

Care Staff Services Ltd

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Inspection report


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Ratings

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

Summary of findings

Overall summary

Care Staff Services Ltd is a domiciliary care agency. It provides personal care to people living with dementia; older people and younger adults living in their own houses in Slough and Buckinghamshire. The service was providing a regulated activity to 19 adults who were using the service at the time of our visit.

The service has 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 and associated Regulations about how the service is run.

This is the first inspection under Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives felt staff were caring, kind and listened to what they had to say. A person commented, "All carers are very friendly. They talk with me and we have a joke."

People received care from staff that made them and those close to them, feel like they mattered. Staff had established good working relationships with people and their families'. Staff encouraged people to be independent and care records contained information about their personal circumstances and how they wished to be supported. People and their relatives said staff treated them with respect and protected their dignity.

People felt safe when receiving care and support from staff. Safe recruitment practices were in place and people were kept safe from infection. There were safe administration of medicines. We have made a recommendation for the service ensure their medicine policy is updated to reflect NICE (National for Institute for Health and Care Excellence) medicine guidance. Staff were aware of their responsibilities to protect people from abuse and had attended the relevant training. However; staff did not have access to the service's safeguarding adult's policy and the local authority's specific procedures for reporting and managing safeguarding matters. We have made a recommendation for the service to ensure these policies are easily accessible to staff.

This meant the service did not have appropriate records to assess identified risks and the impact it had on people using the service.

People were supported to have maximum choice and control of their lives. However, we found senior staff had limited understanding of the MCA and its code of practice.

Staff were not always appropriately inducted; trained and supervised. We found staff did not always receive training; learning and development to enable them to fulfil the requirements of their role. Staff worked within the principles of the Equality Act 2010 to make sure their work practice did not discriminate against people. Peoples' nutritional needs were met and they had access to other health services.

People and their relative felt the care delivered was responsive and met their specific needs. A relative commented, "I explained what we wanted and they (staff) have followed this."

People had their needs assessed before and shortly after they joined the service. Care records were person-centred and recorded peoples' needs and preferences. This did not include their preferences for end of life care. We recommend the service seek current guidance and best practice in relation to people's end of life preferences and wishes and staff training.

People knew how to raise concerns. We found the service responded to complaints appropriately. The service was not aware of the accessible information standard and their legal responsibility to meet it. We have made a recommendation for the service to seek current guidance and best practice in order to be compliant with the Accessible Information Standard.

People and their relatives felt the service was well-led and staff spoke positively about the support they received from management. People were given the opportunity to express their opinions about different aspects of the service.

Systems and processes in place were not able to help the service identify where quality and safety was being compromised. The service's statement of purpose (SOP) was not kept under review and, where appropriate, revised. We have made a recommendation for the service to take appropriate action to ensure its SOP is kept up to date.

We found breaches of regulations as a result of this inspection. You can see what action we told the provider to take at the back of the full version of the report.

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 always safe.

This meant the service did not have appropriate records to assess identified risks and the impact it had on people using the service.

Staff understood their safeguarding responsibilities. However, they did not always have access to relevant safeguarding policies.

Medicines were administered by staff whose competencies were assessed.

Safe recruitment practices were in place and people were kept safe from infection.

Requires Improvement ●

Is the service effective?

The service was not always effective.

The service was not always compliant with Mental Capacity Act and its codes of practice.

Staff worked in line with current legislation to ensure they did not discriminate against people.

Staff were not appropriately inducted; trained and supervised.

Peoples' nutritional needs were met and they had access to other health services.

Requires Improvement ●

Is the service caring?

The service was caring.

People and their relatives felt staff were caring, kind and listened to what they had to say.

Staff had established good working relationships with people and their families'.

Good ●

Staff encouraged people to be independent.

People and their relatives said staff treated them with respect and protected their dignity.

Is the service responsive?

The service was not always responsive.

The service was not aware of the accessible information standard and their legal responsibility to meet it.

Care records were person-centred and captured people's needs and preferences. This did not include people's preference for end of life care.

People felt the service met their specific needs and knew how to make a complaint.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Systems and processes in place were not able to help the service identify where quality and safety was being compromised.

People and their relatives felt the service was well-led and staff spoke positively about the supportive they received from management.

People were given the opportunity to express their opinions about different aspects of the service.

Requires Improvement ●

Care Staff Services 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 checked 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 was an announced inspection which was carried out by an adult social care inspector and took place on 31 January and 1 February 2018. The provider was given 48 hours' notice that the inspection was going to take place. We gave them notice to ensure there would be senior management available at the service's office to assist us in accessing information we required during the inspection.

Providers are requested to complete a provider information return (PIR) form. 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 did not ask the provider to complete a PIR prior to this inspection.

We reviewed all the information we held about the service. We looked at notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect a service or the people using it.

During our inspection, spoke with one person; visited another person in their home and spoke with their relative. We spoke with a care worker; care worker/care co-ordinator; the registered manager and the director. We reviewed three care records, two staff records and records relating to the management of the service.

Is the service safe?

Our findings

Assessments of needs captured potential risks to people's health and welfare. However there were no records to show what the level of risks were and how they should be managed. For instance, a person's care record clearly stated what their medical conditions were. There was no information to help staff understand the medical conditions; how they affected the person and what staff needed to do to minimise the risks. We found no risk management plans in two other care records viewed, although these clearly documented potential risks such as poor mobility and an ulcer. This meant the service did not have appropriate records to assess identified risks and the impact it had on people using the service.

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

People and their relatives felt safe with staff who provided care and knew what to do if they felt unsafe. A person told us, "Yes (feels safe), my wife is always here and I will report any concerns to the company" and another person's relative commented, "I am here, my son and family are also present so she (family member) is safe."

Staff demonstrated a good understanding of the different types of abuse people could experience and were aware of what to do if they suspected alleged abuse had occurred. Comments included, "If I have any concerns, I will report it to the office" and "If the client alleges abuse then this would be reported to the office. If staff witness poor work practice then they either report it to the manager or externally. There is a policy." This was confirmed by our view of the whistle blowing policy which outlined the procedures staff should take if they want to report poor work practices.

We viewed safeguarding incidents and found where alleged incidents of abuse had occurred the service took appropriate action.

The registered manager told us staff were informed of safeguarding processes through the safeguarding adult's policy and the local authority's multi-agency procedure. This gave a set of steps agencies were to follow to ensure people were safeguarded from the risk of harm as a result of abuse or neglect. We asked to see a copy of both policies however they were not made available upon our request and during the course of our visit. Therefore we could not determine whether the service was fully engaged with local safeguarding systems.

We recommend the service ensure their safeguarding adults policy and the local authority's safeguarding policy are easily accessible to staff.

People and their relatives said that had regular care workers. A person commented, "There are care workers that come in more often than others. Sometimes they're a bit late due to emergencies but we are always notified." Staff felt there were sufficient care workers to meet people's care and support. Comments included, "I think so because sometimes I am not able to get work" and "Yes, because there are no gaps in

the rotas." We looked at the service's electronic rota system and saw it was regularly monitored to ensure there were sufficient numbers of staff.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role.

There were safe medication administration systems in place and people received their medicines when required. Staff's competency to administer medicines was checked. Staff said they had received the appropriate training and demonstrated a good understanding of the procedures they had to follow when administering or prompting people to take their medicines. However, a view of the service's medicines policy showed it had not been updated to reflect current best practice.

We recommend the service ensure their medicine policy is updated to reflect NICE (National Institute for Health Care and Excellence) medicine guidelines.

People were protected from the risk of infection because staff followed infection control practices. A person commented, "They (staff) wash their hands; wear gloves and change them frequently." This was supported by our conversations with staff. A care worker commented, "I have to wear gloves and aprons. I change my gloves in between tasks to make sure there are no transfers." The care co-ordinator confirmed what the staff member had said. We found appropriate arrangements were in place to ensure people were protected from infections.

Is the service effective?

Our findings

The registered manager told us staff had received an induction at the start of their employment. This encompassed attending mandatory training and then shadowing experienced staff. This was supported by staff who spoke positively about their inductions. Staff files documented they had attended an induction but there were no details of when it commenced; what it covered; when it was completed and if staff had passed their probationary period. The service did not demonstrate new staff were working towards, the skills set out in the Care Certificate, as the benchmark for staff induction. The Care Certificate makes sure people joining the health and social care sector receive appropriate training; support and workplace assessment before they start to deliver care without supervision of more experienced staff. Therefore, we could not assess how effective the service was in preparing staff for their job roles.

Training records showed staff had attended the service's mandatory training. However, there were no records to show what action the service had taken when staff's training needed to be refreshed. Which meant there was a potential for people to receive care from some staff who did not always work in line with current legislation and best practice.

At the time of our visit the registered manager was on a period of authorised absence of leave. However, they were present for half a day, on day two of our visit. A statutory notification was submitted in relation to their absence which detailed the managerial arrangements put in place to ensure people's welfare and safety. A care worker had been promoted to take on the role of co-ordinating care, supervising staff and supporting the director. However, no formal arrangements had been put in place documenting what training the staff member had been given to equip them for these specific roles and responsibilities. There were no documented meetings that showed the staff member's progression and what further support they required. This meant people received care from staff who did not always receive training; learning and development to enable them to fulfil the requirements of their role.

Staff felt supported by the management team and said they could speak to them on an on-going basis about any concerns they had. The registered manager told us staff's performances were assessed by the carrying out of unannounced spot checks. Staff files showed spot checks were either not fully completed or not carried out. This meant people received care from staff who did not always receive on-going or periodic supervision in their roles to make sure competencies were maintained.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. Domiciliary care services must apply to the Court of Protection for legal authorisation to deprive a person of their liberty. At the time of our visit, the service had no one whose liberty was legally restricted.

The service had a mental capacity policy which contained all the relevant paper work to assist them to be compliant. However, where people were identified as having cognitive impairments that may affect their ability to give consent or make specific decisions, no mental capacity assessments were undertaken. For instance, a person's care records showed they had given consent to care which covered a number of areas. Such as, the service carrying out an assessment of their needs and wishes; the supervision and monitoring of staff whilst in their home; home and telephone monitoring of the care and support provided; sharing their personal details and circumstances with other relevant health professionals and allowing access to their records for auditing and inspection purposes. We noted the care record also documented the person suffered from short term memory loss and as a result of this was not able to maintain conversations with staff. There were no records to show the information relating to consent to care, had been provided to the person in a way they could understand. This meant the service did not always assess people's mental capacity in a way that met legal requirements.

Care records gave staff the ability to record whether people's relatives had legal powers to act on their behalf. However, where relatives answered yes, there were no records or documents to show what specific areas those legal powers related to. We found senior staff had a limited understanding of the MCA and its code of practice. This meant the service had not fully satisfied itself it had consulted the right people to make decisions on people's behalf.

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

The service carried out assessments of people's needs and preferences when they were referred or before they used the service. This was to ensure the care and support could be delivered effectively.

Staff spoke about attending equality and diversity training to ensure they did not discriminate when providing care and support. For instance one staff member commented "We were taught to respect people as individuals. We have to be mindful of our body language and our speech." An equality and diversity policy was in place to ensure the service was compliant with the Equality Act 2010.

Staff told us the majority of people received support with their meals from either family members or food delivery services. However, if they had concerns people's nutrition and hydration needs were not met, this would be reported to the office.

The service worked with other health professionals to ensure people health needs were met. This was supported by a staff member who commented, "One of our clients was supported by an occupational therapist (OT) and had to undergo physio. The OT gave my colleague a chart and asked them to make sure the client completed the exercises."

Is the service caring?

Our findings

People and their relatives felt staff were caring, kind and listened to what they had to say. A person commented, "All carers are very friendly. They talk with me and we have a joke."

This was supported by our observations when we visited the home of one person. The care worker was respectful in their discussions with the person and was patient when escorting the person to be seated. The person was comfortable with the care worker and appeared relaxed in their presence. Another example of this happened during our visit at the office. A relative had telephoned the office anxious because their relative was due to be discharged from hospital but they were not given the time of discharge. The care co-ordinator had responded to the call with calmness and was re-assuring and empathetic in their approach. As this was a new care package, the care co-ordinator understood why the relative was anxious and made arrangements to meet the relative at the person's property as soon as they were discharged. We asked the care co-ordinator what action they would take if the person was discharged much later in the late evening. Their response was focused more on ensuring the person's care and support needs were met and therefore, the time of discharge was not an issue for them. This showed people received care from staff that made them and those close to them, feel like they mattered.

Staff said management would arrange their rotas to enable them to support people in a personal and compassionate way. A staff member commented, "Rotas are quite good. If we need extra time, we just have to tell the office. The type and nature of this job means it's never good to rush."

Staff had established good working relationships with people and their families and gave examples of how they supported them with their care. The examples given showed they had an understanding not only of people's care needs but their family histories and the things that were important to them. This was further supported by our view of people's care records which accurately reflected what the staff members had told us.

People were supported to be independent. Care records showed what people were able to do for themselves. This was further supported by our conversation with staff. A staff member when describing how they promoted people's independence commented, "[Name of person] is very independent and we can only help where she needs it."

People's records included information about their personal circumstances and how they wished to be supported. Staff knew, understood and responded to people's diverse cultural, gender and spiritual needs in a caring and compassionate way. This was observed during our visit to a person's home.

People and their relatives felt staff made sure their privacy and dignity was protected when they carried out intimate care. A person commented, "They (staff) make sure the doors are shut because we often have our grandchildren who visit regularly." This was supported by staff we spoke with. A staff member commented, "When carrying out personal care you have to respect and understand everyone is not comfortable with it. Usually family will leave the room and we always close the curtains and shut doors."

People's personal information was kept securely and password protected in the office.

Is the service responsive?

Our findings

The service was not aware of the accessible information standard and their legal responsibility to meet it. The Accessible Information Standard (AIS) 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 service had not fully implemented the AIS as care records did not record; flag; share and meets the information needs of people with a disability or sensory loss. This meant the service did not always promote the rights of people with disabilities or sensory impairments.

We recommend the provider seek current guidance and best practice in order to be compliant with the Accessible Information Standard.

At the time of our visit, there was no one in the service that received end of life care. A staff member stated they had provided support to a person who was at the end stages of life but had not received training. We noted care records did not capture people's preferences and choices in regards to end of life care.

We recommend the service seek current guidance and best practice in relation to people's end of life preferences and wishes and staff training.

The registered manager told us people's care and support needs would be reviewed annually or as and when changes occurred.

People had their needs assessed before and shortly after they joined the service. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care. This was supported by a person who commented, "Someone (staff member) came from the office first. We filled in forms and said what we wanted."

People and their relatives felt the care delivered met their specific needs. A relative commented, "I explained what we wanted and they (staff) have followed this."

Care records were person-centred and recorded peoples' needs and preferences. For instance, they clearly documented people's preferences for male or female care workers; how they liked to be addressed; family histories; dietary preferences; hobbies, interests and religious and cultural needs. This ensured the service could be responsive to people's care and support needs.

People knew how to raise concerns and told us they would contact the office if they needed to do this. We viewed the service's complaints policy which was also available in people's homes. This outlined how to raise a complaint and the actions the service would take in response. We viewed the service's complaints register and saw the service responded to all complaints received appropriately.

Is the service well-led?

Our findings

Governance and performance management were not always reliable and effective. For instance, although people had consented for the service to 'allow access to your records securely held in the office for auditing and Inspection purposes'. There were no audits undertaken of care records; MAR charts; daily logs sheets and records relating to the running of the service. There were no systems in place to monitor when people's plans of care and identified risks needed to be reviewed. Policies and procedures were in place but some were not updated to reflect current best practice. There were no systems in place to monitor staff training and supervision.

Care records viewed were either partially completed or contained inaccurate information. We noted some care records were signed by people or those who had legal powers to represent them. A person's care record stated they had a medical condition which was controlled by a specific medicine. The care record located in the person's home contained an information sheet for staff relating to this medical condition. We spoke to the person's relative about this and was told the person did not suffer from this medical condition and never had. A view of the list of medicines prescribed to the person showed none were related to this specific medical condition. There were no appropriate records to assess and manage identified risks. This showed records relating to the care and support of people who used the service was not fit for purpose.

This meant systems and processes in place were not able to help the service identify where quality and safety was being compromised.

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

The service did have a statement of purpose (SOP). This described what the service did; where they did it and who they did it for. We noted the SOP was not always kept up to date to reflect current work practices. For instance, the SOP stated people's care plans would be reviewed every six months. However; people's completed care and risk assessment of needs stated they would be reviewed annually. This meant the service's SOP was not kept under review and, where appropriate, revised.

We recommend the service take appropriate action to ensure its SOP is kept up to date.

People and their relatives said they were happy with the care and support received. Their views on the service were based upon their relationships with the staff members who provided care and support to them. They felt the service was well-led.

Staff gave positive feedback about management and said the working environment was good. Comments included, "I am supported by the director" and "Management are friendly and approachable. I can speak to all of them and will always try and help."

Staff told us management ensured they were aware of their roles and responsibilities by communicating any

changes or update via social media; electronic mail or face to face when they visited the office.

The service carried out regular calls to gain feedback about the service. People were asked a number of questions such as, if care workers arrived on time; if the office called to notify them if staff were running late and were care workers polite in their interaction with them. People provided positive feedback and felt further improvement could be made, appropriate action was taken by the director in response to the feedback received. This meant people were given the opportunity to express their opinions about different aspects of the service.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>The service did not always assess people's mental capacity in a way that met legal requirements. It did not fully satisfied itself it had consulted the right people to make decisions on people's behalf.</p> <p>Regulations 11 (1).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Care records were either partially completed or contained inaccurate information. The service did not have appropriate records to assess identified risks and the impact it had on people using the service.</p> <p>Systems and processes in place were not able to help the service identify where quality and safety was being compromised.</p> <p>Regulation 17 (2) (a), (c).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff did not always receive on-going or periodic supervision in their roles to make sure competencies were maintained. Staff who did not always receive training; learning and development to enable them to fulfil the requirements of their role.</p>

Regulations 18 (2) (a).