

KE 247 Staffing Solutions Ltd

KE 247 Support Services

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

About the service

KE 247 Support Services is a domiciliary care agency which is registered to provide personal care and support to people in their own homes including people living in supported living settings. The service is registered to provide support to children, adults under the age of 65 years, adults over 65 years, people with learning disabilities, people with mental health conditions and people with sensory impairments.

At the time of our inspection the service was supporting 10 people. Four of those people were in receipt of 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

Governance systems to monitor the quality and safety of the service needed to be improved and managerial oversight of the care and support provided needed to be strengthened to demonstrate good quality safe care was always provided. At the time of our visit a new care services manager was being recruited to address this.

Some information we requested was not easily accessible during our visits and completed audits and checks had not identified the shortfalls we found. That meant opportunities to drive forward improvement had been missed. In addition, the system to ensure CQC were notified of all significant events that happened was not always effective. Action was taken to address this.

Whilst one person told us they felt safe with their support workers and three relatives felt their family members were safe, risk management required improvement. People's needs had been assessed before they started to use the service. However, known risks associated with people's care and support were not always assessed and risk management plans did not always have important information to help staff provide safe care. Despite our findings staff understood how to keep people safe. The registered manager told us they would take action to improve safety.

Staff had been recruited safely and enough staff were employed to meet people's needs. Staff had completed safeguarding training and policies and processes were in place to safeguard people from the risk of harm.

Staff followed safe infection prevention practice in people's homes and confirmed Personal Protective equipment (PPE) was available for them to use to control and prevent the spread of infection. However, risks associated with COVID-19 had not always been assessed in line with guidance.

The management of medicines required improvement. Whilst most people's medicine records showed people had received their medicines as prescribed, national medicines guidance was not always followed and checks of medicines needed to be strengthened to ensure they were effective. The registered manager

told us this would be addressed.

People were supported to have maximum choice and control of their lives and staff did supported them in the least restrictive way possible and in their best interests. However, the policies and systems in the service did not support this practice.

Staff knew what people liked to eat and drink, and the registered manager and staff provided examples of how working with health professionals had benefited people. Overall, relatives provided positive feedback about the staff and told us the care and support provided was effective. Staff enjoyed their jobs and spoke positively about their induction and the training they had completed. The registered manager and the staff team understood the importance of treating people equally. People were respected, and people's privacy and dignity were maintained.

Relatives were involved in their family members care and felt the service was responsive. Whilst staff knew people well more information needed to be added to some care records to help staff provide personalised care. Staff understood how to communicate with people but the Accessible Information Standard (AIS) had not been fully considered during care planning.

The registered manager demonstrated commitment to learning lessons and understood their responsibility to be open and honest when things had gone wrong.

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 2020 and this is the first inspection.

Why we inspected

This was a planned inspection of this newly registered 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 we will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified two breaches of the regulations in relation to safety and governance and have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the registered manager and local authority to monitor progress. 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?

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 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 ●

KE 247 Support Services

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 two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats including five 'supported living' settings so those people can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 gave the service 48 hours' notice of our visits. This was because it is a small service and we needed to be sure that the registered manager would be available to support the inspection. Inspection activity started on 11 March 2022 and ended on 16 March 2022. We visited the office location on 11 and 16 March 2022.

What we did before the inspection

We reviewed information we had received about the service since it registered with us. We gathered feedback from the local authority and Clinical Commissioning Group (CCG) who funded the care provided. We also used the information the provider sent us in the provider information return (PIR). This is

information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with one person and three people's relatives via the telephone to gather their experiences of the care and support provided. We spoke with the registered manager, the administrator and three support workers. We reviewed a range of records. This included three people's care records, staff training information, three staff recruitment records, and records of the checks the registered manager completed to assure themselves people received a safe and good quality service.

After the inspection

We spoke with the registered manager and received information from them to validate the evidence we found. We gathered further feedback from the local authority and spoke with a health professional who was involved in one person's care.

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 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

- Risk management required improvement. Known risks associated with people's care and support were not always assessed. One person had epilepsy, but an epilepsy risk assessment had not been completed to help staff support the person to manage their condition and keep them safe in the event of them having an epileptic seizure.
- Not all people's risk management plans had important information to help staff provide safe care. One person's accessing the community risk assessment instructed staff to 'take reasonable actions' to keep the person safe if they ran out into the road. No further information was available to inform staff what this instruction meant or what they needed to do to keep the person safe, which placed the person at risk.

We found no evidence that people had been harmed however staff did not have the information they needed to provide safe care, assess risks and prevent avoidable harm or risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager acknowledged our inspection findings and gave assurance risks would be reviewed, risk management plans would be completed and more information would be added to records to improve safety.
- Despite omissions in risk management records staff described how they managed risks with positive effect. One staff member said, "We manage behaviours using distraction techniques. We work in pairs and we are a consistent team so that helps. We notice the triggers, so if [Name] is getting excited we know to encourage them to watch their favourite tv programme or listen to music to calm down."

Using medicines safely

- The management of people's medicines required improvement. Some people were prescribed medicines to be administered 'as required'. Protocols for those medicines were not in place for staff to follow to ensure people received their medicines when they needed them in line with national medicines guidance. The registered manager told us this issue would be addressed.
- Not all of the medicine administration records we reviewed (MAR) showed people had received their medicines as prescribed. In addition, checks of people's medicines were ineffective and needed to be improved. For example, a check of medicines during January 2022 had not identified a staff signature was missing to confirm administration of a medicine during January 2022. Therefore, the provider was unable to assure themselves the medicine had been administered.

We found no evidence that people had been harmed however systems and processes were not sufficient to demonstrate people's medicines were managed and administered safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff had completed safe medicines training and their competency to administer medicines safely had been assessed.

Preventing and controlling infection

- The individual characteristics of staff including staff from Black, Asian and Ethnic Minority groups (BAME) had not been assessed to ensure staff were kept as safe as possible at work during the COVID-19 pandemic in line with national guidance. The registered manager gave assurance they would address this.
- Records confirmed staff completed COVID-19 testing in line with national guidance.
- Staff had completed infection control training which they told us helped them to protect people from the risks of infection. Staff confirmed they wore personal protective equipment (PPE) and followed safe infection prevention practice in people's homes.

Systems and processes to safeguard people from the risk of abuse

- One person told us they felt safe with their staff and all three relatives told us they felt their family members were safe. One relative said, "I know [Name] feels safe, they tell me, and they always want to go back whenever they go out."
- Policies and processes were in place to safeguard people from the risk of abuse. Staff had completed safeguarding training and provided examples of what they needed to do to protect people. One staff member said, "Part of my job is to keep people safe. If someone had unexplained bruises, I would complete an incident form and tell the manager. I would call the police if someone was in real danger."

Staffing and recruitment

- Relatives told us enough staff were employed to provide the care and support their family members needed. Staff shared this viewpoint.
- The registered manager was in the process of recruiting a new care services manager and had also advertised for a new administrative assistant to help them to run and manage the service.
- Staff were recruited safely. Safe recruitment procedures had been followed to make sure staff were suitable to work with people who used the service.

Learning lessons when things go wrong

- The registered manager demonstrated commitment to learning lessons when things went wrong to improve outcomes for people. They said, "I want to get it right for people. I welcome support and advice."
- Staff completed reports when a person had been involved in an incident or accident. Staff also attended debriefing sessions following incidents to support continual improvement and reflect on what had happened in an attempt to prevent recurrence.

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 as requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- The registered manager demonstrated an understanding of their responsibilities in line with the MCA. Two relatives confirmed staff sought consent from their family member before they provided any assistance.
- Staff had completed MCA training and gave examples of how they supported people to have choice and control over their lives. However, further information needed to be added to care records to ensure people's care and support was consistently provided in line with the requirements of the Act. For example, what support people needed from staff to make particular decisions. The registered manager told us they would add further information to address this shortfall.

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

- People's needs were assessed before they started to use the service. The registered manager told us they used the information to assess how the service could meet people's needs.
- In addition, information from the assessments was used to inform staff training programmes to help staff gain the knowledge and skills they needed to meet each identified need.

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

- Staff told us they knew what people liked to eat and drink. Whilst relatives felt their family members received enough support to maintain a balanced diet, we found more information needed to be added to care records to ensure food and drink was always provided in line with people's wishes. The registered manager told us they would address this.

Staff support: induction, training, skills and experience

- Overall, relatives felt staff had the skills they needed to provide effective care. One relative said, "They [staff] seemed trained but I will be honest some are better than others." Another relative told us, "Staff are good. I wish we had them before. They know how to provide the support [Name] needs."
- Staff spoke positively about their induction when they had started work at the service and their ongoing training. One support worker said, "Training is good. I did a three-day practical training course to manage behaviours. Training helps me to do my job."
- The staff training matrix documented staff members had completed multiple training courses all on the same day. In response to this the registered manager explained during the coronavirus pandemic staff had needed to complete a lot of their training courses online. They recognised their staff had different learning styles and more 'face to face' training sessions were being introduced at the time of our visits.
- Staff met frequently with the registered managers to discuss and reflect on their practice.

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

- Staff and the registered manager demonstrated commitment to working with health professionals such as dentists to support oral hygiene and provided examples of how that partnership working had benefited people. A health professional said, "We meet with [registered manager] every week to talk about [Name]. They added, "[Registered manager] listens to suggestions and tries out new ideas."

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

- One person said, "Yes, yes," when we asked them if they liked their staff and relatives shared positive feedback about the caring nature of the staff. Comments included, "They [staff] seem like kind people," and, "They are lovely staff; they are super. They maintain regular contact with me. It's very good."
- One relative explained they had received a birthday message wishing them a happy birthday from the staff which they thought was a kind gesture.
- Staff enjoyed their jobs and confirmed they would be happy for someone they loved to receive support from the service.
- Staff had completed equality and diversity training and discussions confirmed they understood the importance of promoting equality and treating people equally.
- The registered manager was in the process of adding further information to people's care records in relation to their cultural needs and preferences at the time of this inspection. The registered manager said, "We have all of the information in our heads. I need to capture it on paper, I will do it."

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

- Relatives felt involved in their family members care and support. One relative explained how they were invited to regular meetings to discuss and agree any changes. Another relative commented, "Dozens of meetings over the months about [Name]. We have had a few ups and downs, but we are in a good place now." A staff member said, "We talk to [relative], they are quite involved. We have meetings and phone them if there are any problems." Records confirmed this.
- Staff described how they supported people to make day to day decisions about their lives such as what clothes to wear. One staff member commented, "[Name] chooses what they want, we prompt but ultimately they choose."

Respecting and promoting people's privacy, dignity and independence

- One relative felt staff were respectful and another relative described staff as 'polite'. They went on to say, "They [staff] promote privacy and dignity. They take [Name] into the bathroom and make sure the doors are closed and things like that."
- People's independence was promoted. One relative explained how their family member was encouraged to make friends with other people which they felt was good for both their independence and confidence.
- A health professional told us, "[Name] has developed and has had the opportunity to grow and learn new skills, that's down to the staff team."

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

- Staff knew people well and most people's care records were personalised and had been regularly reviewed. For example, one person's care plan detailed how their love of writing could be used by staff as a de-escalation technique if the person became anxious. However, the amount of information contained within care records varied and the shortfalls we found around record keeping are further explained in the in well-led section of this report. The registered manager gave assurance further information and detail would be added to support personalised care.
- Staff rotas confirmed people received their care and support from a small number of consistent staff.
- Relatives felt the service was responsive. One relative said, "[Name] lives a good life and is active always out and about. [Name] likes swimming and going out for a drive staff take him at least one a day." Another relative told us, "They (staff) seem to know [Name] and since they have looked after them, things have settled. Before that, the problem was frustration as [Name] couldn't express themselves. But now they are more confident, and happy. That's based on what I see."

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.

- Whilst the AIS standards to support people's needs had not been fully considered during care planning staff they understood how people communicated for example, through their body language and gestures meant. The registered manager confirmed plans were in place to address this.
- Some information such as the complaints policy was available in different formats and languages.

Improving care quality in response to complaints or concerns

- Relatives knew how to complain and felt able to do so. One relative said, "I had a problem and I went straight to [registered manager]. Within ten minutes it was sorted."
- Staff understood their responsibility to support people or relatives to raise concerns.
- Records confirmed complaints had been managed in line with the provider's complaints procedure.

End of life care and support

- At the time of our inspection the service did not support anyone who was at the end stage of their life. The registered manager told us end of life care and support in line with peoples wishes could be planned and

provided if it was needed.

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.

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

- The provider's statement of purpose (SOP) was not up to date during our first visit because the types of service provided and who the service was provided to were not accurate. A SOP is a legally required document that includes a standard set of information about a provider's service as required by the regulations. We discussed this with registered manager, on our second inspection visit this had been addressed and an updated SOP had been submitted to us.
- The system in place to ensure CQC were notified of all significant events that happened was not robust. This was because we had not been notified of an allegation of abuse that had occurred in September 2021. The statutory notification was submitted retrospectively following our request.
- Governance systems and the managerial oversight of the care and support provided needed to be improved to demonstrate people always received good quality, safe care. In addition, some information was not easily accessible during our visits and audits and checks had not identified the shortfalls we found. That meant opportunities to drive forward improvement had been missed.
- Care records including some care plans and risk assessments needed to be improved. Known risks associated with people's care and support were not always assessed, and further information needed to be added to some people's care records to ensure personalised and safe care and support was always provided.

Systems were not established or operated effectively to assess, monitor and improve the quality and safety of the service. Also, accurate, complete records in respect of each person were not maintained. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving 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; Working in partnership with others

- The registered manager understood their responsibility to be open and honest when things had gone wrong. They welcomed our inspection and took some immediate actions in response to the feedback we provided.
- An improvement action plan was in place prior to this inspection and the registered manager informed us they were already working in partnership with the local authority to drive forward necessary improvement. Local authority commissioners confirmed that was correct.

- The registered manager demonstrated commitment to learning lessons to benefit people and acknowledged some aspects of the service needed to be improved. One way they planned to achieve this was by recruiting a new care services manager to strengthen the management team. The registered manager said, "I have learnt an expensive lesson. A key member of the staff team left in September. Things slipped and I have recognised I can't do everything on my own. We have a new care services manager starting very soon." They added, "My priority is rebuilding the service."

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

- People, their relatives and staff spoke positively about the leadership of KE 247 Support Services and confirmed they had opportunities to share their feedback about the service. A relative said, "We have a very good rapport with the manager. Regular contact is maintained. The manager is really open and cares... you know that from the way that she speaks and how she quickly actions things."
- Staff confirmed they had regular opportunities to meet with the registered manager. They told us the culture of the organisation was supportive and inclusive. One support worker said, "We all have supervisions and team meetings. I feel very supported, the manager does listen, she never takes a day off."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks were not always assessed, identified and mitigated. Staff did not always have the information they needed to provide safe care and prevent avoidable harm or risk of harm. Medicines were not managed and administered safely.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not established or operated effectively to assess, monitor and improve the quality and safety of the service. Accurate, complete and contemporaneous records in respect of each service user were not maintained.</p>