the service provided these were ineffective. Complaints were not responded to appropriately. People using the service, their relatives and staff were not consistently asked for the feedback on the service so it could continually improve. The lack of effective systems and processes in all areas of service delivery left people at risk of harm.

Most people and relatives felt care staff were kind and caring. There were systems in place to recognise and respond to any allegations of abuse. People were supported to access health and social care services as required. 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.

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 26 November 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have identified breaches in relation to governance, medicines management, recruitment, staffing, managing risk, person-centred care and managing complaints.

Please see the action we have told the provider to take at the end of this report.

The overall rating for this service is 'inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions, it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not effective.

Details are in our effective findings below.

Inadequate ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

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 one inspector and one 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.

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 48 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 26 July 2022 and ended on 28 July 2022. We spoke with people using the service and their relatives on 26 July 2022. We visited the location's office on 28 July 2022.

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 they registered with the CQC. 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 spoke with three people who used the service and six of their relatives about their experience of the care provided. We met with the registered manager and spoke with two care workers. We looked at written records, which included three people's care records and three 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.

This is the first inspection of this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

- People did not always receive their medicines as prescribed. Comments included, "I am supposed to have six tablets in the morning but sometimes I haven't had the right amount. Sometimes I only get five instead of six, when I really need all six" and "It is all over the place with the timings of the calls which is not helping my relative's health issues. They need to take [Name of medicine] bang on 6pm and the care workers do not come at the requested times."
- We were not assured of staff's competency in medicines management. The registered manager was unable to evidence all care staff had their competency regularly checked. There were no records of regular audits of medicine administration records (MARs).
- Care staff were not always given guidance on how to safely administer people's medicines. For example, people's care records did not contain guidance as to when a person may need their 'as required' (PRN) medicines. There was no guidance for staff on where to apply topical medicines, such as creams and lotions. Where people had a list of prescribed medicines on their care records these were not always accurate or up to date.

We found systems were not in place to ensure the proper and safe management of medicines. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The process of recruiting staff was not safe. The registered manager had not sought enough information to help ensure people employed were of good character. For example, staff files did not contain evidence of interviews taking place. Where there was an application form on file there was no record of explanations for any gaps in employment. Not all files contained evidence of Disclosure and Barring Service (DBS) checks. DBS provide information including details about convictions and cautions held on the Police National Computer.

Safe recruitment procedures had not been established and operated effectively. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded after the inspection. They provided evidence of the missing DBS checks.

- There were not enough staff employed to meet people's needs in a timely way. The registered manager was in the process of recruiting new members of staff, however at the time of this inspection they told us

they currently employed two care workers to cover approximately 300 hours of care per week. This meant the registered manager was also regularly providing care and support to people. The registered manager had told two people to look for another provider as they could not meet their needs at the times they wanted.

- People who used the service and their relatives told us they saw the same staff; however they were rarely on time and calls were missed. Comments included, "The timing of their [staff] visits are really irregular, and I have to sit there and hope they are going to turn up. They always turn up eventually. They can come very late of an evening which is not good for me" and "Three times in the last three weeks the care worker has not turned up. Once the care worker came to the door at 11pm, but by then my relative had struggled to get themselves into bed."
- There were no systems in place to monitor the time and length of calls. The registered manager told us they were going to reintroduce an electronic call monitoring system.
- Staff told us they did not have enough time to meet people's needs. A member of staff told us, "We don't miss any calls, but we might be late. We need more staff."

Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Risks to people were not always assessed or monitored. Where risks to a person had been identified there was not always an associated care plan with guidance for staff on how best to manage and reduce the risks.
- Accidents and incidents were not always recorded. There was a record of one accident and the action taken, however our conversations with people indicated there may have been more. For example, missed calls were not recorded.
- There was no analysis of accidents or incidents to help keep people safe. This meant any lessons learnt were not recorded or shared with staff.

We found systems were not in place 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 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Staff told us they had received training in safeguarding vulnerable adults from abuse. Staff were confident any concerns they raised would be taken seriously by the registered manager and acted upon appropriately.
- The registered manager had kept a record of the one safeguarding concern they had raised with the local authority.

Preventing and controlling infection

- There were some systems in place to reduce the risk of the spread of infections. Staff had access to personal protective equipment (PPE), such as plastic aprons and gloves.
- The registered manager had infection prevention and control policies in place.

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 inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

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

- Care records did not always contain an accurate and up to date assessment of people's care and support needs. The registered manager was able to tell us in detail about each person's needs and preferences. However, this information was not always reflected in the person's care records.
- Care records were not person-centred. They contained little information about the person's life history, their strengths or preferences. Care records were task orientated, focusing on what care staff needed to do rather than outcomes for people.

The registered manager had failed to maintain an accurate, complete and contemporaneous record in respect of each service user. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's needs were assessed before they were provided with a care and support package. There were copies of detailed assessments completed by social workers on people's care records, where they were funded by the local authority.

Staff support: induction, training, skills and experience

- People told us they did not think all the staff were effectively trained. Comments included, "The staff do not seem to know how to insert a catheter or maintain it correctly, which is awful for my relative, especially when they do not know when the carers are going to turn up" and "One of my relatives said that the care workers don't know what they are doing. My relative is always being asked what needs to be done and where things are, and that should be part of their training; so they know what the person using the service needs."
- Staff told us they received an induction, however there were no records on staff files. The registered manager had a training matrix; however this was not accurate. It was not dated and did not list all the staff for whom we saw corresponding training certificates.
- There were no records of staff receiving support and professional development through supervisions or appraisals. A member of staff confirmed they did not have formal supervisions. They told us, "[Name of registered manager] is everything to everyone, but they will create time if I really need to see them."

Staff did not receive appropriate support, training, supervision and appraisal to enable them to carry out the duties they are employed to perform. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's care records did not always contain details about their food and drink preferences. This meant staff did not always know what support to provide. Relatives told us, "I would like the care workers to spend more time with my relative to ensure that they get a drink and some food, as my other relative forgets to do that and then neither of them have had a drink or something to eat all day" and "I would say that [some] of the care workers are very attentive, but some of them won't even make my relative a cup of tea or offer to make them a sandwich, which is awful."
- It was not clear from people's care records if they were nutritionally at risk. Where they were at risk there was no evidence of people's fluid or food intake being recorded.

Where meeting a service user's nutritional and hydration needs the provider did not always have regard to the service user's well-being. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.
- People were supported to access health and social care services. A relative told us, "I think that [Name of registered manager] is really good; they have asked the GP to come out. They are also trying to get a social worker to come out to give my relatives an up to date assessment."
- Information sharing and communication with other services was not always recorded on people's care records. However, the registered manager knew people very well and described how other services were involved in people's care and support.
- The registered manager told us daily logs were completed at each visit to reflect the person's current health and wellbeing. We saw a recent 'daily record sheet quarterly audit' for one person. These records were detailed and person centred.

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

- Staff had an understanding of the MCA. Not all staff said they had received training in this area. They were able to give us examples of how they gave people choices.
- The service was working within the principles of the MCA. People's care records contained consent to care documents. However, it was not always clear whether people lacked capacity and would require support with making significant decisions.

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 requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and independence was not always respected. "My relative should have two care workers four times a day but sometimes only one care worker shows up. There was an occasion recently where my relative ended up on the floor. There should have been two care workers and so my relative then had to face 10 hours on the floor before the ambulance came" and "Both my relative and I have spoken to the office about the fact that the care workers use the same towel for my face as they use on my bottom, and we feel that that is not hygienic."
- Staff spoke respectfully about the people they supported. They expressed frustration that they did not always have the time to provide the level of care they wanted to. A member of staff told us, "We [staff] need to improve our timing; if clients' need longer we go the extra mile, but that then leaves a dent in the other clients' timings."

The care and treatment of people did not always meet their needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People did not always feel well treated and supported by the service. Comments included, "There is no warning they are running late, no-one calls you to let you know" and "It's hard to say if they [staff] are caring as they are never there long enough to really find out. They seem nice and friendly."
- Care workers did not always stay the allocated amount of time, so they were unable to meet people's care and support needs. Relatives told us, "The care workers are supposed to be there for 30 mins, but if they stay 10 mins it's unusual. They rush in and out, don't speak to my relative" and "I do not believe that my relative's care needs are being met as the first call should be 20 minutes long yet the carers are out of there between 10 and 15 minutes."
- Most people told us the staff were caring. Comments included, "Care workers are lovely and very friendly" and "Yes the carers are all generally lovely, nice people. They are not at fault with their lack of training and experience."
- 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

- Some of the care records we looked at contained evidence of initial service reviews taking place with

people and their relatives, where appropriate.

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 requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- The 'Service User Handbook' gave people information on how to complain. The registered manager kept a complaints and compliments file. We saw there had been one complaint recorded and investigated since the service was registered with CQC. However, our conversations with people indicated there had been more than one complaint.
- People did not feel the registered manager was responsive to their complaints. Comments from people included, "My relative and I have made two calls about issues such as towels and training and neither have been responded to, which we feel is not good enough" and "The lack of response to my concerns over the timing of my visits has caused me to look into changing care companies. I do not feel that they value me."
- Some people told us they felt the registered manager was easily contactable and listened to their concerns, however little changed as a result. One person told us, "[Name of registered manager] does seem to take concerns seriously, but bad timing [of calls] is still happening."

The registered manager had failed to investigate and take necessary and proportionate action in response to any failure identified by the complaint or investigation. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. However, there were no records of staff receiving training in this specialist area of care. A relative told us, "The care workers do not seem to have had any training in palliative care which is the care my relative needs and the company is not addressing this issue."
- People received care and support from the same small group of staff, including the registered manager. However, the registered manager agreed the service was supporting too many people for the number of care workers employed.

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.

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.

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 inadequate: This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The registered manager had not established effective quality assurance processes. They had implemented some audits, however these had not identified the issues we found during this inspection. For example, medicines audits had not identified the lack of PRN guidance for staff.
- The registered manager had not established quality performance checks. For example, observations of staff practice were not undertaken.
- The registered manager had some policies and procedures in place. However, some were out of date and therefore may not have reflected current legislation and best practice guidance. Some policies did not have an associated procedure. For example, the safeguarding policy did not include contact details for local authority safeguarding teams.
- The registered manager had not properly notified CQC about the change of their location address. Regulations require registered persons to ensure CQC have the correct contact details for them. The registered manager agreed to notify CQC of this change.

We found systems and processes had not been established and operated effectively. This placed people at risk of harm. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager had produced satisfaction questionnaires. We saw records of these on some peoples' care records. The responses were mostly positive. However, the responses were not dated and the results had not been analysed.
- Staff confirmed they had some team meetings with the registered manager. A member of staff told us, "We do have set team meetings, but these are often cancelled due to staff shortages. But I see [name of registered manager] almost every other day as we provide care together." There was a handwritten note of one meeting taking place. This meant staff unable to attend would not know what was discussed. In addition, if any actions were agreed there was no way of tracking these through to conclusion.

The registered manager 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 was a breach of Regulation 17 (Good governance) of the Health and Social

Care Act 2008 (Regulated Activities) Regulations 2014.

- 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 registered manager was a qualified nurse. They were aware of their obligation 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 enjoyed their jobs. They felt the service would improve when more staff were employed.
- The registered manager recognised more staff needed to be recruited as a priority. As the registered manager was providing so much direct care and support the management of the service had suffered.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>18 (1) Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed.</p> <p>18 (2) Staff did not receive appropriate support, training, supervision and appraisal to enable them to carry out the duties they are employed to perform.</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>12 (7) Systems were not in place to ensure the proper and safe management of medicines. This placed people at risk of harm.</p>
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>16 (1) The registered manager had failed to investigate and take necessary and proportionate action in response to any failure identified by the complaint or investigation.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>17 (1) Systems and processes had not been established and operated effectively.</p>

17 (2) Systems were not in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.

17 (3) The registered manager had failed to maintain an accurate, complete and contemporaneous record in respect of each service user.

17 (5) The registered manager 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.

Regulated activity

Personal care

Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

19 (2, 3) The registered manager had not sought enough information to help ensure people employed were of good character.

Regulated activity

Personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

18 (1) Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed.

18 (2) Staff did not receive appropriate support, training, supervision and appraisal to enable them to carry out the duties they are employed to perform.