

Solutions24 Limited

CareService24

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

CareService24 is a domiciliary care agency. It provides personal care and support to people living in their own homes. Not everyone who used the service received personal care. At the time of this inspection 78 people were receiving the regulated activity of personal care from the service. 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

Improvements had been made by the provider which ensured risks to people's health and safety were fully assessed. Systems and processes had been improved to ensure the provider had effective governance and oversight of the service.

People had detailed pre -assessments and risk assessments completed for them. These were then used to develop person centred care plans which guided staff on how to care for people safely. Care plans were detailed and regularly updated to ensure people received effective care and support.

Staff received the training they needed to support people safely and liaised with health and social care professionals if they needed further guidance regarding people's health.

Robust recruitment practices were followed. Appropriate checks were completed to ensure only suitable staff were employed. There was an ongoing process of staff recruitment to ensure people were supported safely and effectively. Staff received an induction and were well supported through a programme of regular supervision, spot checks and training.

People and their relatives told us they were happy with the support they received from CareService24. People told us they liked their care staff and looked forward to their visits. People were kept informed of any changes and felt involved in their care. Staff knew people well and understood how they preferred their care and support to be delivered.

People were protected from abuse and avoidable harm. People felt safe with staff, who had the appropriate training and skills to provide care safely and effectively.

Medicines were managed and administered safely. People were supported to take their medicines by staff who had received training to administer medicines.

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.

People received personalised care which was responsive to their individual needs. Staff had a good understanding of the care and support people needed and provided this with kindness and care, whilst respecting their privacy and dignity. People received their care from a small, consistent team of care staff who knew people's care and support needs well.

The service involved people and their families in decisions about people's day to day care and support needs. Relatives and people felt listened to and were consulted about how they preferred to receive their care and support.

People felt the service was well led, friendly and professional. Staff felt very well supported in their roles and spoke positively of the supportive and open approach taken by the management team.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 10 January 2022).

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 the provider had made the required improvements and was no longer in breach of regulations.

Why we inspected

We carried out an announced focused inspection of this service on 18 November 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At our last inspection we found breaches in relation to safe care and treatment, and systems to manage the service.

We undertook this focused inspection to check the service had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for CareService24 on our website at www.cqc.org.uk.

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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

CareService24

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 16 June 2023 and ended on 20 June 2023. We visited the location's services on 16 and 20 June 2023.

What we did before the inspection

We sought feedback from the local authority and used the information the provider sent us in the provider

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

During the inspection

We spoke with 6 people and 2 relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We requested written responses from health and social care professionals.

We reviewed a range of records. This included 8 people's care and support records and 3 people's medicine administration records. We looked at 3 staff files in relation to recruitment, supervision, and training. We also looked at a range of records relating to the management and monitoring of the service. These included staffing rotas, staff spot check observation records, accident and incident records and a range of the providers quality assurance records, 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management ; Using medicines safely

At our last inspection, we found risks to people's health and safety whilst receiving care had not always been properly assessed. We found medicines were not always managed safely as risk assessments were not always done prior to people receiving support with their medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Improvements had been made and risks to people were assessed and recorded in their care records. These covered areas such as, falls and mobility, dehydration, malnutrition, administration of medicines and skin integrity. Risk assessments provided personalised detail for people to ensure staff could support people safely.
- Risks in people's home environments, such as utility concerns, accessibility and pets were assessed, and actions taken to reduce the risks.
- Staff had received training in how to use specialist equipment safely and before they needed to support people independently.
- The service had a business contingency plan that covered a wide range of potential risks and provided guidance on how these risks could be mitigated.
- People's needs in relation to medicines were assessed prior to the service starting their support. People were supported to take their medicines as prescribed and in ways they preferred.
- People had their medicines administered by staff who had completed safe management of medicines training and had their competencies checked regularly.
- Medicines administration records were completed by staff and returned to the office each month to enable a full audit to be completed on them. This ensured staff were completing them correctly.
- Where people were administered topical creams, body maps and instructions were in place and provided clear guidance for staff.
- Where people were prescribed medicines they only needed to take occasionally (known as PRN), guidance was in place for staff to follow to ensure those medicines were administered safely.
- One person told us, "They help me very well with my tablets, it's all in containers now and it's marvellous, it works well. They make sure I get the right ones. It's very, very good and nice and clear. it's one of the best things I've had done."
- A member of staff told us, "I administer medicines. The training is really thorough. A lot of people have blister packs, I double check everything. The system is very good it tells us the colour and size of all the tablets, it's very safe."

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe with staff. One person told us, "I feel very safe with them all, I have a good chat with them, they know how I like things done." Another person said, "Yes, I feel very safe, I'm not grumbling. I've got a fine lot of carers; I would recommend them."
- Staff were clear about their role in protecting people from abuse and had received training in safeguarding. Staff spoke knowledgeably about reporting potential abuse. A member of staff told us, "I've completed safeguarding training. I've not personally had to report any abuse, but I know how to. I would tell the office."
- Safeguarding incidents had been reported appropriately to the local authority and CQC.

Staffing and recruitment

- There was a robust recruitment process in place. The relevant checks such as employment references, health screening and a Disclosure and Barring Service (DBS) check had been completed before staff supported people in their homes. DBS checks provide 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 employed to ensure people were supported and cared for safely. People told us they received their care from a regular small team of care staff who knew them well. One person told us, "I'm very happy. They've been brilliant since they started, everything I need they do for me. Every day I have 2 visits, they're always on time. I have the same 2 care staff, it's all on a rota and it is right." Another person said, "The staff are good, they are in contact with me (visit) every day, 7 days a week in the morning and evening. They give me a programme to tell me when and who is coming. It's a good company."
- A relative told us, "We know them all. [Person] has 3 visits a day with generally the same care staff they are very, very good. [Person] speaks highly of them, they are never rushing [person] and are very caring in what they do."
- Rotas showed suitable times for travelling between visits was given. Staff confirmed there was enough travelling time and that they received their rotas on time. A member of staff told us, "I have enough time on my visits. The shortest visit is 30 minutes. There is no rush, we have enough time. We get travel time between visits." Another member of staff said, "Generally there is enough time on visits. I like that because I don't like being rushed. I like to take my time and make sure the person has everything they need. Travel is ok, if we are a bit late, we phone the office and they let the person know."

learning lessons when things go wrong

- There was a system in place for recording and reviewing accidents and incidents. This meant any emerging themes or trends could be identified and lessons learned. Learning around accidents and incidents was shared through team meetings and supervision.
- We reviewed a selection of completed accident and incident forms. These were detailed, audited monthly and made use of body maps to ensure any accidents and incidents to people were recorded.

Preventing and controlling infection

- Staff were trained in infection control and spoke knowledgeably regarding infection control processes and understood how to protect people from the risk of infection.
- Staff had access to and wore personal protective equipment (PPE) such as masks, disposable gloves and aprons. They had received training in this area. A member of staff told us, "There is enough PPE. If we are ever short, we just nip in to the office where there is loads."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

At the last inspection we found people's needs were not always adequately assessed before the service started supporting them. We made a recommendation for the provider to implement a process that ensured people had timely assessments. At this inspection we found the provider had made the required improvements.

- People's care needs were assessed before the service started to provide them with care and support. Assessments and care plans were completed in consultation with people and their families. These assessments then formed the basis of people's care plans which were detailed, personalised, and gave staff guidance on how people preferred their care and support to be delivered.
- Care plans were regularly reviewed and updated with the person, their family, and professionals when appropriate. This meant care staff had up to date information about each person they supported.
- A relative told us, "I'm very happy with the service. They came and did an assessment it was very, very thorough. They asked all about [persons] background and all about things that were important to them. The carers pick up on that and chat to [person] about it, which is so important."

Staff support: induction, training, skills and experience

- Staff received a full induction and training programme which covered all core areas such as, safeguarding, moving and assisting, medicine management and infection prevention and control. The training sessions gave staff the necessary skills they needed to be confident in their role.
- Staff were supported through observations and supervision to carry out their roles safely and effectively.
- New staff completed an induction and were supported to attain the Care Certificate if they did not have previous experience of working in a care setting. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Staff told us they had found all their training useful, informative, and delivered well.
- A member of staff discussed the different training methods which included online and practical training. They told us, "It's all informative. I'm a hands-on person, online is a different way of learning. It all made sense; I do like the training there is always something to learn. The practical training is good."
- People and relatives told us the staff were well trained, knew them well and supported them in ways they preferred. Staff spent time shadowing existing staff in order to get to know people before they started to care and support them independently.

- Staff told us they felt well supported by their management team. Staff received regular supervision, observations, spot checks and team meetings. These sessions enabled staff to raise any concerns, personal development opportunities and to discuss further ideas on how best to meet peoples needs. A member of staff told us, "My induction went really well... I did shadow shifts which were really helpful and gave me confidence. The induction made sense, the trainer kept it really simple and talked me through everything and showed me how to use the equipment to make sure I was comfortable to use it. I was able to have more shadow shifts if I needed them which was really nice to know."

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

- People were supported by staff who understood their food and drink preferences. One person told us, "They always get my breakfast for me and a nice cup of tea and a slice of cake before I go to bed." A relative said, "They do drinks for [person] it's very important [person] drinks and they make sure [person] has breakfast. They make sure drinks are always in place and they do their lunch as well."
- Peoples dietary needs were known and met, including if they had allergies to certain foods or needed individual support with eating their meals.
- All staff had received training in food safety and hygiene. A member of staff told us, "We always make sure their drink is fresh and easily available. It's important we ensure people have enough fluids."

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

- People's care plans set out the support they needed from staff to maintain their health. Staff spoke knowledgably about people's health needs and acted quickly if people's health conditions deteriorated.
- One person told us, "They know me well and they know I like to try to do things myself, but if I can't manage it, they will step in and help me. They are really good like that." Another person said, "[Staff member] is a lovely girl. They talk to me and are very helpful, they ring and check I'm ok." A further person said, "I can have a good chat and a laugh with them. I'm quite content with them. They take good care of me and make sure I'm alright."
- The service worked collaboratively with other agencies, such as GP's, occupational therapists and social workers, this ensured people received effective care which improved people's quality of life.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DOLS)

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 found the service was working within the principles of the MCA.
- Staff had received training in relation to the MCA. People's consent to their care was recorded clearly in their care records.
- Staff understood the principles of the MCA, how to implement this and ensured people had the right to

make their own decisions about their care.

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

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

At our last inspection, we found systems and processes to assess, monitor and improve the safety of the service were not always operating effectively.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was no longer in breach of regulation 17.

- Governance systems had been improved and were now robust. The service was monitored through a range of audits. These provided the registered manager with clear oversight of the service and ensured effective governance of all areas of service delivery.
- The registered manager and management team had a commitment to learning and making improvements to the service people received. Regular spot checks and observations were conducted on staff to ensure they were following their training and meeting people's needs. A member of staff told us, "I've had supervisions and spot checks a couple times a year, they all go ok, they are all unannounced. They check everything including medicine administration. I get feedback to let me know I'm doing it correctly."
- People, relatives and health and social care professionals expressed confidence the service was well led. Comments included "Yes I would say service is well led", "I do think the service is well led they are very polite... You know there are people you can always talk to. They are all polite and well-mannered which goes a long way, it makes you feel better in yourself" and "They are definitely well led, I would absolutely recommend them."
- A health and social care professional told us, "The care and support being provided by care staff was noted to be of a high quality. Staff have access to a wide range of training opportunities."
- Staff and people told us communication was good. Staff were confident in the quality of care, support and guidance they were able to offer people. The service gave a strong focus on person centred, flexible, individualised care.
- A relative told us, "Their strength is their communication. They phone me up and are always polite, appease me and explain. I have peace of mind and the care staff are very acute at noticing any health concerns."
- Staff were fully informed of any changes to people's health or care needs in a timely way and the systems and processes employed by the service supported the staff to deliver person centred care.

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

- There was a friendly, open, positive and supportive culture amongst the management team and the care staff.
- A person told us, "I would recommend them. They are a good agency they are all lovely, I'm quite happy with them." Another person said, "Yes, I would recommend them. They do everything well; they also chat along the way which is nice, and they are respectful they respect my opinion. If I want to try something they will help and always respect me. They are all so lovely."
- A relative said, "They are very caring which is what it should be. It's always about the person, they are so respectful and handle everything very well."
- Staff told us they felt well supported in their roles, felt proud to work for CareService 24, felt valued and were confident in approaching the management team at any time for support or guidance. They commented they all worked very well as a team for the benefit of the people.
- A member of staff told us, "Yes, I'm absolutely supported. I'm not afraid to ask questions and they are there to support me and they listen and take action." Further comments from staff included, "I feel supported in job I love it" and, "I feel supported, I do really like the job. If I had a problem, there are no issues so far, but if needed it would be sorted."

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 registered manager was aware of their responsibilities under the duty of candour and promoted an open and honest culture. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.
- Providers are required to notify CQC of significant incidents and events. The registered manager understood the requirement to notify CQC of significant incidents and events and appropriate notifications had been submitted as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service regularly asked people, relatives and staff for their views, this was done by a variety of surveys, telephone calls, observed spot checks and care reviews. We reviewed a selection of these which had been positively completed, comments included, "It's going brilliantly apart from a few hiccups, they are knowledgeable and know what they are doing" and, "They are all wonderful I am never rushed and they all really take the time to sit and chat to me."
- Staff described how they respected and promoted people's rights, choices and differences. Staff demonstrated an understanding of equality issues and valued people as individuals ensuring they received individualised, person-centred care.
- Staff attended regular staff meetings. These ensured information was shared and minutes were made available for all staff. Staff told us they fully understood what their roles and responsibilities were.
- A health and social care professional commented, "Staff were noted to be mentored and supported. The new system care and support planning documentation was seen to be person centred and detailed."
- The service had only had minimal contact with health and social care professionals; however, they had established good working relationships with those they had contact with. This enabled the service to ensure the best possible outcomes for the people they supported.