

24/7 Homecare Services Limited

Conan Room

Inspection report

The Ivanhoe Centre
Conisbrough
Doncaster
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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:

Conan Room is a domiciliary care service which provides personal care to adults with a range of support needs, in their own homes.

The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'. Where they do we also take into account any wider social care provided.

Conan Room was providing personal care to 38 people at the time of the inspection.

People's experience of using this service:

People supported by the service and their relatives consistently told us the registered manager and staff who supported them were pleasant, reliable, caring and professional in their approach to their work. They spoke positively about the quality of service provided. One person told us, "The staff are friendly, helpful and very professional. They genuinely care and chat with me about how I am and how my family are. I am very satisfied, they are respectful." One relative told us, "I have absolutely no complaints. The staff can't do enough for [relative], they are excellent, nice and kind I wouldn't change anything."

Staff had a good understanding in how to protect people from harm, and recognised different types of abuse and how to report it. Potential risks to people had been identified and people had been involved with decisions in how to reduce the risk of harm to them.

There were enough staff employed to keep people safe and meet their needs. Staff retention was good and people told us they were supported by staff who knew them and consistently met their needs. Staffing levels were continuously reviewed to ensure there were enough staff to provide flexible and responsive care.

People's medicines were managed in a safe way. Safe practice was carried out to reduce the risk of infection.

People's care and support had been planned proactively and in partnership with them. People felt consulted and listened to about how their care would be delivered. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff knew people well and supported them in line with their current needs and wishes. Staff were knowledgeable about people's likes and dislikes and personal preferences. This helped people and staff to engage in meaningful conversations and develop strong relationships.

People and their relatives felt able to raise complaints and were confident that appropriate actions would be taken to address their concerns.

The registered manager used a variety of methods to assess and monitor the quality of the service. This meant areas identified for improvement through the quality monitoring processes could be actioned in a

timely manner.

More information is in the full report

Rating at last inspection:

Requires improvement (report published on 21 March 2018).

Why we inspected:

This was a planned inspection based on the rating awarded at the last inspection.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care.

Further inspections will be planned for future dates.

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 ●

Conan Room

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience had experience of supporting and caring for young and older people.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides personal care to adults with a range of support needs, including dementia and physical disability.

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

Notice of inspection:

We gave the service short notice of the inspection because we wanted to visit people in their homes and we needed support from the registered manager to arrange this.

Inspection site visit activity started on 4 March 2019 and ended on 5 March 2019.

On the 4 March 2019 we visited three people in their homes to ask their opinions about the care they received and look at their care records. Whilst out on visits the care coordinator accompanied us. We also spoke over the telephone with five people who used the service and three relatives. We also contacted via e-mail 18 staff and five staff replied to our request for information.

On the 5 March 2019 we visited the office location. The registered manager was on annual leave so we met with the human resources manager. We reviewed care records, staff records and policies and procedures relating to the service.

What we did:

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection visit we gathered information from many sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority commissioners, contracts officers and safeguarding, and Healthwatch (Doncaster). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 this domain was rated as requires improvement. This was because full and thorough recruitment checks were not completed for all staff prior to them being offered a position at the service. Also, improvements were needed to ensure medicines were being managed safely.

At this inspection, we found the provider had taken steps to improve. Therefore, the rating for this key question has increased to 'good'.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they were kept safe by the staff who supported them. One person said, "I had a fall recently so it's important I feel safe, so when I want to go to the toilet the carers stand behind me to make sure I don't fall. I feel safe with the carers and if I didn't I would tell them. They shout when they arrive and say 'it's me' and I am happy with this."
- Relatives also confirmed their family members were safe and well cared for by the care workers. One relative told us, "I feel [relative] is safe, we have a team of three care workers and they all know how I like things done for [relative]. We have a fixed pattern and routine that they follow. They turn up on time on the whole. I get on well with them all and they tell me if there is a problem."
- Staff told us they had completed training in safeguarding adults. Staff were aware of the different types of abuse people could be subject to and knew the action they needed to take if they suspected someone was at risk of abuse.
- The registered manager reported any concerns they had to the safeguarding authority in line with agreed protocols.

Assessing risk, safety monitoring and management

- Risk assessments were in people's care plans. Risk assessments were up to date, except for one, which was completed during inspection. Risk assessments identified risks in relation to the general environment and person specific risks about such things as moving and handling, medicines and falls.
- Staff were aware of their responsibilities in keeping people safe. We saw evidence where staff had acted quickly to prevent a person suffering harm. For example, one care worker had arrived at a property and found the home to be very hot. After looking around they found all the rings on the hob were switched on. The person could not remember switching these on. The care worker consulted with the office staff and prompt action was taken to prevent the person being put at further risk.

Staffing and recruitment

- Since the last inspection the registered manager had improved the staff recruitment policy and procedure to ensure all required checks were completed prior to a person being offered a post. This included full previous employment history, references and DBS (Disclosure and Barring Services) checks. The DBS carry

out a criminal record and barring check on individuals who intend to work with children and vulnerable adults.

- One care worker said, "I went to an interview then got an email confirming that I got the job. I had a police check and gave references. Before starting I did some training on a memory stick with some paperwork to go with it. I also did some shadowing."
- There were 38 people using the service and 14 staff employed. People said there were enough staff employed to ensure they always received their visit. If staff were on annual leave or sick leave other care workers or the senior staff covered their visits. This meant people never received a visit from someone they didn't know.

Using medicines safely

- At the last inspection we found not all medication administration records (MAR) were fully completed. The registered manager acted to prevent this continuing to happen. At this inspection we found MAR charts were fully completed.
- One person who was supported by staff to take their medicines told us they always got their medicines on time and staff took time to make sure they took their medicine's as prescribed. Another person said, "The carers always give me my medication on time and with water."
- During spot checks, staff's competency in relation to the administration of medicines was assessed. Where it was identified staff were not following the correct policy and procedure for medicine administration supervision meetings and additional training were arranged.
- We saw staff had used an 'X' code when they had not given medicines, which was not identified on the MAR chart as a recognised code. Following the inspection, the registered manager confirmed they had changed the format of the MAR charts to include this as a code.

Preventing and controlling infection

- Staff followed the infection control training they had received to reduce the likelihood of the spread of infections and people experiencing poor health. One person told us, "The carers thoroughly clean my commode every day, which is very important to me."
- People told us staff used personal protective equipment (PPE), such as, gloves and aprons when providing care and during meal preparation.

Learning lessons when things go wrong

- The registered manager had arrangements in place for reviewing and investigating accidents and incidents. We saw evidence of meetings and contact taking place with other healthcare professionals to resolve any issues and prevent any reoccurrences of such things as accidents and incidents.

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.

Good: 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 told us prior to them being offered support, the care coordinator or the registered manager had visited them to talk through what their needs were. One person told us, "We came to an agreement about what, where, when and how I wanted my care. It's worked out fine."
- Following this initial visit, care plans had been developed with people which ensured their preferences and diverse needs were met in all areas of their support. This included protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability.
- The registered manager continued to remain in contact with health and social care professionals. This supported them to provide effective, safe and appropriate care which met people's needs and protected their rights. One person told us, "The occupational therapist comes to see my carers so she can go through with them my care plan so they know what I need."

Staff support: induction, training, skills and experience

- Relatives told us they were happy with the way their family members were cared for and were confident in the staff's abilities to care for their family member.
- The training matrix confirmed staff had undertaken all mandatory training, including medicines, moving and handling, health and safety, and infection control. Other training courses were also available in such things as diabetes and equality in the workplace.
- Staff were provided with a minimum of three formal supervision each year and one appraisal. Staff were also observed whilst out on visits by the registered manager or care coordinator. These spot checks were unannounced and looked at such things as, dress code, arrival time, interaction with person using the service and support provided with meals.
- Staff said "The office lets us know when supervision is due and we can sometimes pop in to do it between our breaks. We also have spot checks and they are unannounced," and "We do on-line courses on the Doncaster learning pool as well as college courses. However, I don't feel like I have enough time to do them sometimes with my work rota."

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

- Staff had a good understanding of people's nutritional needs. They told us they would report any changes or concerns to the registered manager for further investigation by the appropriate healthcare professional.
- People told us, "The carers get my breakfast. I am diabetic and the carers know what type of foods to give me, they genuinely care," and "Staff help me with making my meals, they know what my likes and dislikes are and how I like it."
- One care worker told us, "We get to know people's likes and dislikes. For example, some people like to drink tea or coffee without sugar and one person likes three sweeteners in their tea. One person doesn't like

to eat the crusts on bread and another person dislikes thick gravy on their food."

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

- Staff understood people's health needs and gave us examples of advice they had followed from the person's doctor or district nurses, so people would enjoy the best health outcomes possible. For example, we saw one person was visited regularly by the district nurses to treat a skin condition. The person told us the staff had worked with the district nurses and their skin condition was improving.

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

- People told us staff would help them to access healthcare professionals whenever they needed their support.
- One person told us, "The carers are supporting me to apply for a wristband. It will alert people if I have a problem."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- People told us staff would ask for their consent before undertaking any personal care. People felt staff respected their wishes and listened to them.
- Staff understood and applied the Mental Capacity Act principles in the way they supported people.
- The registered manager worked with healthcare professionals to understand whether people had capacity to make decisions about their care and treatment. At the time of the inspection everyone who used the service had the capacity to consent to their care.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were very complimentary about the service they received. They told us, "My honest opinion is they are very friendly and the carers make me laugh. They say I am a comic and we have a good relationship," "The staff are fantastic they do everything you ask them and don't complain. They are great lasses especially [name of main care worker], she is lovely, we have a good chat about all sorts and have a good relationship," "They are brilliant and very helpful you wouldn't believe how lovely they are. I can't complain," and "The staff look after me very well, I have no complaints. My [spouse] couldn't have looked after me any better. They see to my food and personal care and do everything I ask them to. They treat me very nice, they turn up every day and sometimes they are the only people I see. There's nothing I would change I'm happy with them all."
- One relative told us, "I haven't got any problems with the way staff treat my [relative]. They [staff] deal with and speak to them very well and like an adult. They [staff] are very patient."

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

- Staff recognised what was important to people and ensured they supported them to express their views and maintain their independence.
- Care records we looked at contained evidence the person who received care or a family member had been involved with and were at the centre of developing their support plans.
- People we spoke with and their relatives all confirmed they were supported to express their views. One person told us, "I had to speak with the registered manager because I was worried about the number of staff that knew my key-safe number. We decided what was best to do about this and now I'm okay."

Respecting and promoting people's privacy, dignity and independence

- People told us staff were skilled in making sure their privacy and dignity was respected. One person told us, "I like my privacy so the carers wait outside the bathroom and I just shout when I need them. The staff are very good with this and never overstep the mark."
- Staff gave us examples of how they would maintain people's privacy and dignity. Staff said, "By covering them up when getting dressed or undressed. By closing the curtains or blinds so nobody can look in. If they are on the phone or on the toilet give them some privacy for a few minutes before starting the care," and "Some people like to really interact with me whilst others might like to keep the conversation short and sweet. Whichever they prefer, I respect."
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People said they were involved in the planning their care from the beginning and said their needs continued to be met. People told us staff respected their wishes, such as when they would like to get up in the morning.
- We saw information which confirmed the service worked with people to provide care and support that was personalised for them. For example, one person had expressed their wish to have a shower at lunchtime rather than in a morning. Therefore, the times and duration of the person's breakfast and lunch visits were changed so this could be accommodated.
- People told us, "Sometimes I ring the office and ask if I can have an earlier visit so I can get ready to go out with my [relative]. They always manage to do this and I'm really grateful for this," and "They [staff] are quite good with their timing, which is very helpful as I know when they're coming and can plan my own routine around this."
- Staff spoken with could describe people's preferences and how they liked to be supported.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint.
- People and relatives told us they knew how to raise a complaint if they needed to but were very happy with the service provided.
- People told us, "I have no cause for concerns or complaints everything, gets resolved," and "No concerns from me and I know how to make a complaint. I know the manager and I can talk to her, she sometimes comes and does the care if they are short."

End of life care and support

- The service was not currently caring for people who were at the end of their life.
- Staff spoken with said they had undertaken some training to help them understand the principles of end of life care and to have the skills needed to support someone at the end of their life.
- Some staff said they would benefit from receiving further training to prepare them for this and give them the confidence to do this.
- Staff told us where appropriate care plans included people's wishes for the end of their lives. They included information on the whereabouts of any 'do not attempt cardiopulmonary resuscitation' orders (DNACPR) which were in place, to ensure staff were aware of this and these wishes were carried out.
- One staff member said, "I have done a bit of end of life care. However, this has been very limited. I also know the procedure for when a DNACPR is in place to ensure we respect people's wishes."

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 this domain was rated as requires improvement. This was because people could have been placed at potential risk of harm because the systems for governance were not fully effective.

At this inspection, we found the provider had taken steps to improve. Therefore, the rating for this key question has increased to 'good'.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- An Electronic Monitoring System (EMS) was used to monitor visits times of actual against planned. This also alerted the registered manager and care coordinator if a care worker had not arrived at their visit. From this action could be taken to ensure people were not left without receiving their care and support.
- The EMS system was also used to provide staff with updated information about such things as, cancelled visits, medication and personal care changes and appointments people had from other healthcare professionals.
- The service had a range of policies and procedures relating to all aspects of care. We looked at a sample of policies, including, privacy and dignity, medicines, PPE and infection control. Each policy was reviewed and updated every year to ensure they included the most up to date legislation and guidance.

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

- There was a clear staffing structure. People spoke positively about how the service was managed. They informed us the registered manager was visible about the service and had a good understanding of people's needs and backgrounds.
- The registered manager understood their role in terms regulatory requirements. For example, when notifications should be sent to CQC to report incidents that had occurred and required attention.

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

- People and relatives told us they felt they were listened to by the registered manager and their care workers. One person told us, "The manager came out to see me, we had a chat about if everything was ok and if there was anything I was unhappy about. I told her I was happy with everything."
- A relative told us, "I know the manager and she is approachable. She meets with me every six months and we go through things and discuss if I have any problems. I find this useful and we both know where we are."
- People, their relatives and staff were asked to complete surveys to obtain their views of the service.

Surveys had been sent out in January 2019 and the results were yet to be fully analysed by the registered manager and used to continuously improve the service.

- We saw people had rated all aspects of the service good, very good and excellent. Where people or their relatives had made additional comments, we saw these had been responded to by the registered manager on an individual basis.
- Seven staff had responded and said they were satisfied in their roles, how they were supported by the registered manager and understood the overall aims and objectives of the service.
- One staff member told us, "I would feel comfortable speaking out if I needed too." Another staff member said, "If I have any concerns I am able to go to the manager. I feel she is very understanding and listens with regards to any concerns I have and always follows them up."

Continuous learning and improving care

- The registered manager completed a self-audit form to gather evidence about how the service was performing against the CQC essential standards of quality and safety. All areas of the service were assessed. From this the registered manager looked at ways of improving the service. For example, accidents and incidents had been looked at to assess if the correct procedures were being followed by staff following an accident or incident, if any further guidance, information or training was needed for staff and how this could be provided. An assessment summary then showed any actions needed to be taken to improve the quality of the service.
- Staff said, "The management keep us up to date with the current legislation. We can also check the current legislation in the newspapers or on the internet."

Working in partnership with others

- We saw evidence of information to confirm meetings had been held with other healthcare professionals to discuss changes and updates to people's care and support.