

24/7 Staffing Support Ltd

24/7 Staffing Support Kettering

Inspection report

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15 August 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

24/7 staffing support Kettering is a domiciliary care agency providing personal care to younger adults and older people, people with physical disability, dementia, learning disabilities or autistic spectrum disorder. People are supported in their own houses. At the time of our inspection there were 12 people using the service.

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

Recruitment procedures required further development to ensure they followed current best practice guidance. The registered manager had ensured staff had a current DBS check in place. Staff demonstrated good knowledge of the safe management of medicines. Individualised plans were not in place to support people with as and when required medicines, this meant people could be at risk of not receiving these medicines safely, the registered manager started to address this during the inspection.

Gloves and aprons were provided for staff to prevent the spread of infection and staff knew how to protect people. Not all infection risks had been identified or were being managed effectively. The registered manager agreed to seek professional guidance in this area. Staff had received training in how to protect people from abuse and knew how to report concerns.

Assessments for people prior to them starting with the service were not consistently completed to ensure the service could meet the person's needs. End of life decisions were not routinely discussed, and we have recommended that the provider consider current guidance around this. Staff had an induction and training prior to starting with the service, some areas of people's care were not included in the providers training, but staff demonstrated good knowledge in these areas.

The registered manager was working in partnership with the local authority to implement systems to ensure oversight of the quality of the service. We have made a recommendation around ensuring effective quality assurance monitoring.

There was a culture of continued learning and improvement and the registered manager understood the need to be open and transparent when things had gone wrong. We also found they had a good understanding of their responsibilities and the regulatory requirements. People's feedback on the service was sought regularly and the information collated to improve the service.

There were enough staff available to meet people's needs and people received their care from a regular team that knew them well. People told us they had good relationships with staff and about how staff were kind and caring. People's choices and preferences were considered and respected in the assessment and care planning process.

Information gathering around culture, religion and sexuality could be better explored. We have made a recommendation that the provider seek guidance around ensuring they have the information needed to ensure these needs are met. Partnership working with other professionals ensured people had access to healthcare services when they needed them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

At the time of our inspection the service was not supporting anyone with a learning disability. However, the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion.

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 25/10/2018 and this is the first inspection.

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.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led
Details are in our well-led findings below.

Requires Improvement ●

24/7 Staffing Support Kettering

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

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 2 August 2019 and ended on 15 August 2019. We visited the office location on 2 August 2019. We made telephone calls to people and staff on 13 and 15 August 2019.

What we did before the inspection

We reviewed the information we held about the service. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with four members of staff including, the registered manager and three care workers. We reviewed a range of records. This included three people's care records and three care staff members records. We looked at records in relation to training and staff supervision and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff schedules and staff monitoring records.

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 some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people had been assessed but not consistently planned into care. For example, one person had a risk assessment in place for a health condition, but this information was not included in their "about me document".
- Risk in people's homes was not consistently assessed this meant we could not be reassured that staff always had the information they needed to keep people and themselves safe.

Staffing and recruitment

- The recruitment process had not fully explored staff education and previous work history and the providers policy did not reflect current best practice guidance. However, identity checks were in place and disclosure and Barring Service (DBS) checks were completed prior to staff working with people. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- There were enough available staff to meet people's needs. One relative told us they had not had any missed visits and if regular staff are ill or on holiday alternative staff are deployed to cover. An electronic call monitoring system was in place to monitor staff attendance and time keeping.

Using medicines safely

- Individualised guidance records were not in place to support people and staff with as and when required medicines. We discussed this with the registered manager who sought best practice guidance, demonstrated a good understanding of what was required and started this process during the inspection. This will need to be continued and embedded in practice.
- Medicines charts gave clear guidance on how to give people their medicine and staff told us they were easy to follow. Staff had a good understanding of what action to take in the event of a medicines error. One staff member said they would, "Call the doctor for advice, record errors, tell the manager."

Preventing and controlling infection

- Risk relating to a person's infection control was not being appropriately managed, we raised this immediately with the registered manager who agreed to seek professional guidance regarding this.
- Staff understood the importance of using protective personal equipment (PPE) and maintaining a clean environment. Gloves and aprons were available for staff to prevent the spread of infection. One staff member told us, "We keep spares in the car just in case [they run out]." People confirmed that staff wore PPE and washed their hands.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I always feel safe with them."
- Staff were trained and had a good understanding of how to recognise signs of abuse and how to report concerns. One staff member told us that a copy of the whistle blower procedure was included in the staff handbook for guidance.

Learning lessons when things go wrong

- Lessons were learned when things had gone wrong, near misses were identified and acted upon. For example, the registered manager had identified the potential risk for a medicine's error for one person. They mitigated the risk by putting a process in place and communicated this with family and staff to ensure the persons safety.

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.

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

- People's care needs were assessed prior to the service starting. However, this information was not consistently completed. For example, one person's assessment had missed one of their health conditions and had not included information about important relationships or religion and culture. Another person's assessment had not fully explored the skin care needs that were highlighted. This meant we had limited reassurance that full assessments were taking place to ensure that people's needs could be met prior to admission to the service. However, we saw no evidence this had impacted on the standard of care people received and people were supported by a regular team of staff that understood and could meet their needs.

Staff support: induction, training, skills and experience

- Staff had received an induction and training prior to working with people. Where required specialist training had been provided to ensure that staff could meet people's individual health and care needs and their competencies were checked by a trained professional. For example, one person was being supported by trained staff with a specialist feeding regime.
- Staff received regular spot-checks, supervisions and one to one meetings, they told us they felt well supported in their role and the provider and registered manager made extra training available on request.

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

- People's food and drink needs were assessed and planned into care. Staff told us they had enough time to support people properly where needed. One person had a specialist feeding regime, an individualised care plan was in place for staff guidance and included information on infection control and safe positioning for the person.
- Records showed that people's choices around food and drink were supported. One person told us, "I choose what I want to eat."

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

- Staff supported people to access healthcare services and worked in partnership with other professionals such as GP's, Dieticians and physiotherapists.
- One relative told us staff helped their relative to complete their physiotherapy exercises regularly. People had been supported to access occupational therapist services when needed to ensure they had the right equipment to meet their needs.

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 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 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 and found that they were.

- People were being supported in the least restrictive way possible. People told us they and their families had been involved in the assessment and planning process. Care plans were not consistently signed to consent to care but daily care records showed the staff sought consent prior to delivering care. One relative told us, "Staff can follow the care plan, it is detailed, they listen to [relative] they do things how [relative] likes it." A person told us they had signed their care plan to agree to the care being provided.
- The registered manager considered people's capacity to consent to their care and where required carried out MCA assessments.
- The registered manager had recently introduced MCA training to the training schedule. Not all staff had completed this at the time of the inspection. However, they had a good understanding of the principles. One staff member said, "Everyone has the right to choice, we cannot classify everyone as not having capacity even if people have dementia they can still make choices." Another staff member told us, "We encourage them [people] to eat and take meds we can't force them [people] to take them."

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

- Care plans did not consistently record people's sexuality, life history, hobbies or cultural needs. This would need to be addressed and continued and embedded in practice to ensure people's needs were being met. However, Staff had received training in equality and diversity and knew the people they worked with well and demonstrated a good understanding of their needs. The provider had an equality and diversity policy in place for support and guidance in this area.

We recommend the provider consider current guidance on ensuring people's needs around religion, culture and sexuality are met and act to update their practice accordingly.

- People were happy with the care they received and had developed good relationships with their staff. One person told us staff were "Absolutely brilliant, couldn't recommend them enough I was worried about coming home but they have really put me at ease." Staff rotas were arranged so that people received care from a regular team of staff that knew them well. Staff told us they respected people's choice if they preferred a specific gender of carer to deliver their care.

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

- People were supported with making their own choices and decisions, this was reflected throughout care plans and staff notes. For example, records showed that one person had made a particular choice around declining medicine for a health care condition, this had carried an element of risk, but the choice had been respected and included in the care plan.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt respected and their dignity was considered during care. One person told us, "[Staff] always close curtains and doors while they are helping me." Another person said, "[Staff are] respectful of me and what I want." A staff member said, "[I] close curtains and doors. [I] treat them the same as I would like to be treated, I would close the door for a shower and close the curtains."

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

- Care plans required further development to ensure staff had all the information identified in the assessment process to support people's needs. However, care plans did reflect people's choices and promoted independence and people told us they had control of their care. One person said, "I am involved in my care plan it's been changed a few times."
- Staff told us they got to know people well and an "about me" document gave staff insight into the person. People's preferred routines were detailed. One relative told us, "Staff help with washing [relative] they use soaps and things [relative] wants."

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 and included in the care planning process. Information could be made available in easy read format and large print where required. Information had been made available where needed in pictorial format.

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

- Not all people using the service required social support, people were supported to access the community where required. One person told us, "Staff assist with shopping whenever I want to go."

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and were confident the registered manager would listen and respond appropriately. One relative told us they had made a complaint previously, they said, "[Registered manager] has dealt with issues of staff in the past promptly." The registered manager was in the process of developing a system to ensure they responded to complaints in line with their policy.
- A copy of the complaint's procedure was provided in the service user guide, this also signposted people to other organisations such as CQC and the local authority.

End of life care and support

- At the time of the inspection there was no one receiving end of life care support. People's end of life support and decisions in the case of a sudden death were not fully explored and recorded during the

assessment and care planning process. Staff had not received training in end of life care.

- The provider had an end of life policy and death of a service user policy in place for guidance.

We recommend the provider consider current guidance on discussing and recording people's end of life preferences and act to update their practice accordingly.

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 management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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 had a good understanding of their responsibility to be open and transparent when things went wrong. Where people had raised concerns or complaints they told us they had been resolved quickly.
- The registered manager had not documented the responses to complaints and did not have a system in place to ensure they responded in line with their own policy and procedure. We discussed this with the registered manager who told us this had been identified prior to the inspection and they were putting a monitoring process in place, this would need to be completed and embedded in practice.

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

- Quality assurance records and systems checks were newly in place and others were still under development to monitor the quality of the service. For example, the registered manager had recently implemented a schedule to ensure staff training dates and supervisions were completed regularly. A similar schedule was due to be introduced for reviewing people's care plans and risk assessments. This would need to be continued and embedded in practice.

We recommend the provider consider current guidance on effective quality assurance systems and act to update their practice accordingly.

- The business continuity plan required further development to ensure all risks had been explored. For example, it did not include a continuity plan for adverse weather conditions to ensure vulnerable people would be prioritised and receive continued support.
- The service had not needed to notify CQC of any significant events at the time of the inspection, but the registered manager confidently gave examples of when they would need to notify.

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

- Questionnaires had been sent to people to gain feedback on the service performance. One person said, "I get questionnaires regularly." The registered manager had recently developed a tool to collate the results and staff meeting records showed that compliments had been shared with staff.
- Staff were encouraged to attend meetings, these were also considered a social experience as the provider

provided refreshments. One staff member told us, "I find them useful, it is an opportunity to share learning and experience."

Continuous learning and improving care

- The registered manager and provider were committed to continuous learning. The registered manager was completing a care management qualification and attended local authority and local provider forums to gain knowledge and share learning.
- End of life training had not been included in the staff training schedule. We discussed this with the registered manager who was currently reviewing training to ensure staff had the skills needed to meet people's needs in this area.

Working in partnership with others

- The service had worked in partnership with other professionals including GP's, Physiotherapists and social workers to ensure people's needs were met.
 - The registered manager was working closely with the local authority to drive improvements including the implementation of quality monitoring systems to ensure better oversight of the service.
- Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
- The registered manager was friendly, approachable and was focused on service improvement to provide good quality person centred care. They maintained oversight of the service with a hands-on approach. One relative said, "[Registered manager] is very good with my [relative] they do the care sometimes [relative] loves him to bits he's more like family."