Staffcall UK Limited

Staff Call UK Ltd

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Staffcall UK Ltd is a domiciliary care agency located in Hessle in the East Riding of Yorkshire and is situated eight miles from the city of Hull. Limited parking is available on the road outside the main office. At the time of our inspection the registered provider was providing care and support to 8 people.

This inspection took place on 09 May and the 16 May 2017. The inspection visit was announced 48 hours in advance in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services. The provider registered the service at the current address on 13 May 2016 and this was their first comprehensive inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered provider had developed and trained care workers to recognise signs of abuse and harm to people. They understood and used associated policies and procedures and discussed when they were required to follow local safeguarding protocols to escalate concerns to help keep people safe from harm and abuse.

The registered provider had a robust recruitment process. Checks were completed that helped the registered provider to make safer recruiting decisions and minimise the risk of unsuitable people working with vulnerable adults.

There were sufficient skilled and qualified care workers to meet people's individual needs and preferences. People received their care and support from regular care workers that ensured continuity and consistency.

Where people had been assessed as requiring assistance with their medicines, these were administered safely in line with their prescription. Systems and processes were in place to record the administration of medicines and we found these records were complete and up to date.

The registered provider had systems and processes to record and learn from accidents and incidents. Associated documented outcomes, and resulting actions implemented as a result of investigations, helped prevent re-occurrence.

Care workers were supported in their role and development. Care workers received documented supervision and annual appraisals. Care workers shadowed experienced staff until competent in their role. Spot checks and observations were completed that ensured care workers remained competent in applying the skills they had learnt in theory to their practice.

Care workers had received training and understood the requirements of The Mental Capacity Act 2005 (MCA). We checked and found the service was working within the principles of the MCA. Staff confirmed people were assumed to have capacity unless assessed as otherwise and were supported to make decisions. At the time of our inspection no one receiving a service had any restrictions in place.

People were supported to eat and drink healthily. Any specific dietary needs were recorded in their care plan and care workers confirmed they requested support from other health professionals where it was required.

Care workers understood the importance of respecting people's privacy and dignity. We saw care workers were polite and sensitive to people's needs and always sought confirmation and agreement from the person to everything they were doing.

Care plans recorded people's preferences and any diverse needs. We saw any religious or cultural needs were recorded where the person had provided this information

People were promoted to live as independently as possible. Care plans included areas of care and support people required help with and this information was sufficient to guide care workers in meeting people's individual needs.

The registered provider involved people in their care planning and reviews and only considered accepting people into the service once it was established their needs could be met. Care records were written with and centred on people. People had been involved with their care plans and where they were able to, had signed to confirm they understood and agreed to the content. The registered provider was working with the local authority to carry out joint assessments with people and to document their agreement to their care planning.

The registered provider had systems and a policy in place to receive and respond to any complaints. We saw from records held that there had been no complaints made to or about the service.

There were clear levels of responsibility within the organisation. Care workers understood their levels of responsibility and knew when to escalate any concerns. The registered manager was responsive to feedback and proactive with any concerns raised and had a good understanding of their role and responsibilities.

The registered provider completed quality assurances checks that helped to provide a consistent service and identify any areas of improvement. People's views were sought on their care and support by an annual survey and during individual reviews. People confirmed they were happy with the service they received.

The registered provider worked effectively with external agencies and other health and social care professionals to provide consistent care, to a high standard for people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from avoidable harm and abuse by care workers who had received safeguarding training and understood their responsibility to report any incidents of suspected harm or abuse to the relevant people.

There were sufficient numbers of skilled care workers employed and this ensured people received the service that had been agreed with them.

Assessments were completed with people and risk management plans were in place that enabled people to receive safe care and support without undue restrictions.

Where people were assessed as requiring assistance with their medicines, processes in place were followed by care workers that ensured people received their medicines safely in a timely manner.

Is the service effective?

Good

The service was effective.

Care workers were supported in their role with a range of training to ensure they had the appropriate skills to undertake their role and safely meet people's needs.

People were supported to eat and drink healthily and had access to other health professionals to maintain their health.

The manager and care workers understood their responsibilities in respect of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

The feedback we received and our observations confirmed that care workers cared about the people they were supporting.

Care plans recorded people's individual care and support needs and these were reviewed and updated.

Care workers understood the importance of, and respected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People, their relatives and other health professionals were involved in planning their care and support and care plans recorded information about their individual care needs and their preferences.

There was a complaints procedure in place and people told us they knew who to speak with if they had a concern or a complaint.

People's preferences for activities, likes and dislikes were recorded and these were understood by care workers.

Is the service well-led?

Good

The service was well led.

The registered manager understood the requirements of their role and registration with the CQC. Care workers understood their roles and responsibilities and when to escalate any concerns.

The registered provider sought the views of people, who had responded that they were happy with the service they received.

There was a variety of methods in place to share information concerning the service with people and care workers within the organisation.

Staff Call UK Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 09 May and the 16 May 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection was completed by one adult social care inspector.

Before this inspection we reviewed the information we held about the service, which included any notifications we had received from the registered provider.

We asked the registered provider to complete and submit a provider information return (PIR) prior to the inspection; this is a document that the registered provider can use to record information to evidence how they are meeting the regulations and the needs of people who live at the home and any improvements they plan to make. We used the information returned in the PIR to assist us with the inspection process.

The local authority health and social worker reablement team were contacted for their feedback as part of the inspection.

During the inspection we visited two people in their own homes and observed interactions between people who used the service and their care workers.

We spoke with two people using the service and four relatives of people receiving a service at the time of our inspection. We also spoke with the registered manager, the compliance lead and six care workers.

We reviewed six care records for people, recruitment files and training records for seven care workers and looked at various other records relating to the management of the service.

Good

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe in their homes and when care workers visited. Comments included, "I feel at ease with everybody who visits me; consistency of care workers turning up has really improved and I generally know who is coming which is very reassuring". "I have a regular care worker now, they are fantastic and can't seem to do enough; I feel safe no matter who it is that calls round from the agency".

The registered manager showed us a clear policy for safeguarding adults from harm and abuse. This gave care workers information about preventing abuse, recognising the signs of abuse and how to report it. It also included contact details for other organisations that could provide advice and support. Care workers had received training in safeguarding as part of their induction.

Care workers were clear on the types of abuse to look out for and were aware of what to do if they suspected people they supported were being abused or were at risk of harm. A care worker said, "I am always vigilant, I have a regular round so can keep my eye on people, I have got to know people I support and would record and escalate any changes in behaviour or attitude". The registered manager provided us with a copy of their safeguarding policy and procedure and was knowledgeable about when to escalate any concerns for further investigation by the local authority safeguarding team.

A care worker told us, "There are a lot of ways to report abuse, we can go to our manager or the local authority and we can 'whistle blow' any concerns about any bad practice we are aware of, anonymously with the Care Quality Commission [CQC]". The registered provider had a whistleblowing policy that provided care workers with additional guidance on raising their concerns. This meant systems and processes were in place that helped to keep people safe from harm and abuse.

The registered provider ensured sufficient trained care workers were employed to meet people's individual needs and provide consistent care and support. A new care coordinator had recently been employed who was responsible for ensuring people received the same care workers for the right time and duration to meet with people's individual needs. The registered manager confirmed, "It is important people know who is coming, so they can build relationships, trust and provide the best care". Care workers told us, "We have plenty of time to travel between calls and long enough at the call to spend time with the person, we are not rushed or task orientated and can spend quality time with people". "The calls are more regular and consistent, people know who is coming and are reassured by this".

The registered provider did not have a call monitoring system in place. However, because the service was relatively small, procedures were in place to ensure any missed or late calls were picked up. The registered manager told us, "As we increase our service with more people cared for and supported, we will be looking to implement a system that will electronically record when care workers arrive and leave a person's home so we can respond immediately". This was confirmed on the PIR, 'Staff Call UK Ltd are currently looking into a staff monitoring system so that we are able to log in and out of our clients premises recording exact times of visits and immediate brief details of the client throughout the call.' The registered provider had a bank of

agency care workers who could be relied on that ensured there was always cover available when it was required.

The registered provider had a robust recruitment process. All care workers had completed an application form, an interview and two reference requests had been recorded and were on file. Checks had been made with the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. These checks help employers make safer recruiting decisions and help to minimise the risk of unsuitable people working with children and vulnerable adults. It was clear that these checks had been undertaken and that the registered provider had received this information prior to the new employees starting work with the service.

Where people required assistance with their medicines, their care plan included a medication assessment form. This included guidance on the type of medicine for example, oral medicines, prescribed creams and eye drops, the amount of support the person required or if they were able to self-manage, and responsibilities for storage, re-ordering and collecting of prescriptions. The registered provider had a medicines policy and procedure in place that followed guidance in best practice. Along with training in medicines management and administration, we were assured care workers had the skills and knowledge to help ensure people received their medicines safely as prescribed. The registered managed showed us training records that were up to date and along with spot checks and observations that were documented, ensured care workers remained competent in this area of their work.

We looked at medication administration records (MAR) for two people who received assistance with their medicines. The records included information about the medicine, when it was required and what it was for. Care workers had accurately completed the MAR when they had administered the medicines. A care worker told us, "Other health workers and relatives administer medicines for [name] when we are not in attendance but we have a good system and they record this on the MAR to ensure we have access to a reliable record of what the person has taken and when". This meant people were supported to take their medicines safely as prescribed and that this was recorded and reviewed.

Assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. This included environmental risks. For example, access in and around the person's property and fire safety were documented and reviewed. Risk assessments had been completed to enable care workers to provide people with support and care appropriate to their needs and without unnecessary restrictions in place. We saw these included diet and nutrition, moving and handling, medication, aids and appliances and falls.

The registered manager showed us a business continuity plan which provided detailed information to maintain services should there be an emergency situation.

The registered provider had systems and processes to record and learn from accidents and incidents. Associated documented outcomes, and resulting actions implemented as a result of investigations, helped prevent re-occurrence.

Good

Is the service effective?

Our findings

People we spoke with were confident that care workers had the necessary skills and knowledge to meet their needs. One person said, "The care worker is excellent; they understand everything and I don't have to tell them what to do; they just get on with whatever needs doing and they do it very well". A relative of a person receiving a service told us, "The care workers are great; I couldn't manage without their support with [name]". They continued, "[Name] has just come back home from hospital and needs to be moved carefully, at the moment as they are in a lot of pain". We discussed this with the registered manager who was aware of the situation. The registered provider had made a referral for a new assessment for the person with occupational health and had discussed the concerns with the safeguarding team. The registered manager told us, "We are concerned the person's needs have changed and we are seeking further guidance to ensure the person receives the very best care and support". People's needs were continually reviewed and assessed by the registered provider and this information was recorded in their individual care plan.

All care workers confirmed they had completed an induction to their role. A care worker said, "The induction was really good, it was detailed with information about the company, our role, expectations, the organisations policies and procedures, and a range of training that included safeguarding, health and safety and moving and handling". Another care worker told us, "The induction is good and we receive enough information to commence our role effectively".

We looked at the training records for care workers. We saw they had completed the induction programme to the organisation and additional training to complete 'The Care Certificate'. 'The Care Certificate' is a set of basic but fundamental standards for social care and health workers to adhere to in order to provide safe and compassionate care. A care worker told us, "There is a lot of training available, not just the regular training like safeguarding and medication but also other training to meet people's individual needs". They said, "For example, I completed dementia awareness and PEG Training". Percutaneous Endoscopic Gastrostomy (PEG) is a way of meeting a person's nutrition and fluid needs through a tube when they have difficulty swallowing.

Some concerns were received from care workers regarding the way their training was managed. This included how they were assessed with practical training for moving and handling and medication. We discussed this with the registered manager who provided us with the training and schedule. They said and we saw, "We provide a robust training programme, care workers complete the detailed theoretical background to moving and handling and medication with practical demonstrations and classroom role play and this is then followed up with supervised observations and practical assessments in a residential setting".

The registered manager told us care workers initially worked in a residential environment after completing an initial assessment and induction. During this time they worked alongside experienced care workers and senior staff, who after the initial period signed off the practical element of the care workers role. Senior staff then provided an opinion on suitability of the care worker for the role and working unassisted. Care workers confirmed this period included observed hands on experience with moving and handling of people, medication and personal care. The registered manager told us, "Once a suitable assessment has been made

care workers are then free to be moved across to working with people in the community". They continued, "Care workers will still complete a second assessment and an introduction to the people they will care for in their own homes". This meant care workers were supported and assessed as competent before working independently with people.

Care workers we spoke with told us they felt supported in their role. Care workers' files included records of a comprehensive supervision and appraisal programme. The programme ensured face to face meetings were held every six months and spot checks were completed in between. Senior staff completed shadowing of care workers with documented feedback with actions where any improvements or training was identified. The registered manager told us they recognised the importance of spot checks that ensured care workers had the competencies in place to provide safe care and support in line with best practice. This meant care workers received appropriate training and were supported to develop in, and carry out their role effectively.

Care workers had received training and understood the requirements of The Mental Capacity Act 2005 (MCA). The 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 make 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. In the case of Domiciliary Care, applications to legally deprive a person of their liberty must be made to the Court of Protection.

We checked and found the service was working within the principles of the MCA. At the time of our inspection the service had not needed to make any applications to the Court of Protection.

People consented to care and support from care workers by verbally agreeing to it. Care workers confirmed they discussed care and support with people and asked them if they understood and were happy with what they were doing. We found people had been involved in their care plans and they had signed their consent as part of their contract in place to provide them with care as described in their care and support plan. During our inspection we observed care workers discussing the care and support they were providing to people in their own homes and we saw they always asked if people were happy with, understood and agreed to what they were doing. People responded positively and where they were provided with choices their responses were acted on.

People were supported to eat and drink healthily. One person said, "I find it harder to make my own food, even a sandwich can be difficult these days but the care workers help me out; I do what I can and they are very understanding". A care worker we asked told us, "Where we visit people with any specific dietary needs that information is recorded in their care plan as part of their assessment". They said, "One person has intervention form the speech and language team (SALT) to assess their needs to make sure they could swallow their food without choking". They continued, "We would always record and discuss any concerns we had if people were not eating properly or looked like they were losing weight and as appropriate we would request support from other health professionals where it is needed". People we spoke with confirmed they were supported to access a GP or other health professional should they need to.

Good

Is the service caring?

Our findings

People and their relatives who we spoke with expressed the view that they were well cared for. They discussed how the service had improved over the last few months. Comments included, "The care worker who visits me is a natural, they really know how to support me and they really do care". And "Mum is very well cared for, the care and support has meant my father can still enjoy his life, secure in the knowledge mum is well looked after by caring staff". And "The service has improved so much, we have regular staff now, we know who is coming and we can start to relax a little". A care worker said, "We have a much better rota in place and we see the same people now which is great as we can get to know them and understand what works, what doesn't and how to provide them with the best care for their needs".

Care workers understood the importance of respecting people's privacy and dignity.' One person said, "The care worker is very respectful when helping me wash, they avoid any embarrassing situations". A care worker told us, "When assisting people with bathing, I always make sure I discuss everything with the person, encourage them to do what they can and provide them with privacy, I use the 'mum test'; I treat people how I would expect my mum to be treated or how I would want to be treated". The registered provider told us on the PIR, 'All staff are firstly trained in a person centred approach to care.' A care worker confirmed, "Providing person centred care is something I think we all do very well for people".

We observed care workers interacting with people in their own homes. We saw care workers were polite and sensitive to people's needs. For example, they knocked on people's front doors and announced who they were before entering. Care workers addressed people how they wanted to be addressed and approached people at eye level. Care workers were considerate and responded to people's preferences by, for example, providing food of their choice.

During interactions with people we noted care workers would chat about people's day to day experiences, if they had any visits from relatives and engaged in conversations about the person's past histories. It was clear they knew about the people and their likes and dislikes. Care plans included this information. A care worker told us, "People are great and can have a difficult time but we are here to support them as much as we are able to".

Care plans recorded people's preferences and any diverse needs. We saw any religious or cultural needs were recorded where the person had provided this information and from our discussions it was clear care workers were aware of these.

People were promoted to live as independently as possible. Care plans included areas of care and support people required help with and this information detailed what the person could manage independently and what they needed support with.

Care workers told us how they maintained people's confidentiality. A care worker said, "Whatever people talk about remains between us; if they raise concerns then I would discuss what they wanted to happen and we would work out the best way forward". People confirmed they enjoyed the conversations they had with

care workers.

People's preferred methods of communication were acknowledged in their care records. For one person, care workers were made aware the person could not communicate verbally but care workers could understand what the person wanted by observing actions and direction. A care worker told us, "Care plans include information about any communication issues with people with people but it soon becomes clear once we get to know them".

Good

Is the service responsive?

Our findings

It was clear from our observations and from talking with staff and people receiving a service that the care and support provided was centred on the individual person. People we spoke with were happy that care workers understood how to meet their care and support needs. Everybody who received a service had a care plan in place. We saw regular reviews were carried out and people using the service were involved in these. This helped to ensure that the care provided was consistent and met people's changing needs.

We looked at six care plans and saw they included a one page personal profile that recorded the person's name, contact details, health concerns, (for example, known allergies and medical history), any cultural and religious needs and information on other health professionals involved in their care such as their GP, community nurse and details of their next of kin. This ensured individuals involved with the person's care had access to information to assist them to help people remain safe and well. This information was available should it be required in an emergency situation or to transfer between services, for example during a hospital admission.

We saw information in people's care plans was well organised and provided quick access to information that helped to ensure the person received holistic care and support appropriate to their needs. This included, for example, information on the person's mobility, dexterity, tissue viability, specialist input, and behavioural issues. We saw this information had been completed with and agreed to by people. A care plan we looked at did not include signed consent and some information was awaiting completion. The registered manager discussed this with us and explained the difficulties they were having obtaining this agreement. As a result they had contacted the local city council and were awaiting a joint follow up review in order to complete the information required.

Other records provided a short 'biography' about the person and a document was included that provided a 'Task schedule' for care workers to follow. A care worker told us, "Care plans include good information that is up to date; they are a good point of reference when there are any changes to people's needs or when we visit someone who is new to the service".

Our conversations confirmed people's preferences and interests in their chosen activities were supported. For example, a care worker discussed with us how a person enjoyed and was supported to go to the shops and the park. Their care plan recorded this and other interests and provided objective outcomes the person wanted to achieve, this included the person wanted to be supported to live their life to the full.

The registered provider had systems and a policy in place to respond to any complaints. Information and guidance was available in a service user guide which was available in people's care files in their home. The registered manager showed us a complaints form that, when required, enabled the registered provider to record, investigate and implement outcomes and learning that would be used to help prevent re-occurrence. Care workers confirmed they routinely encouraged feedback from people and could identify if a person was not happy with anything by their mood or body language. A care worker said, "There is plenty of information available about supporting people to raise complaints and any that are escalated are

investigated and responded to".

Good

Is the service well-led?

Our findings

People receiving a service and their relatives spoke highly of the service and how it was managed. One person said, "It is fairly new to me but it keeps improving, I am so happy to have regular carers visiting me". Another person said, "The boss comes out and they ask me how I am and they seem to be available if I ever need them which isn't often".

Care workers told us they felt as though they were valued employees and could raise any concerns and discuss their requirements with the manager. They spoke positively of how their roles had improved with regular rotas now in place to support and care for the same people. A care worker said, "I am very happy to be working for a small organisation that provides that personal family touch with people". Another care worker said, "We have a good manager, we can share and discuss anything, they are responsive and I feel valued, I really enjoy my job".

The registered provider had systems and processes in place to ensure everybody was kept up to date with any changes. Care workers told us they would like more regular staff meetings as they valued the opportunity to discuss different ways of effectively working with people, what works and what doesn't. The registered manager told us, "We are a small team, we have staff meetings and these will become more regular with recorded outcomes but we do share information using email, telephone and through one to ones and supervisions".

There were sufficient care workers on duty to meet people's individual needs. Staff understood their levels of responsibility and knew when to escalate any concerns. The registered manager was aware of the requirements of submission of statutory notifications and all other legal obligations as part of their registration as registered manager with the CQC. Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. Important events include accidents, incidents or allegations of abuse. At the time of our inspection the registered manager had not needed to submit any notifications.

People were central in shaping the care and support they received. The registered provider involved people in their care planning and reviews and only considered accepting people into the service once it was established their needs could be met. People were consulted about their views on the care and support they received as part of their three monthly reviews. Where concerns were raised we saw this was recorded on the form with any outcomes or actions addressed. If concerns were raised about a care worker for example, arriving consistently late or not fulfilling their full duties, a review was held with the care worker. This included discussion about their role, how the relationship with the person was working, any training requirements, other issues or concerns. A care worker told us, "Feedback is constructive and has both the interest of the person and ourselves at heart; they are about ensuring people receive the best care and that we are supported for example with the learning to provide it".

A survey had been completed with people to gauge their feedback. The registered manager said, "We regularly ask people about the service they receive and we will continue to ask for testimonials and

feedback through surveys at least annually". The survey was sent out to everybody receiving a service. The registered manager told us they had a small number of clients but as the service grew they would look to implement measures to evaluate the responses to identify emerging trends or areas where improvement could be made. They said, "We address feedback on an individual basis because we are small we can quickly focus and respond to each person".

The registered provider completed other quality assurance checks on the service. This included a minimum annual audit of people's care plans. These were reviewed additionally every three months or when people's needs changed and the audits ensured care records were up to date and reflective of the person's needs, their wishes and preferences. Other reviews were completed to make sure policies and procedures were updated to reflect any changes in legislation and best practice. System updates were maintained to ensure any information held electronically remained secure and contingency plans were evidenced to maintain the service in the event of an emergency situation for example extreme weather or loss of utilities. This meant the registered provider had systems and processes in place to maintain the service, maintain and improve the care and support people received and implement improvements should they be required.

We saw from care plans that the registered provider worked effectively with external agencies and other health and social care professionals to provide consistent care, to a high standard for people. The registered manager told us how they had strong links with health professionals working for the local city council, GP's, and other health professionals involved in peoples care and support. The registered manager said, "Where we contract with the local authority they provide us with some background information on the individual person, this is useful to start the care we provide, but we always complete our own records because people's needs change". We saw, where appropriate, these records were maintained in people's care plans in the main office and included an assessment of each person's needs by the local authority.