

Care Staffing Ltd

Care Staffing Limited

Inspection report

Care Staffing Domiciliary Care
Eastlands Court Business Centre, St. Peters Road
Rugby
CV21 3QP

Tel: 01788555004

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11 July 2022
15 July 2022

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Care Staffing Limited (also known as Care Staffing Domiciliary Care) is a domiciliary care agency which is registered to provide personal care and support to people in their own homes. The service is registered to provide support to people with dementia, physical disability and / or sensory impairment. At the time of our inspection the service was supporting 50 people who were receiving 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

Some people and their relatives were satisfied with the care and support they received and shared some positive feedback about staff. However, others felt improvements were needed in the service they received.

We found improvements were needed. Some people had been placed at potential risk due to missed care calls. This had caused distress to some people. Systems and processes for care call monitoring was not effective. The registered manager shared plans with us to make improvements to their care call monitoring system. Some quality checks were undertaken but were not always effective in identifying where improvements were needed.

Statutory notifications had not always been sent to us as required. This is when a registered manager has to tell us about specific incidents.

Where complaints or concerns were raised, these were not always used to learn lessons and make improvements.

Improvement was needed to ensure all staff always showed a caring approach toward people. People were not always treated with dignity or respect.

People had individual plans of care and these gave staff information about people. This included how to keep people safe and reduce risks of harm and injury. People and their relatives felt safe with staff in their homes and protected from the risks of abuse.

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.

Pre-employment checks were undertaken on staff to ensure they were suitable. Staff received an induction which included shadowing shifts. Staff completed training but some people felt this did not give them all the skills or knowledge they needed for their role.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 07 May 2021 and this is the first inspection.

Why we inspected

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We identified breaches in relation to regulation 10 dignity and respect, regulation 12 safe care and treatment and regulation 17 good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. We will continue to monitor information we receive about the service, which will help inform us 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Care Staffing Limited

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 completed by two inspectors.

Service and service type

This is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was announced. We wanted to ensure the registered manager would be available to support the inspection.

We gave short notice on 08 July 2022 to the registered manager and arranged a video meeting with them for 11 July 2022. We visited the registered manager's office on 15 July 2022. A further feedback video meeting took place with them on 18 July 2022.

Inspection activity started on 08 July 2022 and ended on 18 July 2022.

What we did before the inspection

We reviewed the information we had received about the service since registration. We contacted the Local Authority and asked for feedback from them. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We used technology such as video calls and telephone calls to enable us to engage with people using the service and staff. We used electronic file sharing to enable us to review documentation.

During this time, we spoke with the registered manager – who is the director of the business and the Nominated Individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. In this report, we refer to this person as the registered manager. We spoke with the compliance manager and four staff and ten people and relatives.

We reviewed a range of records. This included five care plans and medication administering information, risk and health management records and daily notes. We reviewed three staff's employment records and staff training and competency assessments. We reviewed policies and procedures and quality monitoring records the registered manager used to assure themselves people received a safe service.



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 for this newly registered service. This key question has been rated Requires Improvement. This meant people were not consistently safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People had experienced missed care calls. A number of concerns had been raised by people and their relatives with the registered manager, and compliance manager, about staff failing to arrive at agreed care calls. This included a missed mealtime call to a person who could not access their own food and drink. Another person had a missed care call when medication was due to be given by staff.
- During feedback to us from people and relatives, we were told about further unrecorded missed care calls to people. This included a person who was unable to get to their bed unaided and another person who required support with personal care. This had posed potential risks of avoidable harm to people.

This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We received mixed feedback from people and their relatives about the timeliness of their care calls. One relative told us, "We have only recently started with the company and so far, so good." Whilst people were appreciative of traffic delays or emergencies, numerous examples of late care calls were shared with us. A relative gave us examples of care calls being up to two hours later than the agreed times. A further relative gave example an example of an agreed time being 12.00 noon, but the care call might be 1.45pm. Another relative told us, "The visit was going to be so late, I just cancelled it."
- Relatives felt some staff knew people well and how to support loved ones safely, but other relatives felt improvement was needed in staff's skills. For example, one relatives told us, "There have been times when staff don't know how to use the key safe so then ring the doorbell, but the key safe is there so my relation doesn't have to go to the door."
- Individual risks had been assessed and electronic risk management plans were available for staff to refer.
- Moving and handling training did not consistently give staff the skills or knowledge they needed to ensure people's safety. One staff member told us, "I did an online theory session on moving and handling but nothing on using equipment. Another staff member just shown me how to use special equipment with the person on the care call." The staff member added, "I would have felt more confident and safer using it if I had been showed and trained before using it with the person."
- The registered manager and compliance manager told us that going forward they would now provide staff with practical moving and handling training and this would be from an accredited trainer in moving and handling who could also assess staff competency.

Using medicines safely

- Overall, people were supported with their medication as prescribed and appropriate gaps left between dosages. However, we identified some areas where improvement was needed to ensure people always

received their medicine as prescribed.

- Due to a missed care call, one person did not receive their medication as prescribed. Another person did not receive their medication because this was 'forgotten' by a staff member. A further person did not have the correct time gap between their medicine dosages.
- The registered manager told us their planned improvements to their care call monitoring system would ensure staff received electronic reminders if agreed care tasks had not been completed before the electronic system allowed them to 'log out' of the care call. The registered manager assured us improvements would be in place before the end of July 2022.

Systems and processes to safeguard people from the risk of abuse

- People told us they currently felt safe and protected from the risks of abuse when staff were in their home.
- A few relatives shared examples of when they had requested a specific care worker not return to undertake care calls, because of their loved one not feeling at ease with them. We discussed these with the registered manager, and they told us the staff member no longer worked for them.
- The provider had a safeguarding people from abuse policy which informed staff what actions they should take if abuse was suspected. One staff member told us, "I would report any concerns to my manager."
- The registered manager told us they understood their responsibilities to notify external agencies including the Local Authority and Care Quality Commission (CQC) of certain events, which included allegations of abuse. The registered manager told us there had been no safeguarding concerns to report. However, we identified some incidents that should have been reported to us. This is further reported on in our well led section of this report.

Preventing and controlling infection

- The registered manager and compliance manager had given training and guidance to staff on how to reduce risks of infection related to COVID-19 and other risks of cross infection.
- There was an infection prevention and control policy available to staff to refer to, although some information related to a different type of service (care home setting).
- Adequate supplies of personal protective equipment (PPE) were available for staff use.

Staffing and recruitment

- Overall, records showed staff had been recruited in a safe way. For example, DBS (Disclosure and Barring Services), identity checks and references had been undertaken by the registered manager and compliance manager. This enabled them to make informed choices in staff recruitment.
- However, written risk assessments had not always been completed when needed. We discussed this with the registered manager and compliance manager who assured us risk assessments would be completed and added to staff employment files where needed.

Learning lessons when things go wrong

- Processes were in place to record accidents and incidents and those recorded, such as falls, had individually been reviewed and actions taken where needed.
- An overall analysis of accidents and incidents in a 'falls audit' had been completed in June 2022. However, this covered the previous five months. This meant opportunities may be missed, due to the time delay in completing the audit, in identifying any themes so actions to reduce risks of reoccurrence might be delayed or missed.

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 Requires Improvement.

This meant people's outcomes were not always good, and people's feedback confirmed this, the information available to staff about people was not always effective.

Staff support: induction, training, skills and experience

- Staff completed an induction which included shadowing shifts with experienced staff. One staff member told us, "I had never done care work, more training might have been useful for me to gain confidence and skills." Another staff member was unable to tell us anything about any of their training, telling us they could not remember. However, records showed they had completed training.
- Staff had access to complete online training which included the care certificate. The care certificate is a recognised award in health and social care. Some people and relatives felt staff had the skills they needed for their role, but others felt they needed more training. One relative described most staff as 'very polite' and appearing to want to learn from them (the relative) but were 'lacking in care skills'. They added they had felt the need to leave instructions about their relation's home, as some staff did not know what they needed to do.
- The registered manager and compliance manager undertook competency assessment checks on staff skills.
- Staff felt supported in their role. One staff member told us, "This is a good care company because it pays well, and I can phone the office if I need to."

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

- Overall, people were supported with meals and drinks when this was a part of their agreed care. One person told us, "Staff get my breakfast for me and help with drinks." However, where some people had experienced missed care calls, they had not received this support.
- Staff told us they left snacks and drinks with people as needed when they were unable to access these themselves.

Staff work with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Collaborative working between the registered manager, compliance manager and district nurse team took place. Where one person had skin damage when their care calls started, the compliance manager had made links with the nursing team to ensure positive outcomes for the person.
- People were supported to access services. The compliance manager supported one person to obtain a repeat prescription of their cream for their skin. This person was also experiencing some sore skin and the compliance manager assured us they would support this person in referring them to the continence nurse

team.

Ensuring consent to care and treatment in line with law and guidance, assessing people's needs and choices; delivering care in line with standards, guidance and the law

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority from the Court of Protection.

- People were supported in their own homes and they were not restricted by staff in how they lived their lives. Staff understood the importance of gaining consent and one staff member told us, "I always gain consent before helping people with personal care." Another staff member told us, "People can sometimes have varying capacity and then we might need to seek guidance on how they make decisions."
- The registered manager and compliance manager told us everyone being supported had mental capacity to make their own decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people were not always supported and treated with dignity and respect; or involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Improvement was needed to ensure staff always treated people with privacy and dignity. During our inspection a member of the public told us about an incident where a person's dignity was not maintained by a staff member.
- This member of the public told us they had observed staff undressing a person for personal care when they were still eating their food given to them by staff.
- Improvement was needed to ensure people had their staff gender preferences met. One relative told us, "We stated a gender preference for staff, but this is not met and my relation has no dignity or modesty, it is heart-breaking."

This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Whilst improvements were needed to ensure consistency in people's experience in their privacy and dignity being maintained, some people and relatives shared positive feedback. One relative told us, "The staff are so polite and caring toward my relative and always promote their privacy."
- We discussed meeting people's preferences with the registered manager. They told us gender preferences were recorded during a person's initial assessment, which they were. Following our inspection, the registered manager told us they had completed an audit to check and ensure gender preferences were met, and found they were meeting recorded preferences. The registered manager told us they would be sending out surveys to seek further feedback from people to ensure people were supported by staff representing their gender preference.
- People's independence was promoted. One relative told us, "Staff help my relation have a shower and encourage her to dry herself where she can."

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- Improvement was needed to ensure a consistent caring approach was shown toward people by staff. One relative told us, "There are a few staff who are really caring and show it, but others are not very caring. They are clearly in the role just for a job and I would say they should not be doing care work."
- Some people and relatives gave positive feedback about staff being caring. One relative told us, "Staff are very kind and caring, they have a lovely approach."
- Some people and relatives felt care staff rushed and did not always stay for the agreed time. Examples

were shared with us of staff telling people that they did not have time to complete tasks and these were left undone.

- One relative told us, "I had to check with the office the tasks staff should be doing because staff said it wasn't their job, but it is more to do with them rushing. Staff have said 'no time' and don't always do things they should be doing." Another relative told us they had observed staff leaving care calls early and waiting outside in the street for their lift to the next care call. This did not reflect an organisational caring approach by staff or the registered manager.

- Some people and their relatives were involved in making decisions about their care. One relative told us, "The office staff keep in touch and we feel involved." However, a few relatives did not always feel listened to. For example, where staff gender preferences had been expressed, some felt these had been ignored.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people's needs were not consistently met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy, and this was made available to people and their relatives.
- The registered manager and compliance manager shared information with us about complaints they had recorded. These had been investigated, however, for two incidents, there was no written staff record of the actions proposed for improvement having been followed through. The compliance manager assured us that going forward records of important meetings would be kept, and actions documented.
- People and their relatives gave us examples of concerns and complaints they had raised with the compliance manager. Some issues had not been resolved. For example, some people and relatives felt staff rushed and did not stay for the duration of the agreed care call and had raised this as a concern because not all agreed tasks had been completed.
- Some relatives made us aware of issues they had verbally complained to the compliance manager about, but we found no written record of the concern or complaint when we reviewed documents. The registered manager and compliance manager assured us that they would now record verbal concerns raised with them so actions could be taken and lessons learned.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers', get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed and was documented in their plans of care. One relative told us, "Most staff are very polite."

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

- Initial assessments of people's care and support needs took place. The registered manager and compliance manager told us they recognised the importance of initial assessments. Most people and relatives felt these had been useful in sharing information about their care and support needs.
- Initial assessments recorded people's preference for male or female staff. Whilst this was recorded, and the registered manager and compliance manager believed this was followed in planning staff care calls, a few relatives told us their loved ones' preferences were not being met. We discussed this with the registered manager, who agreed to check this detail with people to ensure preferences were met at all times when possible.

- People and relatives were given the opportunity to share details such as protected characteristics under the Equality Act 2010.
- People had an individual electronic plan of care that staff could refer to. People also had a paper overview copy in their homes.
- People and relatives did not always know which staff to expect on the care call. Some people experienced inconsistent staff and this was a negative experience for them because staff did not always know what to do. One relative told us, "When my relative has consistent staff it is much better, they learn to trust the staff and also the staff get to know what to do without asking all the time."

were consistent staff, this enabled them to be responsive to people's needs. Most people and relatives were positive when there was consistency in the staff undertaking care calls and not as happy when there was inconsistency. However, one relative told us, "My relation quite likes it when there is variety of staff." Another relative told us, "When my relation has consistent staff it is much better, they learn to trust the staff and also they get to know what to do without asking all the time."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's plans of care gave details about their hobbies and interests. However, staff spoken with were not always able to tell us about the people they supported. One staff member said, "I would look at the care plan if needed."

End of life care and support

- End of life care and palliative care and support was offered by the provider. The registered manager told us no one was currently receiving end of life care.
- Some people had advance plans for end of life care contained in RESPECT documents. Staff knew where these were kept in people's homes. A RESPECT form is a legal document containing details about advance care planning.

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 Requires Improvement. This meant the service was not consistently well managed and well-led. Leaders and the culture they created did not always promote high-quality, person-centred care.

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

- Statutory notifications had not always been sent to us from the registered manager as legally required. During our inspection we became aware of seven incidents that should have been reported to us. These included five incidents of neglect of meeting people's agreed care and support needs. We discussed this with the registered manager and whilst they could tell us when statutory notifications about specific incidents should be sent, they had not recognised neglect as a potential form of abuse or a safeguarding concern. The registered manager told us, "As you have explained this, I can now see they should have been sent and apologise for not sending them."
- We requested the registered manager send the statutory notifications to us which they did.
- The provider did not have an effective care call monitoring system and people had experienced missed calls. The registered manager told us that their current system did not create an alert when staff failed to arrive at a care call. Timely action had not been taken when missed calls took place in April 2022 and further missed calls and late care calls had occurred. The registered manager added that they currently relied upon the person, or their relatives, to contact them to alert them to any missed or late visit. This was not a safe or appropriate system. Some people lived alone and were not able to alert office staff.
- The registered manager's quality assurance systems in handling complaints was not always robust in ensuring lessons were learned. For example, some concerns we were told had been reported, had not been recorded or action taken to reduce risks of reoccurrence or satisfactorily resolve the issue raised.
- Some quality checks were in place and were recorded. However, these had not always been adapted to suit the needs of a domiciliary care agency service. For example, the medication audit showed no evidence of people's medication administration record being checked. The audit focused on what would be relevant in a care home.
- A 'Human Resources' audit dated February 2022 recorded staff files had been checked and contained the correct information. However, the audit contained no detail on the staff files checked and had not identified the issues we found where some information had not been placed on staff files as required.
- Policies and procedures were in place and staff could access these at the agency's office. Some improvements were needed to ensure policies were consistently relevant to care in people's own homes. For example, part of the infection control policy referred to 'the home' (care home) and "each base must have all the appropriate spillage kits for all types of spillages; blood, body fluids and mercury." This policy had not been adapted by the registered manager to the needs of their staff.
- The registered manager had no system in place to ask staff about other employment they had so they could be aware of the overall working hours of some staff. Whilst staff were given the opportunity to opt out

of the 48 hours Working Time Directive, we found the registered manager had not asked staff to inform them when they had multiple jobs. One staff member told us, "I can't tell you about anyone I support because there are too many of them for me to remember. I have three care jobs and work 60 hours a week." We discussed our concern about this with the registered manager and compliance manager who told us they had been unaware of long hours worked by staff and would implement a system so staff informed them of having other employment, so they could monitor hours worked.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The registered manager told us about their current plans to make improvement to car call monitoring. A new 'app' to the care call monitoring system was due to be installed. This new system would create alerts so action could be taken to prevent missed care calls. The registered manager assured us this would be in place before the end of July 2022.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their legal responsibilities under the duty of candour.

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

- The registered manager and compliance manager told us people and their relatives were asked for feedback and surveys have been sent during June 2022. However, some people and relatives could not recall receiving a survey or ever being asked for their feedback.
- Feedback from the survey showed 14.3% of people felt the service needed to improve on its responsiveness to their care needs. An action plan had been completed, and the registered manager planned to meet with people and relatives who were not satisfied with the service provided.

Continuous learning and improving care; Working in partnership with others

- The registered manager and compliance manager worked in partnership with other healthcare professionals involved in people's care.

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 10 HSCA RA Regulations 2014 Dignity and respect The provider did not always ensure the privacy or dignity of service users was maintained by staff.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not always do all that was reasonably practicable to mitigate risks related to missed care calls.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not always assess, monitor and improve the quality and safety of the services provided.