

Onduty 24 Limited

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Inspection report

11 Dalton Road
Hamilton
Leicester
Leicestershire
LE5 1PN

Tel: 01162765916

Date of inspection visit:
25 April 2019
30 April 2019
01 May 2019

Date of publication:
24 May 2019

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:

Onduty 24 is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The agency supports 13 people. Not everyone using Onduty 24 received personal care. At the time of our inspection, seven people were receiving personal care.

People's experience of using this service:

People who received care from Onduty 24 told us they felt safe and supported by staff who visited them.

People and relatives told us staff were kind and caring. They used words to describe staff such as , "Lovely", "respectful", "nice", "gentle" and that staff were "really caring and [were] very good."

Most staff received appropriate training and support to enable them to perform their roles effectively. The manager will ensure all staff complete the necessary training as soon as possible.

The provider had effective safeguarding and whistleblowing systems and policies in place and staff were aware of how to recognise signs of abuse and were knowledgeable about what to do in the event of any concern being raised.

Risks associated with people's care needs were managed safely and reviewed regularly.

People's care was personalised to their individual needs. There was sufficient detail in people's care plans that enabled staff to provide responsive care.

Care plans were developed with people and relatives to ensure they were person centred and tailored to peoples' needs and routines.

People received appropriate support with their medicines.

People were supported to access healthcare professionals appropriately.

Management and staff demonstrated a good understanding of and responded to people's diverse needs.

Staff demonstrated their understanding of the Mental Capacity Act, 2005.

Staff gained people's consent before providing personal care and support.

Rating at last inspection:

At the last inspection the service was rated Good. (report published 16 November 2016)

Why we inspected:

This was a planned inspection.

Follow up:

Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for services rated Good.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our Well Led findings below.

Onduty 24 Limited

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.

Service and service type:

Onduty 24 is a domiciliary care agency. It provides personal care to people living in their own homes. Everyone using Dynamic Care received the regulated activity; 'personal care'. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, seven people were receiving personal care.

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 24 hours' notice of the inspection visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 25 April 2019 and ended on 1 May 2019.

What we did:

We reviewed information we had received about the service since the last inspection. This included statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We sought feedback from the local authority and other professionals who work with the service.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements.

We visited the office location on 25 April 2019 to see the registered manager; and to review care records and policies and procedures. We also visited people in their own homes. We made calls to people, their relatives and staff on 30 April 2019 and 1 May 2019.

During our inspection we spoke with five members of staff including the registered manager, four people using the service, and two relatives.

We reviewed a range of records. This included two people's care records, three staff files around staff recruitment and supervision and the training records for all staff. We also reviewed records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

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

Systems and processes to safeguard people from the risk of abuse:

- Not all staff had up to date safeguarding training, however staff had a good understanding of abuse and knew what to do to make sure people were protected. The manager agreed to arrange training straight away for any staff that required it.
- The provider had effective safeguarding and whistleblowing systems and policies in place.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management:

- People and their relatives consistently told us they felt safe.
- People's files contained detailed risk assessments which identified strategies implemented to reduce each risk area.
- People and their relatives were involved in risk assessments and were supported to maintain their independence where appropriate.
- The potential risks to each person's health, safety, environment, mobility and welfare had been identified.

Staffing and recruitment:

- People and relatives used phrases such as, "Wonderful", "a God send", "excellent" and "lovely" when describing staff.
- People told us they had regular staff who they built relationships with, however when this changed people were not informed of who would be coming.
- The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. These are checks to make sure that potential employees are suitable to be working in care.
- There were enough staff to meet the needs of people supported by the service.
- A relative told us "Staff are brilliant." Another relative said, "Staff are very good."

Using medicines safely:

- People received appropriate support with their medicines.
- We looked at people's medication charts and this evidenced that staff managed medicines consistently and safely.
- People's independence to manage their own medicines was encouraged if safe to do so. Any changes were made with people's full consent.

Preventing and controlling infection:

- Staff told us they were provided with PPE (personal protective equipment) such as aprons, shoe protectors, gloves and hand sanitiser.
- All staff had completed training on infection control and were aware of good practices such as hand washing techniques and use of PPE.
- People told us that staff always used PPE appropriately.

Learning lessons when things go wrong:

- The provider was committed to learning from any mistakes, which included consulting with people, relatives and staff.
- People had reported that their care calls were late, and some people had not received some calls. The registered manager implemented a new system where staff had to 'clock in and out' of calls to ensure this did not happen again. The registered manager confirmed that the new system was monitored daily.

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 and relatives told us they were involved in the care planning.
- People's needs were assessed before any care was provided. People and their relatives told us they had met with the registered manager to discuss what support they required before staff began delivering their care.
- The pre-assessment was used to develop people's care plans. These contained information on people's preferences, their likes and dislikes, communication needs and their cultural background.
- Assessments of people's needs were comprehensive and included people's choices and preferences in relation to all aspects of their lives.
- People and relatives told us staff turn up on time. We were told of a few incidents when staff had missed calls, however these were historic, and the provider had put systems in place to ensure calls were completed.

Staff support: induction, training, skills and experience:

- People told us that staff were well trained. One person said, "Staff are lovely, they know what they are doing."
- All staff completed an induction which included training and shadow shifts, to ensure they had the knowledge and skills to carry out their roles and responsibilities.
- Most staff had completed training in line with the providers policies and had competency checks to ensure they understood the training provided. The registered manager agreed to arrange training for any staff that required it. Additional training was offered to keep up to date with best practice guidelines.
- Staff were confident in their roles and the training provided covered all areas of their jobs.

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

- People and relatives told us they were happy with the support staff offered regarding food preparation.
- Care plans included information on nutrition and fluid needs, where appropriate.
- People's likes, and dislikes were also recorded. For example, it was recorded care plans, how people liked their drinks made and if they took milk and sugar in tea/coffee.
- Staff received training on food hygiene and nutrition and hydration and were aware of people's dietary needs and preferences such as vegetarian and any support people needed.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live

healthier lives, access healthcare services and support:

- People told us that staff supported them to access other health and social care professionals such as a GP or community nursing staff. One person said, "Staff will call the doctor for me when needed, or they remind me to make a routine appointment."
- Information in care records confirmed the service liaised with other professionals when required to ensure people had access to the right support and help.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA. We found that it was.
- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Care plans were developed with people and we saw that people had agreed with the content and had signed to receive care and treatment.

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; respecting equality and diversity:

- People and relatives provided consistently positive feedback about staff, one person said, "Staff will do anything I ask of them." Another person told us, "I have a laugh with staff, and they will bring me things if I run out. They are really kind."
- Staff we spoke with had a good knowledge and understanding of the people using the service.
- Care plans detailed people's preferences as to how they liked their care to be delivered and included whether people preferred a female or male carer and how they wished the staff to communicate with them.
- Staff we spoke with told us about their responsibility to ensure people's rights were upheld and that they were not discriminated against in any way.

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

- People were treated respectfully and were involved in every decision possible.
- People told us they are involved in their care planning.
- People, relatives and staff all told us that the service is interested in the whole family and try to engage as many people as possible in decision making.
- No one currently required the support of an advocate. However, the registered manager was able to support people to access advocacy services should they need to.
- We saw evidence in care plans that people had been asked about their likes/dislikes, preferences and routines.
- People were listened to and supported to express their views and opinions. A member of staff told us, "We always make sure we give people choices, treat people as individuals, and respect their different habits and choices."

Respecting and promoting people's privacy, dignity and independence:

- People's right to privacy and confidentiality was respected. A person told us, "They [staff] always tell you what they are doing and ask permission before doing anything." Another person said, "Staff let me do what I can do and are very good, kind and gentle."
- A staff member told us what they do to promote people's privacy, dignity and independence, "I always gain consent before carrying out any tasks, close doors and curtains when needed and always let the person do as much as they can."
- People and their relatives, where appropriate, were involved in routine reviews of their care.
- We saw personal information was kept in a locked cupboard at the providers office.

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 had individualised care plans, which detailed the care and support people needed.
- People, and where appropriate their relatives, had been involved in the development of care plans. A relative told us, "They keep me updated on any changes to [person's name] care. This gives me confidence."
- The registered manager understood their responsibility to comply with the Accessible Information Standard and could access information regarding the service in different formats to meet people's diverse needs.
- We saw evidence in people's care files of pictorial tasks to ensure the person understood the care being given.
- The registered manager ensured that staff had a good awareness and understanding of different cultures and backgrounds, which helped to reduce the risk of discrimination. For example, where English was not people's first language, they received care from staff who were able to communicate in their language.
- Where required, staff supported people to go out into the local community, e.g. shopping, bowling or walking in the local park.
- Staff understood their role in reducing the risk of social isolation for people. They spent time chatting and engaging with people during each visit. One person told us, "Staff always spend time talking to me, I get to know them, and they get to know me."

Improving care quality in response to complaints or concerns:

- The provider had procedures which outlined their approach to dealing with complaints in the event of one being raised.
- People, relatives and staff knew how to make a complaint. A relative told us, "When I raised a concern, it was dealt with quickly." A person said, "I have made a complaint and the manager dealt with it well."
- Staff told us they could talk to the registered manager about any issues or concerns. One staff member said, "If I had an issue, I would say, and I know they [registered manager] would deal with it."
- We saw evidence of complaints that had been dealt with appropriately and within the specified timeframe.

End of life care and support:

- At the time of the inspection, the service was not supporting anyone who was at the end of their life.
- The registered manager told us if anyone required end of life support they would ensure all staff had the appropriate training and support and they would liaise with the appropriate health care professionals.
- The provider had a detailed policy and procedure on end of life 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

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 with openness; and how the provider understands and acts on their duty of candour responsibility:

- People received care based on their individual assessed needs. One person told us, "I was involved in my care plan, they [staff] asked what I wanted in it." A staff member said, "If there are any changes required to someone's care plan or risk assessment, I tell the manager and it is changed the same day."
- People were protected against discrimination. There was a policy which covered equality and diversity, which staff understood and adhered to.
- People's care plans and pre-assessments documented any preferences or cultural needs.
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that required registered persons to act in an open and transparent way with people in relation to the care and treatment they receive. The provider was working in accordance with this regulation within their practice.

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

- We saw evidence of audits and spot checks on staff completed for a range of checks, to ensure person-centred care however, there were no actions recorded. The registered manager agreed to add this onto the forms.
- Staff were clear in their roles and understood what the provider expected from them.
- The registered manager understood their role and shared information with CQC about all aspects of the service including quality performance, risks and regulatory requirements.

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

- Effective systems were in place to ensure all staff were involved in developing the service. They received appropriate training and support for them to keep up to date with best practice guidelines in providing high quality, person-centred care.
- Staff and people told us they felt listened to by the registered manager.
- People told us that they were involved in all aspects of their care planning. One person told us, "[Staff] will tell what they have written about me. I will tell staff what I am feeling and what I want."
- People and relatives were supported to share their views about their care and the service through direct contact with the registered manager, and through surveys. Recent surveys showed people and relatives were very happy with their care.

- The registered manager ensured people had information given to them in a format they understood, this included easy read, staff reading the information to people, translators and large print.

Continuous learning and improving care:

- The provider displayed a commitment to improving care where possible. They had taken responsibility for their own learning and development to improve the service. They shared this knowledge with staff which helped to ensure staff were up to date with best practice guidance.
- The registered manager attended Northamptonshire care alliance forums and kept up to date with national development in the care sector.

Working in partnership with others:

- The service had links with external services that enabled people to engage in the wider community.
- The registered manager and staff team worked in partnership with other professionals such as GP's, occupational therapists, physiotherapists, social workers and commissioners to promote and maintain people's quality of life.