

Staffcall UK Limited

# Staff Call UK Ltd

## Inspection report

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Date of inspection visit:  
27 November 2019

Date of publication:  
11 December 2019

## Ratings

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

# Summary of findings

## Overall summary

### About the service

Staff Call UK LTD is a domiciliary care service providing personal care to two people. The service supports adults and people living with dementia. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. We also consider any additional support they receive.

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

People were supported by staff who had been recruited safely. Staff followed procedures to keep people safe. People received their medication as prescribed. Risks were assessed to mitigate any risks to people.

People's nutritional needs were met. 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. Staff were supported through training, supervision and reflective practice.

Staff treated people with respect, they had formed positive relationships with people. People's privacy and dignity was maintained.

People received a person-centred service. People were fully involved in the development of their care plans. Staff supported people with their social interests.

We received positive feedback about the registered manager. Staff told us they felt well supported. People were given opportunity to give feedback on the service.

Governance systems were in place. Development to audits was required to ensure they covered all areas.

We made a recommendation about governance systems.

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

### Rating at last inspection.

The last rating for this service was requires improvement (published 31 May 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was 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 well-led.

Details are in our well-led findings below.

Good ●

# Staff Call UK Ltd

## 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 one inspector.

#### Service and service type

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

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 24 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.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the

management of the service, including policies and procedures were reviewed.

We spoke with three members of staff including the registered manager, office manager, and one care worker.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data.

We spoke with one person who used the service and one relative about their experience of the care provided. We spoke with three further care workers.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person told us, "Yes I feel safe, the staff treat me and my home with respect."
- Policies and procedures were in place to safeguard people from the risk of abuse.
- Staff had knowledge of safeguarding procedures and felt confident to report any concerns.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risks to people were managed and reviewed on a regular basis.
- Environmental risk assessments had been carried out to ensure people and staff were safe in people's homes.
- Staff had knowledge of how to reduce the risk of spread of infection. People confirmed staff wore gloves and aprons when required.

Staffing and recruitment

- Staff were recruited safely; appropriate checks were carried out to ensure people were supported by staff of suitable character.
- Consideration was given during the recruitment checks based on people's hobbies and interests to ensure the correct staff were recruited for people.
- There was sufficient staff employed by the service. People told us staff arrived on time.

Using medicines safely

- Medicines were managed safely.
- People were happy with the support they received with their medication. Records showed recording minor errors, which had no impact on people. This was addressed straight away by the office manager.

Learning lessons when things go wrong

- Accident and incidents were recorded and reported to the office staff, who ensured appropriate action had been taken.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 needs had been assessed prior to them receiving a service. These were reviewed, and care plans updated when any changes occurred.
- People's care plans detailed the support they wanted to receive in line with their preferences and choices.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to care for people effectively. They received training and shadowed experienced staff as part of the induction.
- Staff were supported through a variety of measures including supervisions, observations appraisals and reflective reviews.

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

- People's nutritional needs were met. Care plans detailed people's preferences and needs with regards to their nutritional support.
- People were happy with the support they received with their meals.

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

- People and their relatives took charge of their own health care. They told us, should they require support the service would provide this.

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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People were supported in line with the MCA. People had signed consent to their care and support and

told us staff always gained their permission prior to providing care.

- Where people had capacity and had given permission for decisions to be made on their behalf, this was recorded in their care plans.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People were treated with respect by staff who they had developed positive relationships with. One person told us, "The staff are kind, reliable and gentle. We have a good laugh."
- People were valued as individuals. People's diverse need were explored at assessment to ensure these were respected.

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

- People were fully involved in the development of the care plan.
- Staff encouraged and supported people to make their own decisions. One person told us, "I am in full control, I tell them what to do based on what I want at that time."
- People were encouraged to give feedback through review meetings and catch up calls which ensured people views were respected and listened to.
- Nobody required the support of an advocate at the time of inspection. The registered manger was aware of how to support people to access advocacy if required.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Feedback we received included, "Staff respect my privacy and dignity, they always knock before they come in."
- Care plans detailed what people were able to do for themselves to ensure staff promoted their independence.
- Care records were kept securely to maintain confidentiality.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 and support was delivered in line with people's preferences. People were happy with the care they received and confirmed they received a person-centred service.
- People and their relatives were fully involved in the development and review of care plans to ensure their needs and preferences were met.

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 recorded in their care plan.
- Staff knew people well and communicated effectively with them.
- The registered manager informed us they could access information in different formats should people require this.

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

- Care plans included people's social interests and hobbies. Staff worked with people to set and achieve goals in relation to activities and areas of interests they wanted to develop in.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and people were given a copy of this when they start receiving a service.
- Complaints had been responded to in line with the provider's policy.
- People told us they felt confident to complain and that any concerns would be addressed.

End of life care and support

- People's care plans detailed decisions they had made with regards to, Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR). The registered manager was developing the assessment procedure to offer wider discussion regarding people's end of life care wishes.
- The service had not supported anybody with end of life care. Staff had knowledge of how to support people with end of life care. They told us, they would work with health professionals and ensure people were comfortable and pain free.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Systems were in place to ensure the service was monitored. Audits required some development, for example, ensuring medication audits checked all aspects of medication records. We discussed this with the registered manager who assured us this would be addressed.

We recommend that the provider refers to current guidance to ensure governance systems effectively identify and manage the quality of the service.

- Regular checks were carried with people to ensure they were happy with the service.
- The registered manager and staff were clear about their roles.
- The registered manager understood their responsibilities to act in an open and transparent way by being honest with people when an incident occurred.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted a positive culture which was person centred. One person told us, "This is the most person-centred service. The staff and management are all good."

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

- People and their relatives were fully involved in the service. Regular opportunities were offered for people to give feedback on the service. This included surveys, review meetings and telephone check in calls. Any feedback was listened to and appropriate action taken.
- Staff were happy in their roles and felt well supported. One staff told us, "I am very happy working here. I can't complain with anything. They management really support me."

Working in partnership with others; Continuous learning and improving care

- The registered manager attended forums to develop links and work in partnership with others. They also subscribed to online best practice websites to ensure they stayed up to date with best practice.
- Staff told us they worked in partnership with people's relatives and would work in partnership with health professionals when required.

