

UK Care Staffing Ltd

UK Care Staffing

Inspection report

Unit 11
St. Matthews Business Centre, Gower Street
Leicester
LE1 3LJ

Tel: 01162517959
Website: www.carestaffing.co.uk

Date of inspection visit:
18 March 2022

Date of publication:
05 April 2022

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

UK Care Staffing is a domiciliary care service. It provides care for people living in their own houses and flats to enable them to live as independently as possible. 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. At the time of the inspection, four people were receiving personal care support from the service. Whilst the service had been registered since 2020, care packages commenced in December 2021 and January 2022.

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

People were cared for in a safe manner. Staff understood their roles and responsibilities in protecting people from abuse and avoidable harm. They had received safeguarding training and the provider had a safeguarding policy. Feedback from people was positive about the staff that supported them.

Risks to people's health and wellbeing had been assessed. Care plans and risk assessments overall provided staff with detailed guidance. Some examples identified additional guidance was required, the registered manager agreed to make immediate improvements and following our inspection forwarded action taken.

Staff were safely recruited and sufficient in number to support the geographical area. There were good systems and processes to support staff and the registered manager had daily contact with them.

There was good infection control practice embedded in the service. Systems were in place to ensure lessons were learnt when things went wrong.

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 acknowledged, and respected people's individual needs and choices. People were involved in the planning and reviews of their care. Staff were effectively trained in topics relevant to their role. Staff worked with other healthcare professionals to ensure people were supported to live healthier and independent lives and to achieve positive outcomes.

People were supported by staff who were caring and kind. Feedback from people about the approach of staff was positive. People were supported overall by regular care staff that they had developed a trusting and supportive relationship. People's independence was promoted, and their privacy and dignity were respected by staff.

The provider was responsive. People had personalised care plans that promoted independence. People's individual communication needs had been assessed and planned for.

People had access to the provider's complaint policy and people told us they felt confident to raise any issues, concerns or complaints.

At the time of our inspection, no person was receiving end of life care. However, the registered manager was aware end of life care plans when required, were important to ensure staff were aware of people's preferences and wishes at the end stage of their life.

The service was well-led. The management team had created a culture of quality care where people were the centre. There was a commitment in providing people with care that was individualised and person centred. The registered manager understood their responsibilities within the service and were continually looking for ways to improve.

People's views were constantly sought to help drive improvement. The staff worked in partnership with health and social care professionals to ensure people received a consistent approach. The provider had systems and processes that monitored quality and safety and a new management role was being introduced that would monitor and have oversight of the service.

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 9 September 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the provider's registration date.

Follow Up

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 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 ●

UK Care Staffing

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 completed 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 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. We also needed to gain consent to contact people using the service by telephone.

Inspection activity started on 16 March 2022 and ended on 21 March 2022. We visited the office location on 18 March 2022.

What we did before the 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 spoke with two people who used the service and one relative about their experience of the care provided. We spoke with registered manager, director, and the provider's legal staff member. We emailed staff and invited them to provide feedback about working for the service and received four responses.

We reviewed a range of records. This included three people's care records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including staff training.

After the inspection

We spoke with one health care professional for their feedback about the service. We continued to seek clarification from the provider to validate evidence found. This included reviewing policies and procedures.

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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. Staff had received safeguarding training and the provider had a safeguarding policy available to staff.
- People who used the service spoke highly of the staff. They told us they considered staff to be trustworthy and delivered care and support safely. A person said, "Staff follow instructions. They wear an ID badge and uniform; I find them trustworthy."
- Staff understood their role and responsibilities in protecting people from abuse and avoidable harm. A staff member said, "I am able to recognise abuse through the training I have completed. Should I be witness to any kind of abuse, I would report it straight to my manager who will alert the local authorities."

Assessing risk, safety monitoring and management

- Risks associated with people's individual needs had been assessed and planned for. Staff told us they had received training to support people with risk associated with diabetes and the risk of developing pressure sores. However, risk assessment guidance lacked detail in places. We concluded this was a recording issue and discussed this with the registered manager, who agreed to take immediate action.
- Environmental risk assessments had been completed to ensure staff were aware of environmental factors to ensure people's and their safety.
- People told us they received safe care and support. One person said, "The staff are competent, the manager does spot checks to make sure staff are doing what they should be."

Staffing and recruitment

- The provider had recruitment procedures to ensure staff were recruited safely and were suitable to care for people. This included Disclosure and Barring Service (DBS) checks. This provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to ensure people's needs were met safely. The registered manager told us; they did not accept any new care packages before ensuring they could deliver the care required safely. Staff confirmed there were enough staff to provide care. The registered manager told us they covered any staff shortfalls, and staff recruitment was ongoing as the service developed.
- People told us they received care when they wanted it and that staff overall arrived on time and stayed for the duration of the call. A person said, "The staff don't cut the time, I've never had a late or missed call."

Using medicines safely

- At the time of the inspection, no person required staff to administer their prescribed medicines, people did

this independently or they were supported by their family. Some people liked to receive a 'prompt' from staff, and this was recorded in their care plan and staff recorded this in the person's daily care records.

- Staff had received relevant medicines training and the provider had a medication policy and procedure. The registered manager was aware of the need to complete a medication care plan, risk assessment including an administration record should staff be required to administer people's medicines.
- People confirmed they were independent with their medicines or their family provided this support. A person said, "I manage my medicines independently, the staff will just ask if I have taken them, it's a prompt, a reminder and they record it in the notes." A relative said, "Staff do not provide any support with medication, I do all of it."

Preventing and controlling infection

- The provider had an infection prevention and control (IPC) policy, and this included COVID-19 best practice guidance. Staff training information confirmed staff had received both IPC and COVID -19 training.
- People confirmed staff wore Personal Protective Equipment such as aprons, gloves and masks when providing care to reduce the risks with cross infection.
- Staff were participating in the COVID-19 testing programme, to ensure the risk of COVID-19 transmission was reduced.

Learning lessons when things go wrong

- At the time of our inspection, there had been no accidents or incidents. However, the registered manager told us of their incident management systems and processes should there be an incident. This included an analysis to consider, themes, patterns and learning opportunities to reduce reoccurrence.

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 of this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's individual care needs were assessed and planned for. Any changes were reviewed and if required, changes were made to their care package. An example of this was a person who had an increase in care following a hospital discharge, they were due to have this reduced again following their recovery. This showed people were supported to achieve positive outcomes.
- Changes to people's care needs and support was communicated to care staff via telephone. The registered manager told us they had daily contact with staff and reported any changes about people's care needs direct to them.
- People's individual needs and preferences in relation to their protected characteristics were recorded. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, gender reassignment, marriage and civil partnership and religion. This supported people to receive person centred care.

Staff support: induction, training, skills and experience

- People received care from staff who had received an induction and ongoing training and support. This supported staff's skill, awareness, and competency to provide effective care and support.
- Staff were positive about the support they received. A staff member said, "Yes I am supported. I can contact the manager with any problems and they will support me and also they continue to provide opportunities for all of us such as extra training and experience."
- People told us they considered staff to be sufficiently trained and supported. A person said, "I believe the staff are trained well, and the manager does spot checks to see how well staff are doing." Another person said, "Sometimes the staff don't pick things up that I've explained needs doing, I've reported this to the manager, and they have provided extra training, it's been fine then."

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

- People's support with eating and drinking was assessed, recorded and independence promoted.
- Guidance for staff included the support required such as preparing and or assisting with eating. Information included the person's food and meal size preferences. Staff were required to ensure they provided people with fresh drinks in easy reach on departure.
- People who received support with meals and drinks confirmed staff respected their choices and provided support as they wished. A person said, "Staff will help me with my breakfast and make drinks, I never feel they rush, and they know what I want and like."

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

- Staff worked collaboratively with other health and social care professionals to understand and meet people's individual care needs to achieve positive outcomes.
- The registered manager told us how they shared information with health care services such as ambulance and hospital staff to support people to receive consistent care.
- A health care professional spoke positively about their experience of working with staff. They said, "The staff and manager were easy to work with, I had no concerns, I would be pleased to work with them again."

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

- People's health and well-being was monitored by staff and action was taken should a person be unwell or requiring additional support.
- Care records demonstrated examples where the registered manager had supported people to contact their GP or other health and social care professionals when required.
- People told us they felt confident staff would support them and take required action should they become unwell or needed additional support.

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 MCA 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the time of our inspection, no person had an authorisation to deprive them of their liberty.
- Where a person was living with dementia, it was not clear if they were able to consent to their care and support. We discussed this with the registered manager who agreed to review this person's needs to ensure, if required, a capacity assessment and best interest decision was completed.

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 of this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The management team spoke passionately and with great commitment, about wanting to provide care that was person centred and of a consistent high standard.
- People spoke positively about the care staff provided. A person said, "Staff are polite, respectful and listen to me. They are always willing to do anything to support me." Another person said, "All the staff are caring, lovely people." A relative said, "Staff are competent, not lazy."
- Staff demonstrated a good understanding and approach to care. A staff member said, "We know people well now, and are familiar with their care packages, likes and dislikes and comfort. We know what makes them uncomfortable. We know their care needs and how to uphold their dignity and independence."

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

- People were involved in decisions about their care and support. They and or their relative, were involved in the assessment, development and review of their care package.
- Records confirmed, people's care package was discussed with them by the registered manager and changes made when required. The registered manager told us of the review system in place. This confirmed people were the focus of their care and had choice and control about the care and support they received.
- People told us they felt involved and listened to. A person told us how the care calls were at times that were suitable to them. They also advised the registered manager was easily contactable and responsive if they required any changes to their care.

Respecting and promoting people's privacy, dignity and independence

- People's independence was consistently promoted. The registered manager told us how they had regular contact with people to discuss their care package and how care calls were changed as required. This was confirmed by people using the service.
- People told us staff respected their privacy and dignity. A person said, "I receive support with my personal care, this is done respectfully but we can have a laugh together."
- Staff had received training on privacy and dignity, and the provider had a policy on equality and diversity to support staff practice.

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 of this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- Care plans reflected what care and support people required from staff. Guidance for staff was up to date and reflected people's individual needs and preferences and promoted independence.
- People had the opportunity to share their life history to support staff to understand what was important to them and to develop meaningful conversations and relationships.
- People told us they believed staff understood their needs well. Other people told us they had only used the service for a short time and were still getting to know staff and developing a relationship.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication care and support needs had been assessed. Staff were provided with guidance of how to effectively support people. For example, one person's communication was impacted on by their health and staff were advised how this may be impacted on more in the morning.

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 records had information about people's hobbies and interests where they had shared this. Some people had limited social contact and staff were an important social contact and reduced the risk of self-isolation.
- At the time of the inspection, no person was receiving support to access social activities.

Improving care quality in response to complaints or concerns

- A complaints policy was in place for the provider to follow to ensure any complaints received would be investigated and responded to. At the time of the inspection, the registered manager told us they had not received any complaints.
- People told us they had information advising them of how they could make a complaint. People were confident they would make a complaint if necessary and that the registered manager would be responsive. One person told us how they had raised an issue with the registered manager that was acted upon and resolved immediately.

End of life care and support

- At the time of our inspection, no person was receiving end of life care. However, the registered manager was aware end of life care plans when required, were important to ensure staff were aware of people's preferences and wishes at the end stage of their life.

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 of this newly registered service. This key question has been rated 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

- The registered manager clearly demonstrated the providers vision and values in providing people with person centred care and support. The aim of the service was to support people to achieve positive outcomes and live the lifestyle they wished.
- Staff demonstrated they had a positive, caring, and professional approach. A staff member said, "I have noticed a very open transparent culture in the company. The manager is extremely approachable and transparent. It encourages us to raise concerns without any blame."
- People were positive about the care and support they received. One person said, "I get a call from the manager asking how I'm getting on." Another person said, "The staff have made a difference, they support me to be independent."

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 provider understood their responsibility under the duty of candour and had systems and processes to responds to events that happened. The registered manager demonstrated a commitment and understanding of their role and responsibilities. The management team were found to be open, honest, and enthusiastic to continually look at ways to improve the service.

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

- The registered manager demonstrated they understood their registration responsibilities. Staff were aware of the provider's systems and processes and understood their role, responsibilities, and accountability.
- The provider had systems and processes to assess and monitor the quality and safety of the service. This included spot checks completed on staff's performance, enabling people to share their experience of the service, and staff received ongoing support and training.
- There was a 24 hour out of office contact number to enable people to access support at any time. This showed the provider's commitment and dedication in providing a person-centred service.

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

- The provider had systems and processes to gain feedback from people about the care and support they

received. This was in the form of regular direct contact by the registered manager and via feedback questionnaires.

- People confirmed they felt involved and consulted about the care they received and gave examples of when their care package had been changed, to accommodate a change in need. Additionally, people gave examples of the response by the registered manager to any concerns raised.
- Staff demonstrated an understanding and awareness of people's equality and diversity characteristics. A staff member said, "At the moment all our clients are white British, however I am aware of the equality, diversity and inclusion policy, which the manager explained to us during induction."

Continuous learning and improving care

- The provider's governance audit systems and processes supported the service to develop and learn. The provider was in the process of creating further systems to enhance their oversight and development of the service.
- The registered manager was continually exploring ways of developing and improving the service. This included reviewing assessment and care plan, risk assessment documentation and staff training needs.

Working in partnership with others

- People's care records gave examples of how staff had supported them to access health care professionals and services.
- Where healthcare professionals had provided recommendations, this was documented, and staff informed.