

24HR Quality Care Ltd

# 24hr Quality Care

## Inspection report

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Date of inspection visit:  
14 September 2017

Date of publication:  
12 January 2018

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

Our inspection took place on 14 September 2017 and was announced. We gave the provider 48 hours' notice as the service provides personal care in people's own homes and we needed to make sure someone would be in the office. This was our first inspection of the service. 24HR Quality Care provides personal care to people living in their own homes.

At the time of our inspection there were five people using the service, and there was a registered manager in post. 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.

We found recruitment processes were not always safe. A number of background checks which should have been completed when staff were employed had not been done until some time after they had begun working for the provider. There was no process in place to manage staff moving from the provider's recruitment agency to their domiciliary care service, and we saw concerns raised by the Disclosure and Barring Service (DBS) had not been followed up.

Information about management of people's medicines was not always complete or consistent. People's relatives and the registered manager said staff did not administer medicines, however staff told us they did. Risks associated with people's care and support were not always clearly documented.

People's relatives gave examples of why they felt the service was safe. These included staff being aware of people's security and a good approach to call management and delivery. The provider ensured staff understood how to recognise and report any concerns about potential abuse.

There was no evidence staff received a formal induction, and information about training of staff was not made available to us until some time after the inspection. Staff did not have regular appraisals or supervision meetings to help them remain effective in their roles.

Care plans contained clear documentation relating to people's capacity to make decisions, and information which showed consent had been sought in a number of areas.

We received good feedback about people's support with food and drinks, and care plans showed people had been asked what they did and did not like to eat.

Relatives told us staff were caring, and we saw some personalisation of care plans. People's preferences, cultural and spiritual needs were considered, and staff could tell us ways in which people's independence, privacy and dignity were respected.

Although the registered manager described a detailed pre-assessment process before people started to use the service, we did not see records of this in people's care plans. We saw there was a lack of review of care plans, although relatives told us ways in which the service was responsive to people's needs.

There was a complaints procedure in place, although the service had not received any complaints. Care plans contained prompts to remind staff to keep people aware of this process. We saw the name of the provider was not correct in the procedure and asked for this to be changed.

There was a lack of monitoring activity in the service, and we found information about the running of service which the provider had sent us did not always accurately reflect what was happening day-to-day. Information we needed during the inspection was not always readily available, and there was a delay in sending it to us after the inspection. Policies and procedures did not show regular review, and we saw many gave the wrong address for the service. The registered manager did not always know what their policies said.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Recruitment records showed processes had not always been robust.

Risk management was not always robust. Some guidance for staff to follow was not sufficient to ensure risks were always minimised and there was some confusion in documentation relating to medicines management.

Relatives gave examples of why they felt people who used the service were safe, and staff understood how to recognise and report concerns about potential abuse.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

There was no evidence of a formal induction process being in place, and staff lacked on-going support in the form of supervision and appraisal meetings.

People's capacity to make decisions was well documented. Consent for a number of aspects of people's support was documented, and relatives told us staff asked for consent before providing personal care.

Relatives gave good feedback about the support people received at mealtimes, and we saw people's likes and dislikes were recorded in care plans.

### Is the service caring?

**Good** ●

The service was caring.

We received good feedback about the staff's rapport with people who used the service, and we saw information in care plans had been personalised.

People's preferences were respected, and we saw spiritual and cultural needs were considered in planning care and support.

Consideration was given to people's preferences, spiritual and cultural needs.

### Is the service responsive?

The service was not always responsive.

Care plans lacked evidence of a pre-assessment process to ensure their needs could be met by the service.

There was a lack of evidence of review of care plans, although we received feedback that the service was responsive to people's needs.

There was a complaints process in place, although no complaints had been received. There were prompts in care plans for staff to remind people about the processes.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

There was no evidence of quality monitoring activity in the service. The registered manager was not always aware of the content and requirements of their own policies and procedures.

The provider information return (PIR) which the registered manager had completed was not an accurate reflection of the day-to-day practice in running the service. Information required to conduct the inspection was not always available, and there was a delay in sending this to us after the inspection.

We identified breaches of regulation during the inspection.

**Inadequate** ●

# 24hr Quality Care

## **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 checked 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 was our first inspection of the service which took place on 14 September 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection team consisted of one inspector, an assistant inspector and an expert-by-experience who had experience of care for older people.

Before the inspection we reviewed information we held about the service, including the provider information return (PIR). A PIR 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 also contacted other bodies such as the local authority, safeguarding teams, and Healthwatch to ask if they had any information about the service. Healthwatch is a body which gathers information about people's experiences of health and social care in England. We did not receive any information of concern.

During the inspection we spoke with the registered manager and two members of staff. We also spoke with two relatives of people who used the service. None of the people who used the service were able to speak with us. We looked at records relating to the running of the service including four staff files and three care plans. After the inspection the registered manager sent further information that we had asked for.

# Is the service safe?

## Our findings

In the PIR the provider told us, 'We are restarting the domiciliary care side of the business from April 2017, we will start this gradually ensuring staff are recruited correctly and are trained. To ensure the service is safe, we have a robust recruitment system in place, staff will only start in a shadowing capacity once all references and disclosure and barring service (DBS) are received.' During the inspection we did not find evidence to show the provider had always ensured safe recruitment practices were followed.

Recruitment processes were not robust. Staff who worked in the domiciliary care service had all been moved from the provider's agency which supplied staff for other providers. There was no evidence any process had been followed to check staff training, knowledge or suitability to work in a community setting, although the provider's Training Policy and Procedure stated, 'All employees will, on joining and when transferring to a new area of the organisation, participate in the organisation's induction programme.' Staff files we looked at showed a number of background checks had only been carried out after staff had worked at the service for some time, for example DBS checks and employment references. We saw gaps in employment were not explored at interview, reference requests were not always sent in a timely way and checks with the DBS were not always made at the time of employment. DBS checks help identify people who may be barred from working with vulnerable people. Where there were disclosures on DBS returns we did not see any form of risk assessment in place to show how the provider had considered the likelihood of repeat events and taken measures to protect people who used the service. When we reviewed the provider's employment policy we saw there were contradictory instructions for the registered manager to follow. The DBS/Disclosure Policy and Procedure (dated June 2012) stated anyone with a disclosure on their DBS form was not eligible for employment by the service. The Recruitment of ex-offenders Policy and Procedure (dated June 2012) stated a decision to employ someone with a disclosure on their DBS form could be employed if that decision was made by someone with training in place to enable them to assess risk and make a safe decision. The registered manager was not aware of the content of the policy, and confirmed they did not have any such training in place.

The registered manager shared an undated report from a consultancy which had alerted them to failings in recruitment in the service. Although we concluded that some actions had been taken as a result, alerts relating to concerns raised by the Nursing and Midwifery Council (NMC) and gaps in employment records had not been addressed.

We concluded the provider was in breach of Regulation 19 Fit and Proper Persons Employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The arrangements for management of people's medicines were not always clear. We asked the registered manager if they checked medicines administration records (MARs) to ensure people always received the medicines they needed at the right time. They told us no one who used the service was being supported with their medicines, however in one person's care plan we saw instructions to staff included application of creams (topical medicines). Another care plan stated the person needed full assistance with medicines, and we saw the daily instructions to staff included, 'Give [name of person] her medication'. One staff member we

spoke with told us they administered medicines to people, and described safe administration and recording practices they used. When we spoke with people's relatives they told us staff did not support people with their medicines. We discussed this with the registered manager and brought to their attention the risk of people receiving inappropriate and unsafe support with their medicines if staff followed instructions in the care plans.

One person had a care plan which stated there were no problems with breathing, however their medication overview showed they were using an inhaler and medicine usually prescribed for breathing problems. There was a prompt for information about whether the person could use the inhaler independently, however this had not been completed. This meant staff would not know when the person needed their inhaler, and whether they should assist with this.

Although care plans contained some assessments of risk associated with people's care and support, these were not always sufficiently detailed to show how staff could minimise the risk. For example, in one person's care plan we saw they were at risk of falling. The care plan stated, 'Risk assessment in place,' however it had not been completed. Another person was recorded as having a sensory impairment, however there was no guidance in place to explain what steps staff could take to ensure they supported the person with their communication.

We concluded this evidenced care plans were not sufficiently robust, and identified a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's relatives told us why they thought the service was safe. One relative told us, "They always make sure the door is locked when they leave. I've not really seen the pace when they help [name of person], but they do seem to take their time. They often stay afterwards and chat and they're not rushing off." Another relative said, "They've made [name of person] feel safe in his own home. They usually come at the times agreed. They turn up on the day at the times he wants. They ring and let us know if there are any changes." We looked at staffing levels in the service and concluded there were enough staff to provide care and support.

The provider had policies and procedures in place to ensure people were safeguarded from the risk of abuse. The registered manager told us ways in which potential abuse could be identified and their responsibility to report concerns to appropriate bodies including the CQC. Staff we spoke with were able to describe how to recognise and report any concerns, and told us they felt confident in raising these with the registered manager or external bodies such as the CQC or the local authority safeguarding team.

We saw the importance of safeguarding people from abuse was referred to in people's care plans, which contained the statement, 'Think about human rights. Remember to safeguard vulnerable people and report any suspected abuse.'



## Is the service effective?

### Our findings

In the PIR the provider told us, 'Staff will be 'spot checked' regularly these are unannounced and any requirements / improvements will be addressed via supervision and training.' We did not see any evidence of unannounced spot checks being made on staff. Staff we spoke with told us they were not spot checked. One staff member said, "It would be helpful to implement this in the future."

Staff files we looked at contained no evidence to show a formal induction process was in place to ensure staff had the necessary skills and training in place before they commenced working with people in the community. Although there were some training certificates in staff files, there was no overview, also known as a training matrix, available for us to review, and no evidence of a plan in place to monitor staff training and ensure elements of this were refreshed in line with statutory or organisational requirements. This meant the registered manager was unable to demonstrate staff would receive regular training to enable them to remain effective in their roles. The registered manager sent a matrix to us 15 days after the inspection and listed 20 members of staff. When we spoke with the registered manager at the start of the inspection they told us only four staff delivered personal care. The registered manager also delivered personal care, however we saw no information about their training listed on the matrix.

One staff file we looked at contained certificates for training in health and safety, basic care principles, safeguarding of vulnerable adults, medication administration and management, moving and handling and management of aggression. These certificates were not dated.

There was also a lack of evidence staff received sufficient support in the form of supervision and appraisal meetings. These are an important way of measuring staff's effectiveness and ensuring action is taken to address areas such as training needs and staff development. When we asked for an overview of this activity the registered manager told us they could not find it and we asked for it to be sent after the inspection. We received it 15 days later. One staff file we looked at contained one supervision, entitled '3 month employment review'. Their file stated they commenced employment on 25 September 2015, however the three month review was dated 28 June 2016. When we looked at the overview the provider sent us after the inspection we saw the only supervision recorded was in May 2017. There was no evidence of this taking place in the staff member's file. When we asked the registered manager about supervision and appraisal activity they told us, "It hasn't really been happening."

The provider's Training Policy and Procedure dated July 2016 stated, '24HR Quality Care Ltd believes that continuous improvement of its services is dependent upon the continuous development of the skills of its workforce. The organisation will therefore review and plan for that continuous development.' In the PIR the provider told us, 'Staff are supervised regularly.'

We concluded the provider was in breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. We checked whether the service was working within the principles of the MCA.

We saw evidence of a good approach to assessing and documenting the capacity of people who used the service, and good guidance for staff to ensure they supported people appropriately. For example, one person's capacity care plan stated, 'Able to make simple decisions regarding activities of daily living, even though at times [name of person] gets anxious and needs a lot of reassurance.' We saw consent was requested for allowing relevant professionals such as CQC Inspectors and quality assurance assessors to have access to care plans, for staff contacting the person's GP, ambulance service or administering first aid if this was necessary. We saw family members signed consents when people lacked capacity to make this decision for themselves. One relative told us, "I've not been asked to sign anything off but I can read it [the care plan] whenever I want. I did sign it at the very beginning."

People's relatives told us staff got consent from people before providing any personal care. One relative told us, "They do ask [name of person] before they do things. For example, 'Shall we go up for a wash?'" A member of staff we spoke with told us supporting people to remain as independent as possible meant, "Respecting their choices."

Care plans contained information about people's likes and dislikes for food and drinks, and people's relatives told us they were happy with the support staff gave at meal times. One relative said, "They cook his breakfast. They always ask what he wants. It's hot and nicely laid out and they make sure he can eat it comfortably."

Care plans contained documents which could be used to record any support people had to access healthcare professionals, and contact details for the person's GP. One person who used the service had a serious illness, and their relative told us the registered manager had ensured they liaised well with other health professionals about this.

## Is the service caring?

### Our findings

People's relatives gave some positive feedback about the staff who provided care. One person told us, "A good relationship? Absolutely. They sometimes sing and dance together and there's a happy atmosphere. It relaxes us both." Another relative said, "Yes, there is a good relationship. [name of person] loves them all. They are polite and efficient and do what they are supposed to do. They always ask if he needs anything before they leave."

Care plans we looked at contained information about people which would help staff from caring relationships with them in a section called, 'Things you need to know about me'. This included information such as the name they preferred staff to call them by and foods the person liked or disliked. There were personalised and detailed explanations for staff to show what support people needed and the ways in which they preferred this to be offered. Staff we spoke with told us they promoted people's independence by, "Giving people time, not rushing people," and "Suggesting things they may be able to do for themselves." A relative we spoke with told us, "Absolutely they treat him with dignity. I see it in the way they speak to him." Another relative said, "When he gets out of the chair they encourage him to do it himself."

We saw evidence one person had been supported to have calls at the times they preferred. The registered manager had worked with the person and their family to ensure the person who used the service had their views taken into account. The registered manager told us, "I want to get to know the people I am caring for and ensure that I build a relationship with them." One relative told us the staff had spent time learning to prepare specialist foods which the person enjoyed, and their success in making them gave the person great pleasure.

We saw people's spiritual and cultural support needs were considered as part of their care planning, and dignity and respect were well promoted. Care plans stated, 'You are dealing with someone's loved one, a human being who deserves dignity, respect, and quality care. Put a smile on your face and the service user's face, treat the individual as your own loved one or relative.' Staff gave examples of how they ensured people's privacy and dignity were respected, including keeping people covered, and ensuring doors and curtains were closed when delivering personal care.

## Is the service responsive?

### Our findings

In the PIR the provider told us, 'From the referral we will assess the needs of the client against the skill set of the staff to ensure we can meet the needs. We then have an introductory meeting to complete the initial assessment this includes the routines, what they like to be called, what they require us to do within the time frame.' The registered manager described this process to us in detail during the inspection, but we did not find evidence recorded in people's care plans when we looked at them. This meant we could not review how the registered manager had measured needs, matched staff or ensured care plans reflected people's care and support needs. We discussed the importance of ensuring processes such as the assessment of people were documented with the registered manager during our inspection.

This was further evidence of the breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A relative told us staff were responsive to people's needs. They said, "[Staff] Always make sure he's got his hearing aids on, and that they're working."

In the PIR the provider told us, 'The care will be person centred, and delivered in a manner that will allow for changes in need can be delivered, whether this is longer care times, sitting service, or additional visits. The quality assurance visitor will audit the files on a monthly basis and produce a report for us to action for service improvements.' There was no evidence to show care files were monitored in this way.

We asked people's relatives if they were involved in the planning and review of people's care. One relative told us, "I think [the registered manager] listens to what I have to say. I see it in her face and when she replies."

Staff we spoke with told us the registered manager wrote and updated care plans. They told us staff made records about care and support provided each time they visited people. One member of staff said, "If they are not completed it means something has not been done or it didn't happen." This meant staff understood the importance of making detailed daily notes, and we saw evidence of this in the care plans we looked at. Some care plans were very new, as people had recently started to use the service. Two people had started to use the service in May 2017. However, we did not see any evidence their care plans had been reviewed at any time to ensure the contents continued to reflect people's care and support needs.

Staff we spoke with told us what they would do if a person was unwell. One member of staff was able to describe a recent experience of this. They said, "I made [name of person] a cup of tea, gave reassurance and asked about what was wrong. The person did not want me to call a doctor, so I contacted their relative and let them know the person felt unwell."

We saw there was a complaints policy and procedure in place, and there were prompts in people's care plans for staff to remind people to raise any concerns mentioned during visits. Although the policy was robust, we noted the provider was referred to as 'Number 1 Health Care Ltd.', which is not registered with

the Care Quality Commission. We asked the registered manager to change this. Relatives we spoke with referred to information in care plans or speaking with the registered manager when we asked if they knew how to make a complaint about the service. One relative said, "I would deal with it myself. If I had a complaint I would speak to the manager." The registered manager told us they had not received any complaints. No one we spoke with could recall being asked for any feedback about the service.

## Is the service well-led?

### Our findings

There was a registered manager in post on the day of our inspection. They had support from two office based staff, and we saw evidence the registered manager had involved independent consultants to support their running of the service. We received good feedback about the registered manager's approachability and willingness to listen from staff and people's relatives. One relative told us, "She's always been very nice and we warmed to her straight away." Another relative said, "She is caring and her approach is quiet and gentle, but she's full of fun."

In the PIR the provider told us, 'Any concerns raised via spot checks, quality assurance audits etc will be addressed in supervision and team meetings.' We did not see evidence of spot checks during the inspection.

There was no evidence to show how the registered manager monitored the service for quality. There had been no reviews with people who used the service to check whether they were happy with the care and support they received, and no monitoring of staff performance or training. Although there were blank forms available for a range of audits including care plans, staff files and missed or late calls, no audits had been carried out. In the PIR the provider told us, 'The quality assurance visitor will audit the files on a monthly basis and produce a report for us to action for service improvements.' There was no evidence to show this took place.

We found the PIR had been completed with information about the running of the service which did not always reflect its day-to-day practice. Statements about recruitment, training and spot checks, staff supervision and appraisal, and auditing of care plans could not be evidenced when we inspected the service. This meant the provider had not given accurate information about their service when we asked for it.

The registered manager showed us an audit carried out by an independent consultant. Although it was undated we saw it referred to the recent recommencing of the domiciliary care service. The report drew attention to serious concerns regarding recruitment and induction, improvements needed in care plan documentation and a lack of supervision and appraisal activity. There was no plan in place to show how concerns raised in this audit would be addressed.

Information to evidence other ways in which the registered manager monitored the service for quality was not always available when we needed to review it. We asked to look at the overview of staff training, also known as the training matrix. The registered manager did not know where this was and could not locate it during the inspection. They agreed to send it to us after the inspection, however we had to remind them several days later that we had not received it. We received it on 22 September 2017, eight days after our inspection. We concluded the provider was not always monitoring the levels of staff training and recognising when refresher training was due. We also asked for an overview of staff supervision and appraisal activity which could not be located. This was also to be sent to us after the inspection, and again we needed to remind the registered manager before receiving the information 15 days after the inspection.

No opinions about the running of the service or potential improvements that could be made had been requested from people who used the service. We saw a previous survey which was dated in 2016. People using the service at the time of our inspection had not been involved. This was because they had started to use the service after May 2017. There was no service improvement plan or other evidence to show how this feedback had been used to assess or improve quality in the service. There was no evidence to show how staff were consulted about the running of the service through meetings or surveys. One member of staff did tell us the registered manager, "Listens to suggestions."

Policies and procedures had not always been reviewed and personalised to the service before being adopted. Most had an incorrect address for the service quoted on them. This meant they had not been reviewed when the provider moved office. In addition we saw the complaints policy referred to a provider name which had not yet been registered with the CQC. When we referred to policies during the inspection we found the registered manager lacked awareness of the contents, and had not always referred to them in running the service.

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

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care plans did not always contain sufficiently detailed or robust information to enable staff to minimise any risks associated with people's care and support needs.</p>



This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was no evidence of quality monitoring of the service, and we found information sent to us in the Provider Information Return (PIR) did not accurately reflect the day to day running of the service. Information relating to the running of the service was not always available to us, and we found policies and procedures were not always being followed.</p>

### The enforcement action we took:

Warning notice

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Staff recruitment was not safe. Background checks were not always carried out in a timely way. Risks associated with some employment had not been assessed.</p>

### The enforcement action we took:

Warning notice

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Management and recording of staff induction and training was not robust. Staff lacked support in the form of supervision and appraisal activities.</p>

### The enforcement action we took:

We imposed positive conditions on the provider's registration.