

Onduty 24 Limited

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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 caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on the 11 and 12 October 2016 and was announced.

Onduty 24 Limited is registered to provide personal care and support for people living within their own homes. At the time of our inspection there were six people using the service, all of whom resided within Northamptonshire. People's packages of care varied dependent upon their needs. There were 9 staff employed who provided people's care.

The service had a registered manager. 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.

This was our first inspection of the service since they registered with us.

People's safety and welfare was promoted by staff that understood and had received training on their role in protecting people from potential harm and abuse. Safety and welfare was further promoted through the assessment and on-going review of potential risks to people. Where risks had been identified measures had been put into place to reduce their likelihood, which were recorded within people's records and understood and implemented by staff.

Staff upon their recruitment had their application and references validated and were checked as to their suitability to work with people, which enabled the provider to make an informed decision as to their employment. Staff underwent a period of induction and training. Training provided to staff and staff understanding of their role and responsibilities meant people were supported appropriately with all aspects of their care, which included support with their medicines.

Staff understood people's needs and were committed to providing care and support that promoted their independence. Staff understood the importance of seeking people's consent prior to providing care and support. Staff were aware of people's rights to make decisions and were able to tell us how they encouraged people to express their opinions on their care and support.

Family members were complimentary about the approach of staff in the delivery of care and support. However some told us communication between themselves and staff based within the office could be improved. For example, they had requested they be provided with information as to which staff would be providing care on a weekly basis, we found this was not being routinely provided. Family members told us privacy and dignity was understood and recognised by staff and that the approach and caring attitude of staff had a positive impact.

People's records included a signed agreement by them for their information to be shared with named

agencies and organisation. The agreements detailed the circumstances in which information would be shared and the provider's commitment to record and retain information safely and securely.

The provider had managed complaints consistent with their policy and procedure. A complaint related to a 'missed call' (staff did not arrive at a person's home to provide their care). The provider used this information along with information gathered through the sending out of quality assurance questionnaires to gain the views of people using the service. This information had been used by the provider to develop an action plan to bring about improvement. When we spoke with a family member we found they had recently experienced a missed call. This showed that measures identified within the action plan to bring about improvement were not always robust or reviewed to ensure people received a high quality service.

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.

People were protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely.

There were sufficient numbers of staff available to keep people safe who had the appropriate skills and knowledge. Safe recruitment systems were followed to ensure staff were suitable to work with people who used the service.

People received support with their medicine which was managed safely.

Is the service effective?

Good 

The service was effective.

People were supported by staff who had the appropriate knowledge and skills to provide care and who understood the needs of people.

People were provided with effective care from staff who sought consent before providing care.

People were supported, where required, with their dietary and healthcare needs.

Is the service caring?

Good 

The service was caring.

People were involved in the development of their care plan which enabled them to influence their care.

People's privacy and dignity was respected.

People were supported by staff that were committed to the promotion of people's rights and who listened too and respected people's wishes.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in the initial assessment and on-going review of their care needs.

Complaints were investigated consistent with the provider's policy and procedure.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Systems for monitoring the quality of the care were in place. However areas for improvement identified by the provider were not always consistently implemented or evaluated.as to their effectiveness.

The registered manager and senior staff were visible to both those using the service and staff and had regular contact with them; which enabled them to provide support and guidance.

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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.

This inspection took place on the 11 and 12 October 2016 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office to meet with us.

The inspection was carried out by one inspector.

Before the inspection, the provider completed a 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. We looked at the information held about the provider and the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We used this information to help us plan this inspection.

To assist us in understanding the experience of people who used the service, we spoke via the telephone with family members of two people who used the service and exchanged information with one family member via e-mail.

We spoke with the registered manager, one senior care staff, three care staff, and staff based within the office who co-ordinated care and provided guidance to staff.

We looked at the records of three people who used the service, which included their plans of care, risk assessments and records detailing the care provided. We looked at the recruitment files of four staff, including their training records. We looked at the minutes of meetings and a range of policies and procedures.

As part of the inspection we sought the views of a local authority, as they funded the majority of the packages of care provided to people by Onduty 24 Limited.

Is the service safe?

Our findings

A family member we spoke with told us their relatives felt safe when receiving care and support. They told us, "They are safe as the staff know what they are doing."

Staff were trained in safeguarding as part of their induction so they knew how to protect people. When we spoke with them they were knowledgeable about their role and responsibilities in raising concerns with the management team and the role of external agencies. Staff referred to information held within people's records which provided contact details for contacting agencies should staff suspect abuse or have concerns about people's welfare. This meant people using the service and their family members could be confident that the welfare and safety of people was understood by staff. The provider's safeguarding and whistleblowing policies advised staff what to do if they had concerns about the welfare of any of the people who used the service.

We found assessments of potential risks were carried out as part of the initial assessment of people's needs and were regularly reviewed which promoted people's safety. Potential risks identified were supported by a care plan, which provided staff with guidance as to how to reduce the risk. For example; through the use of equipment to assist people in moving around their home safely, such as the use of a walking frame.

An assessment of a person's home environment was carried out as part of the initial assessment, which identified any potential risks to people or staff. Where practicable and with the person's consent, changes were made, such as the removal of rugs as potential trip hazards to promote people's safety. Staff had clear information about the security and access to people's homes, which included a key safe where people were unable to answer their door. Care plans included information to ensure the person's property was secure when staff departed. This showed the person's safety was promoted whilst enabling staff to gain entry into people's homes.

Family representatives confirmed support was provided for an allocated number of hours each day dependent upon individual needs. People were provided with the support as identified by their assessment, which included support with personal care, daily living activities and accessing community resources. This was achieved as there were sufficient staff employed who had the appropriate skills to provide safe care.

We looked at staff records and found people's safety was supported by the provider's recruitment processes. Staff records contained a completed application form, a record of their interview and two written references. A criminal record check had been carried out by the Disclosure and Barring Service (DBS). The DBS checks help employers to make safer recruitment decisions by providing information about a person's criminal record. This meant people could be confident that staff had undergone a robust recruitment process to ensure staff were suitable to work with them.

Information about people's medicine was included within their care plan, with clear guidance for staff as to their role, where support with medicines was required. Staff we spoke with told us they had received training on medicine awareness and information within the PIR submitted by the provider recorded there had been

no incidents involving people's medicines. In some instances people received their medicine via a PEG (which is a system by which people who are unable to take food or fluid by mouth receive supplements via a tube directly into their stomach). A family member told us they had confidence in the staff to manage their relative's medicine safely.

We found staff to be knowledgeable and have a good understanding as to their role and responsibilities in supporting people's safety and welfare. Staff spoke of the support they provided which included one to one care. They spoke of their responsibility to administer medicines under specific and defined circumstances, such as when a person had a seizure, and how they ensured they always had access to the medicine. This ensured people could be confident that their needs and safety were promoted at all times.

Is the service effective?

Our findings

We found the induction and on-going training of staff enabled them to provide effective care as staff implemented the information they had learnt into their day to day care of people. A family member told us how staff had received training that was individual to a person's needs, so that their needs could be met. Staff upon their appointment had an initial induction period. The induction required staff to complete a range of training in topics that were related to the needs of people using the service. Staff told us they had worked alongside an experienced member of staff or the registered manager upon their initial appointment. Staff records showed staff had attained 'The Care Certificate', which is a set of standards for care workers that upon completion should provide staff with the necessary skills, knowledge and behaviours to provide good quality care and support.

We looked at the records of staff and found that they were supervised and had their work appraised, which included having their competency assessed to undertake people's care and support. A family member told us that staff underwent 'spot checks' that were carried out by a member of the management team. Staff we spoke with confirmed that 'spot checks' were carried out by managerial staff to which they received feedback to enable them to improve the care they provided. We looked at 'spot checks' reports which showed they covered a range of areas, such as the effectiveness of staff's ability to communicate and provide the care and support as detailed with the person's care plan. This assisted the provider in determining whether the service being provided was of a good quality.

Staff told us they were supported. They said the management team were available to answer any queries they had. This included staff contacting senior staff by telephoning the on-call system, which was available 24 hours' a day. Staff told us that they completed records which detailed the care and support they provided to people, which enabled them to share information effectively about people to support consistent and effective care.

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.

Staff had an understanding of people's rights and told us they always sought people's consent before providing care. 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. Any applications must be made to the Court of Protection; we found no applications had been made as applications were not considered warranted.

People's care plans provided guidance for staff as to their role in supporting people to eat and drink to promote their welfare. In some instances staff supported people to undertake grocery shopping, prepare and cook meals. Staff had received training which enabled them to support people's individual needs and people's care plans provided clear guidance. This included training on the use of PEG (which is a system by

which people who are unable to take food or fluid by mouth receive supplements via a tube directly into their stomach).

Staff told us how they supported some people to access health care services where appropriate, which included supporting people to access health care appointments within the wider community. This was consistent with people's care plans and the support they needed to maintain their independence and develop their confidence.

Is the service caring?

Our findings

Family members spoke about the attitude and approach of staff in the delivery of personal care and support. People's comments included, "very nice and caring they (staff) will do anything you ask." And "The care is very good from the girls (staff)."

People were supported in the main by a consistent group of staff. The registered manager was able to achieve this due to the small number of people using the service and the number of staff employed.

Staff spoke of their commitment to deliver good quality care. Staff were able to empathise with those they supported recognising that people's health impacted on their approach and view of life and their ability to accept their current situation. This meant the approach of staff was often to encourage people to maintain their independence. A staff member described this by saying, "I'm there to support (person's name) to maximise their independence and to lead a life of their choosing."

Staff we spoke with were confident in the support they provided to people and gave examples of promoting people's independence with personal hygiene tasks, accessing the wider community and support with daily living skills, such as cooking. Staff told us they read people's care plans and their daily notes as this ensured they had up to date information about any key changes to people's needs. Information within daily notes also provided up to date information as to the views or opinions a person may have expressed, such as their wish to go shopping or out for a meal. This showed staff's commitment and approach to providing care tailored to meet people's needs reflective of their wishes.

Family members told us they were involved in the development and reviewing of care plans, which meant they were able to influence the care and support they received. A family member told us, "I know what is in the care plan; I have a copy of it."

The provider had sought the views of people who used the service earlier in the year through a questionnaire and they shared their findings with us. It showed people found staff to be approachable and caring and that staff respected and promoted their privacy and dignity.

People's records included a signed agreement by them for their information to be shared with named agencies and organisation. The agreements detailed the circumstances in which information would be shared and the provider's commitment to record and retain information safely and securely. The PIR recorded the provider's commitment to informing people who use the service and staff in how information is used and their commitment to confidentiality and the storing of sensitive information.

Is the service responsive?

Our findings

The registered manager told us in most instances they were initially contacted by representatives within social services, who advised of a package of care they had commissioned for a person within their own home. The provider told us that where they had capacity and the ability to provide the package of care then this was confirmed to the commissioners.

Once agreed with the commissioner's, the provider or their representative contacted the person or their family representative and organised a meeting to undertake an assessment of need to find out what expectations they had as to their care and support. Assessments focused on a person's physical and mental well-being. People we spoke with confirmed that the provider or a representative had undertaken an initial assessment of their needs before they commenced with the service. The initial assessment had taken place within hospital or the person's home.

People's records included signed documentation to show they had consented to answering questions about their care as well as their agreement that the provider or their representatives shared information and consulted with health care professionals to facilitate good care and support. This demonstrated an inclusive approach by the provider to people's care.

People using the service were supported when there was a change in their circumstances. A staff member told us how they had arrived at a person's home to provide their care, following their discharge from hospital. The staff member told us, that when they arrived at the person's home the person was not at home. They contacted staff based in the office who liaised with the hospital. It was found that the person was on their way to their home. The staff member waited for the ambulance so that they were available to settle the person into their home upon their return and provide any care and support that was required.

The provider had sought the views of people who used the service earlier in the year through a questionnaire; they shared their findings with us. The analysis of people's comments found that staff stayed with them for the agreed length of time and ensured their support and care was provided as detailed within their care plan.

Care plans were reviewed, the frequency being dependent upon the needs of people. Care plans reflected the role of staff in supporting people to access community resources, which included shopping. Staff had a good understanding of the needs of people and their role in providing care and support. For example, one person's care plan required staff to support the person in shopping and accessing the wider community. Staff told us how a key part of their role was to provide reassurance and encouragement in order to build the person's confidence and attain greater independence. The person's relative shared their views. 'The combination of the Onduty 24 and (support from another named service) I believe provides the best opportunity at this stage for [person's name] to lead a safe, independent life; to the extent their condition will allow.'

We checked complaints records and found procedures were in place, which had been followed where

complaints had been made. We saw the provider's complaints policy, which provided people and their relatives with clear information about how to raise any concerns and how they would be managed. We found where complaints had been received these had been investigated consistent with the provider's policy and procedure. A complaint had been made with regards to a 'missed call', (where a member of staff had not arrived to a person's home to provide their care). Following the complaint, the registered manager had introduced a system whereby staff contacted the office of their arrival at a person's home, via a text message. This was to enable staff based within the office to have an oversight of the service being delivered and to take action if required.

Is the service well-led?

Our findings

We found improvements were needed by the provider to uphold their commitment to engage with people and to take action to continually improve the service. The provider recorded within their PIR that they had engaged the services of a quality management consultant, whose role in part was to seek the views of people who used the service. The views of people had been sought earlier in the year through a questionnaire. The outcome of their findings was shared with us. In the main it showed people were generally satisfied with the service. The registered manager told us they had not shared the outcome of their findings with people who used the service and the action they planned to improve the service.

We found that the provider had identified improvements to be made, which included providing people with information so as they knew which staff would be arriving at their home to provide care. However a comment we received from a family member showed that planned improvements were not consistently applied. For example they told us, "This week for the first time I have been given information as to which staff will be coming." When we asked them whether this information was always going to be made available they told they did not know. This showed that the provider's communication systems did not fully support the sharing of information with those using the service.

The provider had also identified that some people had expressed concerns with the reliability of the service, which had included a complaint about a missed call. The action plan had identified this to be an area for improvement. However a family member spoke to us about a recent missed call and its impact on them. This showed that whilst the provider had identified areas for improvement, systems to bring these about were not sufficiently monitored or reviewed. This meant people did not receive a service which effectively listened to and took consistent action to bring about improvement. We spoke with the registered manager about the missed call. They told us of their intention to speak with the member of staff involved. At the time of our conversation they had not notified the commissioners of the missed, consistent with their own action plan; they assured us that they would.

We spoke with the registered manager about the governance of the service. To ensure that action plans and audits accurately reflected the improvements identified, the timescale for improvement to be attained and the person responsible. To ensure an open and transparent record so that people using the service could be confident of the quality of care they received.

We contacted a commissioner (a person who assesses a person's needs and organises a service on behalf of the person) and asked them for their views. They advised us of the outcome of their quality monitoring visit, which took place in July 2016. They told us that the provider and registered manager had been very willing to work with them to bring about improvement. The provider shared a copy of the commissioner's report with us, which showed areas for improvement had been identified. The provider shared a copy of the action plan with us that had been put into place to address the shortfalls. The provider and the commissioner confirmed that a further visit would be undertaken by the commissioners in the near future to review the progress the provider had made.

Staff records did not in all instances include documentation confirming the maintenance of staff vehicle's, or insurance details where staff's vehicles were used for business purposes. This had been identified by commissioners who had undertaken a contractual monitoring visit earlier in the year. The commissioner told us that the provider and registered manager had been very willing to work with them to bring about improvement. The registered manager told us they would take action and ensure copies of staff documents were kept.

There was an emergency business continuity plan in place; that would enable the provider to identify and prioritise the allocation of staff to those using the service should an unplanned event occur, such as adverse weather. The plan detailed the commitment by the provider to contact those using the service or their representative to provide information. This showed provider had a system in place to ensure people continued to receive good quality care.

Family members spoke positively about the quality of the service they received and what it meant to them, their comments included, "On the whole very good." "Very satisfied with the care." And 'They all truly care for [person's name] and want the very best for him.' And added, 'They (registered manager) keep me advised around the clock of any issue or concern; medical or not.'

The service had a registered manager in post. Staff told us they felt supported by the registered manager and senior staff. They told us, "We work hand in hand." "Every time I look for help, they're always there." And, "The communication is good, work well as a team."

The provider is based and registered in Leicester. They told us they were considering moving their office location to Northamptonshire and applying to CQC for its registration. This was because they had a contract with the Northamptonshire local authority with those currently receiving a service and potential referrals were from the area. The registered manager told us they hoped this would enable them to provide greater support for care staff that were recruited from Northamptonshire and it would facilitate regular contact with those using the service.