

24/7 Staffing Support 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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected this service on 9 December 2016. This was an announced inspection and we telephoned the provider two days prior to our inspection to ensure they would be available to meet with us. 24/7 Staffing Support Ltd provides personal care support for 12 people who live in their own homes.

There was not a registered manager in post. 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 was in the process of registering with us as the manager since the last registered manager left.

Medicines were not always administered safely to people, and records and policies for staff needed to offer clarity to ensure everyone was aware of their responsibilities.

Where people did not have the capacity to make some decisions, suitable systems were not in place to ensure these decisions had been made in people's best interest. The provider and staff needed training in this area to ensure they followed the requirements under law regarding this.

There were some audits in place but there were no systems in place to monitor the quality of the service or identify where improvements could be made. Some incidents which met the criteria for referral or discussion with the local safeguarding authority had been investigated but not reported to us as required.

People's care was planned to meet their needs. Potential risks were identified and management plans were in place to guide staff on the best way to reduce the risks. Staff understood their role in protecting people from harm and poor care. There were recruitment procedures in place to ensure staff were suitable to work within a caring environment.

Staff had access to training to improve their knowledge of care and enhance their skills. Staff sought people's consent before providing care and supported people when they needed help with their decision making.

People received kind and compassionate care. Staff supported people to maintain their dignity, independence and privacy. Staff gained information about what was important to people so that they could provide care which met their preferences.

People were provided with information about raising concerns or complaints and were happy to speak with staff about their worries. People were given opportunities to share their views.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Registration Regulations 2009. 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?

Requires Improvement 

The service was not consistently safe.

Medicines were not suitably managed to reduce any risks associated with them. People were kept safe by staff who knew how to safeguard people and protect them from harm. Staff understood how to recognise potential abuse and were confident reporting any concerns. Risks associated with people's care were assessed and staff knew how to support people. There were enough staff to meet people's needs and the provider had recruitment processes to check the staff's suitability to work with people.

Is the service effective?

Requires Improvement 

The service was not consistently effective.

When people were unable to make decisions about their care, the provider had not assessed their capacity, and was not able to show how decisions made on their behalf were in their best interests. Where people who used the service had capacity the staff gained consent before they were supported. Staff had the knowledge to provide effective care to people, and they received training to develop their skills. People were able to make choices about the food they ate and were supported to maintain their health and wellbeing.

Is the service caring?

Good 

The service was caring.

Staff supported people in a kind and caring way and people had developed positive relationships with them. Staff knew people well and treated them in a dignified and respectful manner.

Is the service responsive?

Good 

The service was responsive.

The provider actively encouraged people to share their experiences and people were confident to report any concerns. People were involved with the assessment and planning of their care, and the provider was responsive to people's changing needs.

Is the service well-led?

The service was not consistently well led.

The provider did not always have effective systems in place that identified areas where improvements were required. There were some quality checks in place but further work was needed to drive improvement. A positive culture was promoted and staff felt supported and valued in their roles.

Requires Improvement ●

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 visit took place on 9 December 2016 and was announced. We gave the provider two days' notice because the location provides a domiciliary care service and we needed to arrange to speak with people who used the service and staff. At the time of our inspection, 12 people were receiving personal care support. The inspection team consisted of one inspector.

Before the inspection, we asked the provider to complete a 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 used a range of methods to help us understand people's experience. We spoke with three people and five relatives on the telephone. We spoke with one member of care staff, one health care professional and the registered provider. We used this information to help us form a judgement about the support people received. We also checked the information we held about the service and the provider. This included any notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also looked at the recent quality monitoring report from the local authority..

We looked at the care plans for two people to see if they were accurate and up to date. We reviewed one staff file to see how staff were recruited. We also checked the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We also looked at records that related to the management of the service. This included the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

Some people required support from staff to receive their medicines; we found this was not always done in a safe way. Some people's medicines were placed in unmarked pots that had been filled and placed ready by another person. This is known as secondary dispensing and meant that staff administering or prompting people to take their medicines did not know what the medicine were, or if it was the correct dosage. This practice is unsafe as people may not receive their medicines as prescribed and does not meet the regulatory requirements. Records we looked at and care plans reviewed did not always offer the clarity needed regarding the level of support people required. For example, one care plan used the words prompt and administer, which meant the guidance for staff supporting people with their medicines was conflicting.

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

People told us they felt safe when the staff supported them. One person said, "I receive excellent care, they are really kind." Another person told us, "I trust them and they are always available if I need them." One relative commented, "I know [person] is safe in their hands, they would tell me if not!" Another relative said, "Staff know how to use the equipment safely, I am more than happy." People were enabled to keep themselves safe. One relative told us, "I have reassurance [person] can live alone as the staff make sure the house is locked up safely." Another person said, "They will always check I've got everything I need close by to me." This meant people who used the service were protected and supported to remain safe.

People were supported by staff who had an understanding and knowledge about safeguarding people and protecting them from harm. Staff were aware of how to recognise potential signs of abuse. One staff member told us, "We have training on protecting people and I have the number for the safeguarding team." Staff told us they would be confident to report any concerns, and one staff member said, "If I had any concerns I would report it to the provider straight away. I know he would deal with it immediately." We saw that when necessary the provider had raised concerns with the local authority. This meant information had been shared as required.

We saw risks to people's safety had been assessed, and staff knew how to support people to reduce any risk of harm. A relative told us, "A referral has been made to review the equipment due to difficulty in standing." One person said, "I need two staff I always have two staff." A health care professional told us, "There are no issues; we have good communication and the staff always follow our instructions. For example nutritional risk charts were introduced and are regularly completed, this has had a positive impact for the person and their weight has increased." The quality monitoring officer from the local authority had visited the provider in November 2016 and noted that no personal evacuation plans were in place for people. The provider told us these would be completed by Christmas to ensure staff knew how to support people in their homes in the event of a fire or emergency situation.

There were enough staff available to meet people's needs and keep them safe. One person told us, "The staff arrive on time and stick to their time." Another person said, "I'm relaxed not rushed, they're all very

good." A relative told us, "They arrive within the time expected; there has never been a missed call." The staff told us their rotas reflected the calls they carried out. One staff member said, "I do get travel time to get from one call to another, I'm not usually rushing from one call to the next."

We saw the provider had checked the staff's suitability to support people with their personal care before they commenced their employment. One staff member told us, "I had a disclosure and barring service (DBS) check before I started, and had to provide references, one from my last job and have an interview." The DBS is a national agency that helps employers make safer recruitment decisions and prevent unsuitable people from working with people. They are responsible for processing requests for criminal records checks and deciding whether it is appropriate for a person to be placed on or removed from a barred list. The recruitment file we looked at showed that pre-employment checks were carried out before staff were able to start working. This demonstrated the provider had suitable recruitment processes in place.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to make particular decisions, any made on their behalf must be in their best interests and 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.

We checked whether the provider was working within the principles of the MCA. The provider told us there were some people who used the service who were unable to make decisions about their care and support. They said, "Some people can't make decisions so their family members consent to their care." We saw in the care plans we reviewed that a relative had given consent for a person's care and support. We saw that a mental capacity assessment had not been carried out to demonstrate that the person was unable to make the decision for themselves, and therefore there was no evidence of how the decision had been made in their best interest. The provider told us that some relatives had legal authorisation to make decisions. However, the provider had not seen these orders and could not be sure that people making these decisions had the correct legal authorisation to do so. The provider confirmed they needed further training to support them in understanding the requirements of this legislation and how it impacted on their role. The provider also acknowledged that improvements were needed to support the staff in ensuring they followed the principles of the MCA and its associated guidance.

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

When people were able to make decisions about their care they told us that staff would gain their consent prior to helping them. One person said, "They know what I like but they still ask, and involve me where they can." Another person told us, "The staff always check that I'm happy with what they are doing. They never do anything without asking me first." A relative said, "They are very respectful and always ask before they start to do anything." People told us they had agreed to receive support from the provider and that the provider always checked the care received was as required. One relative told us, "If there are any changes to the care package the provider will come and discuss everything to make sure we are all in agreement and know what is happening."

People who used the service had a regular team of staff who visited them. People told us they felt at ease with these staff and were confident they knew how to provide the care and support they wanted. One person told us, "I know who is coming, everything is well covered they look after me." Another person told us, "Two staff always visit me, I usually know who is coming and they arrive within the time expected." Another person said, "They are professional and reliable, they all know what they are doing. I am well treated and the staff are trained." One relative commented, "They know exactly what to do." And another relative said, "They are brilliant with [person] they could not be better." Staff we spoke with and the file we looked at confirmed that the necessary training was provided. This meant people received support from

staff who had the knowledge and skills required to meet their needs.

Staff received an induction when they started working for the service. One staff member said, "I received a good induction and wasn't expected to do anything until I knew how. We had training in lots of different areas and I learnt a lot by going out and actually watching the staff supporting people." We were told by staff that they were introduced to people and one person who used the service said, "New people will come with others to show them how to do everything." A relative told us, "We all use a communication book. This helped and means we all work together."

The provider told us that new staff were not presently enrolled to start the care certificate. The care certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. The provider informed us they were going to introduce this programme of learning as soon as possible.

Staff told us they could call into the office at any time when they needed support. One staff member said, "The provider will always come with us on new calls, he is very helpful and gives you the information you need. I can call and see him any time, he has an open door." There was also a 'hub' office in Northamptonshire so the staff could collect gloves and aprons and other equipment easily. This demonstrated the provider had a system in place to ensure staff were supported to carry out their roles effectively.

Staff told us and records confirmed that they were observed carrying out care and support in people's home as part of the supervision and appraisal system. Staff also received an annual appraisal of their work and one member of staff told us, "The provider sees me regularly for supervision and gave me a mentor too, so I always have someone I can talk to for advice."

Some people we spoke with were supported with their meals. One person told us, "I'm always given a choice of meals." Another person said, "They make sure before they leave that I have snacks and a drink." People told us they were happy with the way their food was prepared for them. One person said, "They always wash their hands first." Another person commented, "They always wear their gloves whenever they prepare anything." This demonstrated food and drink were managed effectively.

We spoke with a healthcare professional who told us, "The staff have worked well with [person.] The communication about eating little and often has been listened to and they have also increased the call times accordingly. This has meant [person] has put on weight." This demonstrated people were supported to maintain good health.

Is the service caring?

Our findings

People told us they were happy with the care they received. One person told us, "The care I get is great and we all get on." Another person said, "They are professional, friendly and approachable." A relative told us, "They are great, fantastic, the personal care is spot on." People told us they were treated in a kind and caring way by staff who listened to them. One person told us, "I am more than happy, they have a sense of humour, we all get along." Another person said, "They always ask if there is anything else I need doing and I trust them." This demonstrated that positive caring relationships had been developed between people who used the service and the staff.

People told us that staff supported and encouraged them to maintain their independence and promoted their dignity. One person said, "They always involve me and let me do the things I can do." A relative said, "They are very respectful and always ask before doing something, they could not be better; [person using the service] thinks they are wonderful." People confirmed they were happy with the gender of staff that supported them. One person told us the provider had always checked they were happy to receive support from either male or female staff. This showed us that consideration was given to people's preferred choice. People's dignity was also protected by staff who respected them. One person told us, "The staff respect me and my home, they always knock and ask to come in". Another person said, "They talk in a friendly manner and consider my dignity by covering me over."

Staff demonstrated their concern for people's welfare. A health care professional told us the staff got in touch if they were concerned about anything, and they acted on instructions to ensure people got the right support. They said, "When a person needed more time for their care they were straight on the phone, they work flexibly to ensure people get the care they need." We found the staff we spoke with knew people well and they were able to provide us with information about people, which matched the information in care plans and what people using the service had told us. People confirmed they had a care plan in their home and that the staff referred to it. One relative said, "There is a care plan and we read what they write. We also have a communication book which works well."

Is the service responsive?

Our findings

People's care and support was planned to meet their needs. People we spoke with said staff understood their preferences for care because they had been asked to provide the information before their care started. People told us they had been visited by the provider to discuss how they would like to be supported. One relative told us, "They took the time to listen to what was important for [person]. They listened carefully and took note." One person told us, "If I don't like something, they listen." We saw people's care plans contained information for staff about their past life, health conditions and family relationships. We saw that care plans were informative and reviewed regularly to ensure the care provided still met people's needs. However there was no information to demonstrate that the care provided in line with people's care plans. People told us they were asked if they wanted to have a member of their family or a friend to sit with them when their review was completed. One relative told us, "I'm involved in regular reviews; they're about every three months."

People told us the provider was responsive to their comments and needs however, complaints records were not formalised with the action taken was not always recorded. The positive comments we saw in care plans included, "They listen and always try and help." And "When there has been a hiccup it's quickly resolved, [the provider] is very responsive." This demonstrated that people's views and requests were listened to. People and their relatives were supported to raise any concerns, complaints or compliments they had. One person told us, "If I have any complaints I call [the provider] he is straight on it." Another person said, "I feel comfortable raising anything, [the provider] is very accommodating, he is a people person." We saw a compliment slip that read, 'Special compliments to an amazing team, they are always positive and happy.' Another compliment read, 'They treat [person] as an equal and interact well.'

The staff told us they were provided with information to enable them to whistle-blow if they wanted to raise concerns anonymously. A member of staff told us, "I'm sure we have whistle-blowing information in our handbook". And, "We have the local authority's number if we need it." This meant the staff were supported to raise any concerns.

Is the service well-led?

Our findings

We found that there was no systems in place to ensure the provider knew people received the correct amount of time allocated to support them, because there were no timesheets for staff to complete in place. This meant there was no way of checking people received their care in line with what had been agreed. We saw that some audits were in place but nothing was formalised to drive improvement. The provider could not show us ways in which they had dealt with concerns or complaints in a way that demonstrated suitable and sufficient auditing was undertaken. For example monitoring trends and themes for falls and/or incidents were not in place. The provider was aware of areas within the service that needed to be improved. They told us, "I am purchasing an electrical call monitoring system and this will help me manage the business better. I'm aware that I need to spend more time looking at how we manage things." The provider was presently unable to ensure the care delivered was in line with the care plan and for and at the agreed time.

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

The provider had not always notified us of significant events that they were required to report. For example, we had not received a notification regarding a person who had been referred to the local authority under safeguarding, and the provider did not know they needed to inform us of any serious incidents, for example a head injury or broken bone from a fall.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

People who used the service were asked to provide feedback about the service and support they required. People told us they were very happy with their care and felt it worked well for them. One questionnaire recorded, 'Special compliments, an amazing team.' However, there were no systems in place to demonstrate the analysis of the information received and the outcomes were not offered back to people. The provider told us they may consider introducing a newsletter in the future to convey such information.

People who used the service and their relatives knew who the provider was and felt the service was well led. One person told us, "[the provider] and I get on well and he has a good sense of humour." Another person said, "[the provider] is always willing to help us and responds to our calls. One relative told us, "[the provider] always wants to keep communication up with us."

Staff spoke positively about working for the provider. One staff member said, "I feel well supported, he is always available if we need him [the provider] will also send us information that relates to specific people when necessary. He is good at keeping us informed." People who used the service told us the staff seemed happy in their roles. One person said, "Everyone who comes is cheerful, they always seem happy in what they are doing."

There was a positive, open culture. One relative said, "I know I can speak to [the provider] if I need to. They

all work well as a team." Staff were aware of the whistle blowing policy that was in place. This is a policy that protects staff if they want to raise concerns, and enables them to do this anonymously if they chose to. One staff member told us, "I wouldn't have any problems raising any issues. I know any concerns would be dealt with properly." We saw that some checks were undertaken to monitor the quality of the service people received. One person told us, "They do visit to see how things are going and will observe the staff do their jobs." The provider explained how they wanted to develop the staffs' skills and ensure that people received good quality care at all times.

We saw assessments were undertaken at the office to ensure the environment was safe, for example portable electrical testing took place and public liability insurance was in date. The data management systems at the office base ensured only authorised persons had access to records. Staff records were kept securely and confidentially in lockable filing cabinets. The provider ensured that confidential information was stored suitably for example key safe numbers were not held next to addresses in any written records.

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents The Commission had not been notified of the significant events that the provider is required to report to us.
Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Care and treatment of service users was not being provided with the consent of the relevant person. Regulation 11 (1)
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not provided in a safe way to service users. Regulation 12 (1) (2) (g)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not established and operated effectively to assess, monitor and improve the quality of the service. Regulation 17 (1) (2) (a)

