

24/7 Staffing Support Ltd

24/7 Staffing Support Kettering

Inspection report

CHESHAM HOUSE BUSINESS CENTRE
53 Lower Street
Kettering
NN16 8BH

Tel: 01536527447

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24 October 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

24/7 Staffing Support Kettering is a domiciliary care service. They provide personal care to adults and older people living in their own homes or individual flats.

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. At the time of the inspection 43 people were receiving personal care.

People's experience of using this service and what we found

People were supported safely by staff. People's needs and risks were assessed and managed. People's care plans were comprehensive and personalised with their range of needs and abilities which promoted their safety and wellbeing. People received the support they required with their medicines.

Systems were in place to ensure staff were trained and understood how to protect people from poor care and abuse. Recruitment procedures needed to be strengthened to ensure suitable staff were employed to support people. There were enough staff to meet people's needs and keep them safe. People received care and support from staff who knew them well and understood their individual needs and preferences.

Staff were supported through ongoing training and supervisions. The provider assured us training in learning disability and autism would be completed by all staff and management. Information was shared with staff to support in the delivery of good quality care

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.

Quality assurance systems were used effectively to monitor all aspects of the service provision and to drive improvements. The registered manager was responsive to feedback and agreed to strengthening the recruitment processes, training and audits. People were involved in the review of their care and their equality and diversity needs were considered and respected. Feedback about the quality of service was sought from people, their relatives and staff and used to make improvements.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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 requires improvement (published 11 October 2019).

Why we inspected

The inspection was prompted in part due to concerns received about risk to people and staff training. A decision was made for us to inspect and examine those risks and reviewed the key questions of Safe and Well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 24/7 Staffing Support Kettering 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

24/7 Staffing Support Kettering

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

This inspection was carried out by 1 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

At the time of our inspection this service did not provide care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 October 2023 and ended on 31 October 2023. We visited the location's office on 24 October 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service and Healthwatch. 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 3 people and 8 relatives of people who used the service. We spoke with 8 staff members, including the registered manager, a team leader, care coordinators and support workers. We reviewed a range of records, including 6 people's care records and medicine administration records. We looked at 5 staff files in relation to recruitment. We looked at a variety of records relating to the management of the service, including audits and checks, staff training, meeting records, and policies.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. People felt safe with the staff and the care provided. A relative said, "I do feel that [Person] is safe with these carers. They always have a chat and I can hear [Person] occasionally laughing which is nice."
- Staff were trained and competent in recognising and reporting signs of potential abuse. Staff had confidence that management would act if there were any concerns about people's safety.
- The provider had a safeguarding policy and system in place. The registered manager was aware of their duty to report safeguarding concerns. When staff reported concerns about people's safety, the registered manager had informed the local authority and worked in collaboration to investigate and mitigate risks. Records showed action had been taken to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people were identified, assessed and managed. There was clear guidance for staff to follow to keep the person and themselves safe in relation to falls, skin damage and to manage health conditions. For example, a care plan instructed staff how to use equipment to move a person safely, and described ways to encourage people with personal hygiene and eating and drinking. Risk assessments for topical creams did not consider paraffin based creams. The registered manager acted quickly and reviewed this risk for everyone they supported.
- Staff received a comprehensive induction and training and their practice was checked before they worked alone. Staff were knowledgeable about people's health conditions and how it affected their ability. Risk assessments were in place for specific risks associated with people's health needs such as support with a catheter and managing health conditions such as diabetes.
- Environmental risk assessments were completed of people's homes to ensure the safety of the person and staff. A person said, "My hoist is very important to me and it was serviced yesterday which reassures me that they are looking after all my needs."
- People and relatives told us they had no concerns about the care they received and how risks were managed. One person said, "They all remember to cream my legs and feet and that is making me so much more comfortable."

Staffing and recruitment

- Safe recruitment practices needed to be strengthened. We identified references were not always in place. When we raised with the registered manager they assured us this would be addressed. However, identity checks, right to work in the UK and Disclosure and Barring Service (DBS) checks were in place. DBS checks provide information including details about convictions and cautions held on the Police National Computer.
- The provider ensured there were sufficient numbers of suitable staff. People told us they were supported

by the same staff group. One person said, "The new carers have turned up on time, I have a rota with names for the week and so far, everything is working well." A relative said, "We have not had any problems with carers not coming. They are all very reliable which is reassuring."

- Staff told us they had enough time to provide the care and support people needed. We reviewed the worked and planned rotas for specific dates; all had travel times between visits, and staff were mostly punctual and stayed for the full length of the visit. The registered manager told us the management team receive an alert if staff have not recorded their arrival on the electronic care monitoring system, so action could be taken.

Using medicines safely

- The medicines policy and procedure was in place, which required staff to administer medicines disguised in food and drink. When we raised this with the registered manager they confirmed staff supported people with their medicines but were not allowed to administer medicine in this way. They confirmed the medicines policy would be amended and remind staff to follow the instructions in the care plan only.
- People either self-administered or were supported by staff to take their medicine. Where people required support with medicines this had been assessed and care plans included guidance for staff to support people with their medicines. Electronic medicines records evidenced people had received their medicines as prescribed.
- Staff received medicines training and their competency was checked regularly to ensure good practice was followed.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Staff had received up to date infection prevention and control training and had adequate supplies of personal protective equipment (PPE) including face masks.

Learning lessons when things go wrong

- Staff told us they knew how to report accidents and incidents. Systems and processors were in place to report, monitor and review incidents. Any opportunities for learning to reduce further risks were discussed with staff. For example, when staff reported potential health risks for a person refusing care and support, the registered manager mitigated the risk by putting a process in place and communicated this with family and staff to ensure the persons safety.

Is consent to care and treatment always sought in line with legislation 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.

- The provider was working within the principles of the MCA. The registered manager was aware of their duty around MCA. Staff were trained and gave examples of how they supported people to make decisions

about their care and support.

- People confirmed staff always sought their consent prior to providing care and support.

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 requires improvement. 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.

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

- There was a positive and open culture at the service which encouraged feedback about all aspects of care and support. A relative said, "We have a good relationship with the manager, they have actually been out to visit my relative, which I did not expect but it is great to be able to put a face to a voice and my relative liked them."
- The registered manager and staff knew people well and they worked in a person-centred way. Care plans were comprehensive and provided clear guidance for staff to ensure people received personalised care and support which promoted people's wellbeing.
- People achieved good outcomes because of the support from the service. One person said, "I think that this company is very well led. The carers always come on time; I am never left by myself. If I had any issues, I would be happy to raise them and know they were going to be addressed. I think that this company is one of the best." A relative told us, "The care package is working at the moment and I hope that as my relative's needs increase that this company can allocate more staff to assist my relative as I'm not looking to change company."

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

- People told us the registered manager was open, honest and responsive. A relative said, "I have had to contact the office as it was always different carers and so you never knew who was going to turn up. That does seem to have been resolved."
- The registered manager understood their responsibilities under the duty of candour. They ensured people were kept informed and apologised if errors occurred. The registered manager had introduced a system whereby complaints and actions taken had been documented. The registered manager assured us they would make sure complainants received a written response when complaints were concluded in line with their own policy and procedure.
- The provider had notified CQC about significant events, which they are required to tell us. This helps us to monitor the service.

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

- The provider had strengthened the management structure to monitor the quality of care to drive improvements. They had developed comprehensive and person-centred care plans and had invested in a

new electronic care planning system.

- Quality assurance systems had been embedded. Regular audits and checks were completed to monitor the quality of care provided. For example, reviewing people's care needs and monitoring the care provided, and spot checks were used to observe and monitor staff performance. When shortfalls were found, action had been taken.
- Audits on staff files needed to be strengthened to address issues reported on in the safe section of this report. Staff training was up to date, but no one received training in learning disability and autism. This was a requirement since July 2022 for all health and social care providers to make sure staff were trained in this area. The registered manager acted immediately and instructed staff and management team to complete this training as soon as possible. They also assured us the issues found in the staff files would be addressed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team and staff fully understood and took into account people's protected characteristics.
- Feedback about the quality of service was gathered during spot checks, complaints and through surveys. The results from the survey in April 2023 were positive. Comments included, "Politeness of staff and "Could not manage without the team". Where themes had been identified from feedback, such as the need to improve communication and some lack of PPE for staff, the management team had taken action to improve these areas,
- Staff told us they felt well supported with regular supervisions and had regular staff meetings, which provided staff with opportunities to receive information and discuss arising issues.

Continuous learning and improving care; Working in partnership with others

- There was a learning culture at the service which improves the care people received. The registered manager was responsive to areas which required strengthening. The registered manager kept their knowledge up to date through training and attended various forums.
- ● The provider worked in partnership with others health and social care professionals and records viewed confirmed this. For example, they sought advice for people's specific care issues, and worked collaboratively and transparently when people's safety was of concern. This showed a commitment to improve the service.