

Staff Resources Ltd

# Staff Resources St James House

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Staff Resources – St James House is a domiciliary care agency providing personal care to people living in their own homes. The service is registered to provide support to children and older and younger adults. At the time of our inspection the provider was supporting two people with personal care.

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

Relatives stated people felt safe while receiving care from staff. Staff had a good understanding of how to keep people safe when accident and incidents occurred. The provider was not supporting people with the administration of medication at the time of inspection; however, robust plans were in place to train staff in this area. Risk assessments needed further development and required additional detail to provide staff with clear guidance on how to manage risks associated with the provision of people's care. We discussed this with the registered manager, who reviewed and made improvements to these immediately. We have made a recommendation the provider continues to develop detailed risk assessments and management plans.

Relatives reported the registered manager attended multi-disciplinary team reviews regularly and provided valuable feedback in relation to the review of people's care packages. Initial assessments had been completed by the provider in collaboration with professionals, people and their relatives. Training for staff was in place and staff had completed online training courses; however, further development of the providers training programme was needed so they could carry out more specialised training. We discussed this with the registered manager who evidenced a robust plan to implement training, focussing on specific areas such as the administration and management of medication, safeguarding and infection control.

Relatives praised staff for the care provided to people and stated a caring culture was promoted by the registered manager who visited and contacted families regularly to ensure care was being provided to the required standard. Care plans were person centred and provided clear guidance to staff on how to support people while respecting their likes, dislikes and preferences.

Relatives praised the provider and staff for their support in communicating people with specific communicational needs. Although feedback from relatives was positive, there had been one occasion when a relative reported concerns with the registered manager. The registered manager responded proactively and in a timely manner.

The provider was not evidencing quality assurance checks they were carrying out. We were assured audits and checks were happening from feedback provided by relatives; however, these had not been recorded formally. When we discussed this with the registered manager, they shared templates they developed and

provided assurance these would be implemented immediately. The registered manager advised as the service grows, they intend to recruit care co-ordinators to maintain the level of active involvement in peoples care packages at management level. Staff felt supported by the registered manager and praised them for their hands on approach to supporting them, people and relatives. We have made a recommendation the provider ensures formal recording of auditing and checks are completed so the provider can evidence the good governance they carry out.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

This service was registered with us on 10 October 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.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Staff Resources St James House

## **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 was carried out by one inspector.

#### Service and service type

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

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

Inspection activity started on 24 March 2022 and ended on 5 April 2022. We visited the location's office on 24 March 2022.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this

information to plan our inspection.

#### During the inspection

We spoke with two relatives about their experience of the care provided. We spoke with four members of staff including the registered manager who was also the nominated individual and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records, further policies and rotas and call logs.

# 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 good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks to people were assessed and managed safely. People had individual risk assessments in place providing staff with guidance on how to mitigate risks associated with the provision of people's care. In some cases, further detail was needed to make risk assessments person centred and specific to individual's needs.
- We discussed this with the registered manager and they made amendments immediately and evidenced this by sharing updated risk assessments.

We recommend the provider continues to include individualised details in people risk assessments.

- The registered manager monitored risk through regular checks with relatives and attendance at multi-disciplinary meetings. They also explained there was an expectation of staff to report any concerns relating to risk immediately.
- Staff understood where to find information relating to the management of risk and the provider had robust review systems in place to ensure risks were identified and addressed.

### Staffing and recruitment

- Staff were recruited safely with appropriate checks in place. Staffing levels were sufficient to meet people's needs.
- The provider had recruited enough staff to cover shifts when absences occurred at short notice.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Relatives reported care was provided safely when people received care and support. One relative said, "Yes, it's safe definitely."
- Safeguarding systems and policies in place were robust and staff had a good understanding of how to raise a safeguarding and who they could contact if they had any safeguarding concerns.
- One staff said, "First I'd informed my manager. Then I would go to the council and CQC."
- The registered manager advised of how safeguarding procedures are made clear to staff during their induction they said, "During the induction staff have to look at all the key policies, they are also able to contact me at any point. Any updates to safeguarding policies would be discussed at meetings."
- On the one occasion where an incident had occurred, there was a clear audit trail of what action the registered manager had taken. The persons relative told us they were satisfied how the provider implemented learning from the incident and in how they responded.

### Using medicines safely

- The provider wasn't supporting anyone with their medication at the time of our inspection. However, there was a clear plan to access training for when this element of support was identified as a need to be met by care staff.
- We discussed with the registered manager the readiness of the service to support someone with medication if the need arose. The registered manager planned they would identify a small group of staff to train in the administration of medication so there would be no delay in accepting new packages of care or meeting someone's needs in a timely manner.

### Preventing and controlling infection

- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider's infection prevention and control policy was up to date.



# 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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had received an induction and reported feeling confident to support people independently after completing the induction process. Training records highlighted most staff training was completed online and in a short period of time and the provider was developing training to implement additional courses in specific areas.
- We discussed this with the registered manager they said, "We are in talks with the local authority about training for positive behaviour management, medication and safeguarding. We're waiting for sessions on when they will next be holding those courses. All staff will have to do that and its quite essential with the young people we work with."
- The registered manager was able to evidence requests for this training and we reviewed a service improvement plan that included staff being identified to complete the courses the registered manager had stated.
- One staff member said, "We did an induction and had to go through the care certificate. I know [the registered manager] is looking for some more training around medication and a few other things."

Staff working with other agencies to provide consistent, effective, timely care

- Relatives reported that people received support in accordance with their scheduled times and for the duration of time people had allocated to their support. People's care records showed that professionals and relatives were involved in reviews of care or when people's needs changed.
- One relative said, "Staff Resources are brilliant, they keep me involved and the communication is 10 out of 10. They're always on time and they treat [person] like their own family member."
- The provider was praised for scheduling consistent staff teams as this promoted understanding of the people's needs and specific ways of supporting people as individuals with tailored approaches.
- One relative said, "I need to have the confidence in [person's] staff and we have a team of six regular carers and they know [person] so well, [person] gets really excited to see (staff)."

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

- People's needs were assessed in line with their protected characteristics, such as age, disability and religion. People's support and health needs were assessed prior to the provider taking on packages of care.
- The provider carried out initial assessments in partnership with colleagues across health and social care. People and relatives were included when initial assessments.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People received support to ensure their nutritional needs were met. Staff promoted people's independence and worked with relatives to offer choice and a balanced diet. One relative said, "They do get food when they go out with him and they always ask me what to get. I know they don't just take [person] to fast food restaurant."
- The provider had worked with relevant professionals such as occupational therapists, GP's, district nurses and social workers to ensure people received care when a specific need was identified.

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

- At the time of inspection, the provider was only supporting children under the age of 16. The MCA does not relate to young people under the age of 16.

# 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 good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff explained how they would adjust their approach to supporting someone dependant on their individual characteristics such as race, religion and disability.
- Staff knew people well and understood the differences in people's care. Relatives told us that staff were caring and respectful in their approach and met their needs in a way which respected their wishes. One relative said, "I'm very happy they're good, they always ask if I need any help with anything."
- Another relative said, "They're really respectful, they know what they're doing especially when [persons] anxious, they understand it's part of [persons] disability."

Supporting people to express their views and be involved in making decisions about their care

- Relatives were supported to have control of the care provided. They were involved in support planning and reviews and reported the registered manager updated care plans following multi-disciplinary meetings. For example, with young people's schools and social workers.
- Staff demonstrated a good understanding of where to find information relating to changes in someone's care and how to accommodate this. One staff member said, "I read [person] care plan, to understand their needs and how to manage risks. I also make sure I check that with [relative]."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected.
- Staff had a good understanding of how to respect people's privacy and promote their dignity. One staff said, "Most of my support is outdoor, so it's about promoting [person] in the best light and I make sure [person] is safe and when we support with personal care, we close the doors and make sure privacy is respected."
- A relative we spoke with felt choices and preferences were respected and promoted by staff.
- Care staff were encouraged to follow care plans and people's requests while providing care.

# 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 good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were personalised and provided staff with guidance on how to provide support to people in line with their individual needs, wishes, likes and dislikes. Feedback from staff evidenced a person centred approach.
- Care records were person centred and evidenced staff recording how people had received their care along with choices they made and how these had been respected.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed as part of their initial assessment. Guidance for staff to follow was clearly recorded in people's care plans and where necessary, specific approaches and preferred ways of communicating were identified for staff to follow.
- The provider said care plans and records could be provided to people in easy read formats.
- Relatives felt where communication needs were identified, support was provided in an appropriate manner. Communication passports had been developed and incorporated into people's care plans.

Improving care quality in response to complaints or concerns

- The provider had a robust complaints policy and system in place. Relatives had a good understanding of how and who to raise concerns with.
- One relative said, "I've only had to complain once and the registered manager took it really seriously and put it down as a formal complaint, which I didn't want, but she said it was important as it would help them learn and address and problems with staff. Staff really apologised."

End of life care and support

- At the time of inspection nobody was receiving end of life care.

# 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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Auditing and oversight checks were being carried out by the registered manager. Relatives and staff reported checks were regularly carried out and the registered manager asked for paperwork to be sent though to them for review. However, these had not been formalised by recording the checks and findings into audit templates.
- We discussed this with the registered manager who offered assurances this would be carried out in a timely manner. They said, "I've sent through the complaint and incident ones and I've put formalising all audits and the timescales for those audits on my service improvement plan. I'm contacting the local authority quality team to ask what sort of templates they would advise using."
- We reviewed the audits sent following the inspection and were assured audits reflected feedback we had received from relatives and staff and clearly showed action that was taken.

We recommend audits are formalised to reflect the practical quality assurance being carried out.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider promoted an inclusive person centred culture in relation to the provision of care, care planning and working in partnership with relatives, people and relevant professionals.
- One relative said, "The [registered manager] attends all the meetings and gets the full understanding from me and other professionals about [person's] needs. They see it as creating a care package for the family as well as [person]."
- One staff member said, "[The registered manager] rings the clients and ask how the staff are doing so we know we need to keep our standard high up all the time! Because [the registered manager] supports you, you want to do the best and they [registered manager] work hand in hand with us and the family so we know we're doing what the family want us to do, they're [registered manager] great."
- We asked the registered manager how they would maintain the person centred culture as they grew as a provider. They said, "We will recruit care co-ordinators, but the right people as we grow. They will have staff teams who support three people and that will help us keep our oversight and stay as involved as I am now with the people and families."

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 understood their responsibility to be open and transparent and inform people, relatives and relevant professionals and organisations when things went wrong.

Working in partnership with others

- The provider worked well in partnership with other professionals and relevant bodies. There was evidence throughout people's care records and support plans showing the provider was working as a part of a wider team to support people holistically.