

Care Staff Services Ltd

Care Staff Services Ltd

Inspection report

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Tel: 01628660083

Date of inspection visit:
09 July 2019
10 July 2019
11 July 2019

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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

About the service:

Care Staff Services Ltd is registered to provide personal care to people living in their own homes. At the time of the inspection 36 people were being supported with personal care. The main office is based in Burnham.

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. Where they do we also consider any wider social care provided.

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

People and relatives felt safe from harm and were aware of what to do if they felt unsafe. Staff were aware of their responsibilities to protect people from harm and had attended the relevant training. Assessments of people's care and support needs identified risks to people's welfare and safety and plans were put in place to manage those risks. There were enough staff to provide care and support to people. Medicines were administered safely, and staff followed infection control practices to protect people from infection. Staff recruitment practices in place ensured people were cared for by staff who were aware of good practice and references were sought. However, job applications were not always fully completed and gaps in employment were not always explained. We have made a recommendation about this in the report.

People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible and in their best interests. People and relatives said consent was sought before care was delivered. The service acted in accordance with the Mental Capacity Act 2005 where people were not able to make specific decisions.

People and relatives spoke positively about the caring nature of staff. A person when commenting about their care worker said, "She is very helpful, calm, friendly, helpful and will go out of the way to help." A relative when commenting about a care worker said, "She is very friendly and kind, helpful and very good to [name of relative]. She is so caring." Staff had a good understanding of people's care needs, family histories and care records showed staff were instructed to deliver care in a person-centred way.

People and relatives felt staff were skilled and experienced to look after them. Staff received appropriate induction, training and supervision. People's nutrition and hydration needs were met. The service worked with health and social care professionals to ensure people's health needs were met.

People and relatives said the service assessed their needs before their packages of care started. This ensured the service developed plans of care that was based on what people said they wanted. People and relatives said they were involved in decisions about their care and meetings to review and discuss any changes in their care happened. The service was compliant with the Accessible Information Standard by making sure the communication needs for people with disabilities and sensory impairment were met.

People knew how to raise concerns and felt confident to do this. We found complaints were responded to appropriately.

People and relatives felt the service was well-led, staff spoke positively about the culture of the service and said management were approachable. Quality assurance systems in place was improved to enable the service to identify where quality and safety were being compromised. Appropriate action was taken to address any concerns identified however, further work was required to clearly identify themes, trends and lessons learnt. We have made a recommendation about this in the report.

Rating at last inspection and update: The last rating for this service was requires improvement (published 4 May 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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.

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

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 

Care Staff Services 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

The inspection was carried out by an inspector and an expert by experience. An Expert by Experience (EXE) is a person who has personal experience of using or caring for someone who uses this type of care service. They made telephone calls to discuss people's experiences of the care and support received.

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 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 site visit activity started on 09 July 2019 and ended on 11 July 2019. We visited the office location on all three days to see the registered manager and office staff; to review care records; policies and procedures and records relating to the management of the service. The EXE made telephone calls to people on the 9 and 10 July 2019.

What we did before 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. 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.

During the inspection

Throughout the inspection we gave the provider and registered manager opportunities to tell us what improvements they had made since our last visit. We looked at feedback given directly to the service by an adult social care professional and included this in the report.

We spoke with two people who used the service and five relatives about their experience of the care provided. We spoke with five members of staff including the registered manager. We reviewed a range of records. This included five people's care records, two staff files in relation to recruitment and staff supervision, training data, policies and procedures and a variety of records relating to the management of the service.

After our visit we received feedback from another adult social care professional which was included in this report.

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to robustly assess the levels of risk relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- Needs assessments completed before people joined the service identified any risks to their health and welfare. For instance, people with poor mobility were assessed to see how they moved in and outside their properties.
- Risk management plans were developed to manage any identified risks. These documented the levels of risks and how they should be managed.
- People said they had been involved in decisions concerning risks to their health. Comments included, "Yes (involved in decisions concerning risk) because I am on my own" and "I am at risk of falling and I can make decisions (about this)."
- Staff said they had attended the relevant training and had time to get to read and understand what identified risks people had.
- Internal risk assessments looked at areas such as cleanliness of people's homes, lighting, temperature, sanitary conveniences. We found arrangements to manage risks were appropriate.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we recommended the provider ensure their safeguarding adult's policy and the local authority's safeguarding policy were easily accessible to staff. At this inspection we found the provider had made the required improvements.

- Staff had access to the service's safeguarding policy and the local authority safeguarding policy. Staff said these were in the service's office which was confirmed by our observations. In addition, the registered manager showed us evidence staff had received copies of the services' policies via email.
- People and relatives said they felt safe with the staff who looked after them and told us what they would do if they felt unsafe. Comments included, "I would call the office", "I've never felt at threat. I would call the office" and "I would change the carer or care company, but they (staff) are aware that there is a camera."
- Staff had a good understanding and awareness of how to keep people safe, report unsafe care practices and training records confirmed they were up to date with the relevant training.

- Safeguarding alerts were raised with the local authority and actions taken showed people were protected from further harm.

Staffing and recruitment

- Most of the feedback received from people and relatives about levels of staffing was positive however, one relative commented, "Usually during the week they are good, only the weekends seem to be short staffed", whilst a person said they felt there could be more staff.
- During our visits to the office we observed potential candidates attended for job interviews. The electronic rota system showed calls were regularly monitored and it showed there were enough staff to meet people's care and support needs.
- Staff said they were given enough time to complete the care they needed to provide care during a visit safely and efficiently.
- Staff recruitment practices showed criminal records checks had been completed before potential candidates were able to work and satisfactory references were sought. However, job applications were not always fully completed and gaps in employment were not always explained. The registered manager explained they were already aware of this and the service manager was in the process of reviewing all staff recruitment records.

It is recommended the provider seek current guidance and best practice regarding robust recruitment processes and take action to update their practice accordingly.

Using medicines safely

At our last inspection we recommended the provider ensure their medicine policy was updated to reflect national guidance and best practice. At this inspection we found the provider had made the required improvements.

- The medication policy and procedures were updated on 18 December 2018 to reflect current best practice and national guidance. This meant the service followed published guidance about how to use medicines safely.
- Most of the people and relatives we spoke with did not receive support with medicines. Where support was received people told us their medicines were administered promptly and they had no issues.
- Staff spoke about the procedures they would follow to ensure people received their medicines safely. What they told us confirmed what we had found in completed medicine administration records (MAR), daily reports and was in line with the service's medication policy and procedures.
- Training records confirmed staff had received and were up to date with the relevant training and their competency to administer medicines were regularly checked.

Preventing and controlling infection

- People and relatives told us staff wore aprons, gloves and washed their hands when providing care tasks.
- This was confirmed by staff we spoke with for instance, a staff member commented, "We always wear aprons and gloves and after personal care we have to change our gloves."
- An infection control policy was in place and was accessible to all staff. We found appropriate arrangements were in place to ensure people were protected from infection.

Learning lessons when things go wrong

- Staff were aware of how to report incidents and completed accidents and incidents records showed appropriate actions were taken.

- Management communication records showed learning from incidents was shared with staff.

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 requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection we recommended the provider ensure sought current guidance and best practice on how to document staff inductions. At this inspection we found the provider had made the required improvements.

At our last inspection we found staff did not always receive on-going or periodic supervision in their roles to make sure competencies were maintained. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Staff support: induction, training, skills and experience

- People and relatives felt staff had the skills needed to meet their care and support needs. Comments received included, "[Name of carer] is very professional", "Yes, they (staff) do an amazing job" and "Yes, they (staff) seem okay, I would alert them (office staff) if I thought they weren't."
- Staff spoke positively about their induction experience. For instance, when talking about their induction a staff member commented, "It was very helpful, I did two days shadowing and that really helped. I have completed an induction as well as the Care Certificate." The Care Certificate, a set of 15 national standards that new health and social care workers should complete, to make sure new staff were supported; skilled and assessed as competent to carry out their roles.
- Staff said they had attended all mandatory training, training records and the training matrix viewed confirmed this. Some of the staff we spoke with expressed an interest in dementia training. The registered manager told us they were aware of this and was currently in the process of sourcing a training provider.
- Staff felt supported in their job roles and found their supervision meetings were very useful. Records showed staff received regular supervisions that was in line with the service's supervision policy.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person who is supported in their own home need to be made to the Court of Protection (COP). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People and relatives said staff asked for permission before care was delivered. For instance, a relative commented, "Yes, the care worker is very good and knowing that they speak the same language is helpful. (Staff member) really goes out of her way to explain things to my nan."
- The service carried out mental capacity assessments to determine whether people could make specific decisions such as, whether people could consent to care.
- Where people did not have capacity to make specific decisions best interest records showed people who knew them well were involved in decisions relating to their care. Care records documented whether those who represented people had legal power do so and what those powers were.
- Staff were aware of how to apply the MCA to their work practice and told us they would encourage people to make decisions by giving them choice.
- Care records confirmed the service supported people in accordance with MCA legislation.

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

- Comprehensive assessments were carried out to establish people's care and support needs. This included activities of daily living (ADL) which assessed what tasks people were able to do and whether the service could effectively meet their needs.
- Information used from assessments was used to develop plans of care with expected outcomes which were regularly reviewed.
- Staff attended equality and diversity training to ensure their care practice would take into consideration people's protected characteristics under the Equality Act.
- The registered manager would periodically carry out tests to gauge staff's understanding of all training they had attended. Our view of staff records confirmed this. This ensured staff applied their learning in line with best practice to effectively achieve good outcomes for people.

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

- Where staff supported people at meal times, people and their relatives said they were happy with the support received. Staff were aware of people's dietary wishes. When talking about a person they supported a staff member commented, "I always ask [Name of person] what they would like to eat, and they would choose."
- When commenting on how well staff supported people with their meals an adult social care professional commented, "I have also noticed that they have gone over and above their call of duty to ensure clients have food."
- Where people had specific dietary requirements, this was clearly documented and how they should be supported. Daily records showed staff supported people in line with their plans of care.
- Training records confirmed staff had attended the relevant food and hygiene training.

Staff working with other agencies to provide consistent, effective, timely care

Supporting people to live healthier lives, access healthcare services and support

- When discussing the effectiveness of the service an adult social care professional commented, "As a social care professional, I would like to commend Care Staff Services for the work they do with clients with very complex needs. In my experience I have found that despite the difficulties and challenges the workers experience they are always willing to continue to try new strategies and implement solutions to problems

they may encounter."

- The service worked with health and social professionals to ensure people's health needs could be met. For instance, another social care professional shared their observation of a care worker who was transferring a person. They stated the care worker was energetic, enthusiastic and transferred the person in a safe and professional manner. Care records documented referrals that were made and advice sought from health and social care professionals in relation to people's health.

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 - 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

- People and relatives felt staff were caring and told us how they demonstrated their care. A person commented, "Yes, they (staff) will talk to me which relaxes me." Relatives comments included, "They (staff) are good yes, they hold her hands and say nice words" and "Yes, they (staff) are (caring) the way they talk to (family member) helps her."
- Staff demonstrated a good understanding of people's care needs, family histories and wishes. They discussed how people liked their care delivered. Care records viewed confirmed what staff had told us.
- People and relatives told us how staff showed them respect. Comments included, "They won't force him to do anything and they give him time. They respect his boundaries", "I think so (shows respect), if they (staff) don't I ask them to leave" and "I think (care worker) is very patient with her (family member). My (family member) takes her time getting out of to the shower and she (care worker) never rushes her, this is key."
- Staff said they were given enough time to train, provide care and support to people in a compassionate and personal way. An adult social care professional when describing the caring nature of the service commented, "Care Staff Services has gone the extra mile in working with some of our most challenging client groups, spending additional time with them which they have not charged for."
- Staff told us how they ensured their care practice did not discriminate against anyone they provided care and support to whilst taking into consideration people's protected characteristics. For instance, a staff member commented, "Every person, regardless of their race, sex, religion and disability should be treated equally, I work with a diverse group of clients."

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

- People and relatives said they were involved in decisions and felt confident expressing their views. Staff told us how they involved people in their care by giving them choice. For instance, a staff member commented, "If I am preparing to do personal care, I would ask people what they would like to wear."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff were respectful and, their dignity and privacy were maintained when intimate care was being delivered. For instance, a relative commented, "It is yes, they will cover him with a towel." A person commented, "They (staff) are very respectful", and a staff member commented, "I make sure they are covered when providing personal care, I don't let people sit exposed. Make sure doors are shut and curtains are closed."

- To promote people's independence, staff said they only provided care and support in the areas where people required it. Care records showed what people were able to do and this was regularly reviewed.

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 requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

End of life care and support

At our last inspection we recommended the provider seek current guidance and best practice in relation to people's end of life preferences and wishes and staff training. At this inspection we found the provider had made the required improvements.

- At the time of our visit the service was not supporting people with end of life care. End of life care plans were in place in the event people's circumstances changed. The registered manager spoke about the challenges they had faced talking to people about this sensitive topic.
- Documents viewed showed the service had discussions with people about the end of life preferences and wishes. Some people had signed to confirm they did not want the service to provide them with end of life care. The registered manager stated they were looking at other ways of having an open dialogue with these people in preparation for upcoming review meetings.
- Training records showed staff had received the relevant training and an end of life policy and procedure was in place to ensure people received response care when they reach the end stages of life.

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.

At our last inspection we recommended the provider seek current guidance and best practice in order to be compliant with the Accessible Information Standard. At this inspection we found the provider had made the required improvements.

- Plans of care for people who lived with a disability, impairment or sensory loss was in pictorial formats.
- Care records captured people's communication needs. This included their level of communication and how staff should support them. For instance, staff were informed that a person could communicate verbally but they were instructed to give the person a moment, so they can express what they had to say.
- Staff demonstrated a good understanding of how to support people who were non-verbal. For instance, when describing how a person communicated with them a staff member commented, "[Name of person] cannot verbalise, they will scream if they are not happy, if they are not sure of you(staff) they will not look at you, and if they do not want their breakfast they would turn their head away."
- The service's 'Service users with communication difficulties' policy and procedure dated 4 July 2019,

showed staff were to ensure they used appropriate communication methods and information provided was given in an accessible format.

- Care records showed staff used various aids such as pictures and short phrases to provide information to people in a way they could understand.

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

- People and relatives said their care needs were assessed before they joined the service and they were able to talk about the care they wanted. Comments included, "Yes, they (the service) did (assess their needs) and we had to put in a stair lift, "They (the service) did (assess their needs) and they wrote a care plan" and "Yes they (the service) did (assess their needs) and an occupational therapist was also present."
- Needs of care were comprehensive and captured people's health, personal care, emotional, social, cultural, religious and spiritual needs.
- Staff told us what they did to ensure care delivered was personalised. For instance, a staff member commented, "Every person is significant, so I need to speak with them find out what they like and read their care plans. I ask them a lot of questions about what they like to eat, read, etc."
- Care plans and risk assessments were regularly reviewed to make sure the delivery of care agreed was being met and still relevant. People and relatives confirmed meetings to discuss and review their care and support needs, happened.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. This detailed how concerns and complaints should be responded to; the details of the staff who should deal with them and the stages and timescales they should be responded by.
- Most of the people and relatives spoken with said they knew how to raise a concern and felt confident to do so. Where complaints were received this was documented in the service's complaint's log with outcomes satisfactory outcomes noted. We found complaints were responded to appropriately.

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 requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we recommended the provider seek current take appropriate action to ensure its statement of purpose (SOP) is kept up to date.

All adult social care providers are required to have a statement of purpose (SoP). At our last visit we found the service did not take appropriate action to ensure its SOP was kept up to date. This was because the SOP stated people's plans of care would be reviewed annually however the practice at the time was to review them every six months. During this visit we found the service reviewed people's care plans every six months in line with its SOP. We advised the registered manager to ensure the SOP is kept up to date when any changes happened in the service.

- People and relatives felt the service was well-led and explained why they had faith in management. Comments included, "Yes, up until now, it's been okay", "Yes, we have a good relationship", "What they (management) have promised, they have provided" and "There is always someone there you can talk things through."
- Staff talked to us about an open culture where they felt comfortable to share their views and felt listened to. For instance, a staff member commented, "They (management) are very good, better than when I worked here before. Now they listen more."
- Management were described as approachable and fair. A staff member described staff morale as, "Positive and really good team work. Sometimes we do have problems with communication, but we help each other."
- Staff said they were able to make suggestions, raise issues and were listened to. For instance, a staff member talked about what happened when they shared a concern with registered manager. They commented, "I did this with one of clients who always stayed at home. I was able to speak to my manager and we got in touch with social services who arranged for him to go out often."

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 service had a duty of candour policy (DoC) in place.
- Management were familiar with the requirements of the DoC and how it should be applied. Accidents and incidents viewed showed the DoC was considered but was not applicable.

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

- Since our last visit the registered manager has taken responsibility for the oversight and running of the service. New staff have been recruited to form part of the management team and quality assurance systems have been reviewed and improved to ensure people's safety and quality of service were not compromised.
- Various audits of care records, spot checks, safeguarding incidents, complaints, accidents and incidents and medicine administration records were used to monitor and assess the quality of the service provided.
- Appropriate action was taken to address any concerns identified in audits however, further work was required to clearly identify themes, trends and lessons learnt. The registered manager acknowledged this and agreed this would be completed.

It is recommended the provider seek current guidance and best practice regarding using Information gathered to make improvements and show how those improvements have been made.

- Staff communication correspondence showed management shared information and ensured staff were aware of their responsibilities.

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

- People said they were able to give their opinions about service. Comments included, "Yes, we have filled in forms", "Yes, I posted a survey once" and "I think I am quite honest when it comes to (family member), so I will voice my opinions." The registered manager told us quality assurance surveys had just been sent out therefore, we were unable to review any actions taken in response to feedback received from people who used the service.

Continuous learning and improving care

- Since our visit the service has introduced a new electronic care system to improve, monitor and assess the quality of the service delivered.