Care Quality Commission

Care 24-7 Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection took place between 26 March and 4 April 2018 and was announced.

Care 24-7 limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to both older adults and, younger disabled adults. At the time of the inspection, 101 people were receiving personal care from the service.

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

At our last inspection, we rated the service good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

We found the service was not always safe. Staff were trained in safeguarding people from abuse and put this training into practice. Staff had time to spend with people. We saw safeguarding procedures were in place and these were followed to help keep people safe.

Medicines were managed safely and staff had good knowledge of the medicine systems and procedures in place to support this. The support people received with their medicines was person centred and responsive to their needs. However, there was a shortfall in documentation; the provider had a plan in place to address this.

The service worked in partnership with other agencies including health professionals to help ensure people's needs were met. People's healthcare needs were assessed and plans of care put in place.

Staff were skilled and competent to meet the needs of people. Training was tailored to meet the needs of the residents. People were supported by kind, caring and compassionate staff. This meant people received good care.

There was enough staff deployed to ensure people received consistently and timely care. Staff were able to arrive on time and stay with people for the allocated amount of time. Safe recruitment procedures were followed to help ensure staff were of suitable character to work with vulnerable people. Staff received a range of training which was relevant to their role.

The service was compliant with the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). People's consent was sought before care and support was offered.

A complaints procedure was in place, which enabled people to raise any concerns or complaints about the care, or support they received.

Incidents and accidents were recorded and investigated by the service. We saw a low number of incidents had occurred with no concerning trends or themes.

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 not always safe Medicines were not always documented in a safe way. Staff understood safeguarding principles and what to do if they were concerned about people.	**Requires Improvement**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Care 24-7 Limited

Detailed findings

Background to this inspection

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

The inspection took place between 26 March and 4 April 2018 and was announced. We gave the provider a short amount of notice that we would be visited the office, because the manager is often out of the office supporting staff or meeting people who use the service. We needed to be sure that they would be in. On 26 March, we made phone calls to people to ask them about the quality of care they received. On the 28 March we visited the providers office to look at care related documentation and speak with the manager of the service. Between 3 and 4 April we telephoned care workers.

The inspection was carried out by two inspectors and an assistant inspector.

Before the inspection, we reviewed the information we held about the provider such as notifications and any information people had shared with us. We also spoke with the local authority commissioning and safeguarding teams to ask them for their views on the service and whether they had any concerns. We reviewed the information on the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with ten people who used the service. We spoke with seven care workers, the manager, the provider, a director and the admin support. We looked at ten people's care records and records relating to the management of the service including staff training records, audits and meeting minutes.

Requires Improvement

Is the service safe?

Our findings

From our review of records and conversations with people who use the service, we concluded this service was not always safe.

Staff administering medicines had received training in the safe administration of medicines and had their competency to give medicines assessed. Each person had a medicine profile in place highlighted the level of support they required and the assistance they needed in ordering their medicines. The service recorded medicine administration either on MAR charts, or through daily records of care. In some cases, we saw medicine records provided a clear record of the support provided. However, this was not consistently the case.

Whilst we did not have any concerns that people were not receiving their medicines, it was not always clear the exact nature of the medicine support provided at each visit, as clear and precise records were not always kept.

There was currently no MAR charts in place where medication was administered from dossett boxes. The registered manager told us for the people who are supported with medication they take a photograph of the medication list and record in daily book "meds taken". However, there were not consistently photographs for each month, and therefore it was not possible to match up records in daily notes of "medicines taken" with the photographs, therefore there was not a complete record of medicine support provided.

For one person, there was one photograph of dosette box with details of the medicines supported with, the photograph didn't say which dates the medicines ran from. There was a standalone photograph, which did not cover other months. Entries in daily records stated "Meds given", but we were unable to reconcile with exact nature of the support provided as no definition anywhere of which date each medicine ran between and what "Meds given" in daily records actually meant. The persons care plan stated they had support with creams but there was no mention of this in their medication profile. The person did not have a PRN protocol in place for their inhaler.

We saw a plan was in place to address this. The service was currently undertaking a piece of work to align their medicines management system to The National Institute for Health and Care Excellence (NICE) guidance. This would ensure the service's medicine management system was aligned to best practice guidance and ensure that the required documentation of all medicine support took place. Our discussions with the care manager, registered manager and director led us to conclude the service had a good understanding of medicines management and what was required to further improve their system. This gave us assurance the shortfalls in documentation we identified would be addressed.

Staff understanding of people's medicines and risk assessments mitigated the risk to people's safety.

All the people we spoke to told us they felt safe and comfortable around care workers when they visited their homes. One person told us" I fall very easily and I am always scared it will happen again but they make me

feel safe when they are here. I am very pleased". Another person told us "I feel safe with staff; I have no complaints about how I'm cared for". People told us that if they had any concerns they would talk to someone in the office and felt they would be taken seriously.

Where concerns had been identified, we saw appropriate safeguarding referrals had been made by the service. Concerns were thoroughly investigated and measures put in place to help continuous improvement of the safety of the service. Where the service handled money for people, clear records of any transactions were maintained, signed by staff and the person who used the service to reduce the risk of financial abuse.

Risks to people's health and safety were assessed including an assessment of their living environment and any specific risks associated with their care.

All staff told us they knew what to do should an emergency occur such as a fall. An on call service was in place should staff need assistance outside normal office hours. Staff told us this was usually answered promptly.

The service was adequately staffed which ensured staff provided a person centred approach to care delivery. There were a low number of missed calls recorded by the service. For example there had only been one incident in 2017 whereby a care worker had failed to undertake a care shift due to a rota mix up, resulting in a missed call to six people. This had been fully investigated and action had been taken to prevent a re-occurrence. People we spoke with confirmed this; one person told us "they've never not turned up". Another person told us "I've had different people help me but no one's ever not turned up in 4 years".

The management promoted open discussions with staff about incidents, accidents and near misses. Investigations were thorough and comprehensive and lessons learned were reflected on and communicated. This meant the likelihood of future similar incidents was reduced.

We saw the service had a recruitment policy in place. We checked seven staff recruitment files. We saw appropriate checks such as references and Disclosure and Baring Service (DBS) were obtained prior to employment. All staff files checked demonstrated correct procedures were being followed.

Staff told us they had received training around infection control and they have access to personal protective equipment and knew how to make arrangements to obtain this.

Good

Is the service effective?

Our findings

We saw people's needs were assessed prior to commencement of the service to ensure the service could fulfil these needs.

The service was proactive in keeping update with best practice guidance. For example the director attended provider meetings and training delivered by and in conjunction with the local authority. They had recently been on MCA/DoLS training and "brightening minds" training designed to ensure compliance with CQC standards.

New staff were required to complete an induction to the service and its ways of working and shadow experience staff for two weeks. The director explained that they assessed new staff skill to determine the level of training they required. New staff also completed the Care Certificate. The Care Certificate is a set of standards designed to equip social care and health workers with the knowledge and skills they need to provide safe, compassionate care.

Existing staff received a range of training relevant to their role. Training records showed this was kept up-to-date. This included working with external health professionals such as NHS workers to deliver training in pressure area care and palliative care. The director explained how they were always looking to enhance the training provided to people. For example, medicines' training was being improved to help ensure staff consistently understood what was required from them in achieving compliance with the NICE guidance on medicines management in the community. People told us care staff had the relevant skills and training. On person told us "Yes they are very well trained and are always nice and pleasant to me". Another person told us "Yes they are trained, I don't always have the same carer but yes they seem alright".

The director demonstrated to us the service was passionate about providing person centred and high quality dementia care. To achieve this they had attended training provided by the Contented Dementia Trust, which has a philosophy around providing a positive, person-centred method of managing dementia. The director was now an accredited practitioner in this approach and was now able to train other staff. Staff had now received this training. The director explained a key feature of the approach was avoiding asking people with dementia direct questions, which could lead to distress if they were unable to respond succulently. Instead, people were shown options and ideas for care and support, such as meals and clothing choices based on their past preferences. The director and staff gave us examples where this approach had resulted in positive, outcomes for people, with distress and anxiety reduced.

Staff received supervision, appraisals and spot checks of their practice. We saw some of these had fallen behind due to staffing pressures but a plan was in place to address this. Most staff we spoke with said they felt well supported. However, some staff felt they got more support from other managers rather than their direct line manager. Staff said where there was more than one manager; they found some of the advice provided conflicting.

People's nutritional needs were assessed and their care plans contained detailed information for staff on

how to meet these needs. This included their culinary preferences and any specific needs such as the consistency of the food needed to ensure safe and effective support.

Where staff were concerned about people's health or had noted a change, we saw they had made referrals to relevant health professionals. The registered manager informed us they work with district nurses and where required change visit times to ensure good co-ordinated care between the nurses and care workers. This showed the service worked with other agencies to ensure people were supported to meet their health care needs.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In the case of Domiciliary Care, applications must be made to the Court of Protection. We found no DoLS had needed to be made.

Care records showed that where people had capacity they had consented to their plans of care.

Good

Is the service caring?

Our findings

Overall people were very positive about the staff at Care 24-7 limited. They said staff were kind and friendly and treated them well, although they said some staff had better personal attributes than others. One person said, "I could not be happier with my support, they are very good and caring, it is like family looking after me. They treat me like I'm human not an object and whatever they do, they make it fun". Other people told us "they've been coming so long now; I like to have some banter with them". "I like them very much, they're like my friends. All of the people that come, they are very friendly". "I'm very happy, couldn't find nicer people".

The service was organised into teams based on geographic location. This helped improve the continuity of care workers. We looked at daily records of care, which showed people had a core group of care workers; this helped ensure good relationships developed between them. People we spoke with confirmed this. One person told us "I have the same four workers come to me, unless there are holidays or sickness". Another person told us "I have the same care workers; I don't like it when they change".

Some people find it difficult to communicate their needs. Staff explained they visit people regularly and get to know them and their preferred methods of communicating well. People we spoke with said they were treated with dignity and staff respected their privacy and choices. Staff told us "when I'm providing personal care I always close the curtains and I explain to the person what I'm going to do. I will then check with the person they are happy for me to continue". Another person told us "I ask how people like things done; sometimes I will ask family if people are unable to tell me. I give people privacy and talk them through what is happening".

Care plans were person centred and showed the service had sought information on people's past lives to help better understand them and the care they needed. Care plans focused on improving and/or maintaining their independence, highlighting the tasks they could do for themselves. One person told us "they always help me with a wash and they help me wash my back, I can do the rest. They dress me then which is helpful; I cannot do tights or anything so they help me. They make my breakfast or lunch as well when they are here". Another person told us "I am trying to walk more and the staff help me with this, they help you be as independent as possible". Staff told us "I always support people to do as much for themselves as possible, it's important that people maintain their independence".

We saw people's views and opinions were listened to by the service. Daily records of care showed people were given a choice, such as what they wanted to eat during care visits. We saw evidence of people being involved in decisions about their care. For example, we saw people/relatives were involved in planning and reviewing plans of care. The service supported people to feel listened to and air their views in relation to their care and support through care plan reviews and questionnaires

The registered manager told us where possible they matched care staff according to the background of people they supported, such as those whose first language was not English. This demonstrated the service was responsive to the diverse needs of people who used the service and working within the framework of the Equalities Act 2010. Other protected characteristics are age, disability, gender, marital status, religion

and sexual orientation. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

Good

Is the service responsive?

Our findings

People said that care was appropriate and met their individual needs. One person told us "I only need care staff to complete set tasks, this is what they do. If I need anything else, they will help me". Another person told us "they always check I have everything I want and I'm happy before they leave me".

Care plans demonstrated people's care needs were thoroughly assessed prior to using the service. An 'assessment of need' document helped the service highlight people's needs in a range of areas. This was used to develop a person centred plan of care, which specified to staff the exact nature of the support to be provided at each visit. We saw emphasis was placed on what the person was able to do for themselves, such as with personal care and mobility. The service is currently piloting an electronic care record system to see whether this would further improve people's care as documents would be updated more timely and efficiently.

Daily logs of people's care and support were maintained by staff. We looked at these, which demonstrated people were provided with care and support in line with their plans of care. Visits consistently took place and the timings of visits were appropriate and usually quite consistent. Staff we spoke with told us they had the time to ensure they stayed with people for the full call length. Most people we spoke told us staff arrived on time and stayed for the allotted amount of time. One person told us "they let me know if they are going to be late". Another person said, "sometimes they are late because of an emergency elsewhere, but, they always explain why they are late".

We saw people and relatives were involved in care planning and reviews. People's care and support needs were subject to regular review. This included a check after two weeks, as well as six monthly reviews of people's care. We saw evidence people's comments and suggestions had been taken on board, and plans of care changed as a result, for example changes to visit times.

People told us they knew how to complain and were confident to do so. A number of complaints had been received about staff being on their phone. Comments included "yes we have complained, my daughter complained because staff were using their phones a lot"." Yes just once, over a year ago. One of the carers used to use her phone a lot and I found her taking calls when she was supposed to be working, it was rude. But apart from that no problems. I told the manager and there were never any issues again, I didn't want to get her in trouble she was very young"." Yes staff are on their phones all the time, it is really frustrating". We checked records and saw this had been addressed with individual staff involved and then at team meetings.

A system was in place to record, investigate and respond to complaints. We saw a low number of formal complaints had been received about the service, but where they had, they had been fully investigated by the service. Where shortfalls had been identified, the person had been apologised to and measures put in place to prevent a re-occurrence. Low-level concerns were also recorded and responded to appropriately to help ensure continuously improvement of the service.

The director explained that nobody was currently receiving end of life care from the service. However they

said systems were in place to liaise appropriately with district nurses and palliative nurses to help ensure care needs were met.

Good

Is the service well-led?

Our findings

We concluded from speaking with people and reviewing service documents that the service continued to be well led. It was evident that the culture within the service was open and positive and that people came first. People were supported by a staff team who were proud to be part of the service.

On the day of our inspection, the registered manager was a visible presence throughout the service. Most staff told us the manager was approachable. One staff told us, [registered manager] and [director] are lovely, can speak to them about anything. They take things on board and accept feedback".

The director and registered manager demonstrated a dedication to providing a high quality and person centred service. We saw they spoke passionately about the service and things they planned to implement to further improve the service. This gave us assurance that the provider was committed to continuous improvement of the service.

Staff told us morale was good. One staff member commented, "I love it. Love my job. All the staff I work with are lovely". I would recommend it as a place to work and for care." Another staff member told us, "The people I work with are great, we work together well. I would recommend this a place to work".

The registered manager told us they attended local provider meetings to keep updated and share best practice. The registered manager was also the chairperson for Bradford's registered managers meeting which were set up by Skills for Care. The registered manager told us they found these meetings useful and it is an opportunity to get advice and inspiration from other registered managers. This has provided the registered manager with a good network of people they could contact for advice.

Staff competency to administer medicines was regularly assessed to help monitor and improve the medicines management system. Staff received spot checks on their practice. This looked at a range of areas including how they interacted with people, whether they completed care and support tasks correctly and if they of appropriate appearance. This helped ensure staff worked to consistent high standards.

Staff meetings were held although due to the nature of the service, staff met with the manager more frequently on a one to one basis to discuss any concerns or receive any updates. Staff told us group meetings took place but not frequently, the registered manager told us it was difficult to get all staff together and they were trying different approaches to achieve this.

The register manager was open to ideas for improvements to the service during our inspection. It was clear the registered manager knew the care and support needs of the people who used the service. This gave us assurance they had good oversight of the service.

Most people told us they felt able to approach the management team with any concerns. One person we spoke to told us, "the manager is very visible". Other comments included "Yes I have spoken with the office, I speak with them regularly. They do sort things eventually". "I know to phone the office if I'm not happy".

We saw evidence the service worked effectively with other organisations to ensure co-ordinated care. This included working with housing providers to develop risk assessments to help keep both people and staff safe.

Systems were in place to monitor the quality of the service provided. The rostering system used allowed the manager to monitor when supervisions, appraisal and spot checks were due. Documentation such as care logs and medicine records were also subject to checks.

Electronic call monitoring was being introduced, it was currently only being utilised for clients living in Bradford but was being extended to cover other areas where the service was provided. This would allow real time monitoring of staff activity to help improve the safety of the service.

People's views were sought and used to make improvements to the service. People's feedback was sought through spot checks, care reviews and quality surveys. We saw results from the 2016-17 survey were analysed and people contacted to discuss any concerns and the actions taken as a result. We saw people had given positive feedback about the service, which matched our own findings.