

Duty of Care 24-7 Ltd

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Inspection report

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30 April 2019

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Duty of Care 24-7 Ltd is a domiciliary care agency supporting people with their mental health and personal care needs. At the time of inspection, five people were receiving support with their personal care. Not everyone using the service receives a regulated activity; 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.

People's experience of using this service:

People's experiences of the service were positive. However, the systems that were in place to ensure and review if the service provided good quality care required improving. Improvements were required to the auditing of the service, to review the quality of care people received. Effective auditing systems were not in place and there were no opportunities for people to review the service they received.

Staff did not know how to report safeguarding concerns to an external agency and improvements were also required to the recruitment procedures of new staff. Whilst training had improved since the last inspection, further improvements were required to ensure staff understood people's specific care needs, particularly in relation people's mental health needs.

We found improvements were required to people's care plans to ensure they provided enough guidance to staff about supporting people with their care and achieving their goals. There were no plans in place to ensure people were given the opportunity to discuss end of life care.

People told us staff treated them well and respected their decisions. People were involved in decisions about their care and staff were knowledgeable about people's preferences. The service was flexible to meet the changing needs of people that used the service and staff were respectful of people and their needs.

We have made a recommendation for the provider to provide staff with training about the specific mental health care needs of people using the service.

Rating at last inspection: Requires Improvement (published 13 June 2018). At the last inspection, there was a breach of Regulation 18: Staffing of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014 (Part 3). At this inspection we found improvements had been made and the service was no longer in breach of this regulation. However, this is the third inspection that the service has been rated as Requires Improvement and the CQC will be working with the provider to review how the required improvements can be made and sustained.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Enforcement: We found the provider to be in breach of one of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3), Regulation 17: Good governance.

Follow up: The provider will be instructed to provide an action plan and we will be meeting with the provider to review how they can make the required changes to achieve and sustain a Good rating.

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?

Requires Improvement 

The service was not always 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?

Requires Improvement 

The service was not always responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our Well-Led findings below.

Duty of Care 24-7 Ltd

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:

This inspection was completed by one inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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. In this service the registered manager was also the provider.

Notice of inspection:

We gave the service 1 days' notice of the inspection site 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 17 April and ended on 30 April 2019. We visited the office location on 17 April to see the manager and office staff; and to review care records and policies and procedures. We concluded our telephone calls to people and staff on 30 April 2019.

What we did:

Before the inspection, we did not ask the provider to complete 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. However, the provider was given the opportunity to tell us all about the service and we took this into account when we made judgements in this report.

We reviewed the information we held about the service. We also contacted health and social care commissioners who place and monitor the care of people using care services, the local authority safeguarding team and Healthwatch England, the national consumer champion in health and social care to identify if they had any information which may support our inspection.

During our inspection, we spoke with one person who used the service, two members of care staff, one office staff and the registered manager.

We reviewed the care records for four people and three staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information, staffing rotas, and arrangements for managing complaints. After the initial feedback, the registered manager sent us additional documents to help us conclude our inspection.

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.

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

- Systems were in place to safeguarding people from the risk of abuse. Staff understood they had a responsibility to report any concerns but did not understand how they could report concerns externally. One member of staff said, "I would report anything like that to [the registered manager]." However, they did not know of any agencies or external organisations they could report their concerns to. For example, the Care Quality Commission, police or local authority.
- Safeguarding concerns had been investigated and dealt with appropriately.

Staffing and recruitment:

- Improvements were required to staff recruitment procedures. The registered manager completed Disclosure and Barring Service (DBS) checks on new staff; these are checks on a person's criminal background. However, the registered manager did not always complete checks on new staff members previous employment by obtaining references before they began working with people. The registered manager limited the risks of this by working with new staff during their induction and used this assessment to consider if they were suitable to work at the service. The registered manager agreed to review the recruitment procedures and complete a risk assessment if the appropriate checks had not been received.
- The service had enough staff to consistently manage people's care needs and people knew who would be supporting them.

Assessing risk, safety monitoring and management:

- People had risk assessments in place relating to their care needs. The registered manager had identified people's risks and provided guidance to staff to help manage and reduce those risks.
- Staff had a good understanding of people's risks and supported people to manage them safely.

Using medicines safely:

- Systems were in place to support people with their medicines. The registered manager understood the requirement to support people safely with their medicines however at the time of inspection, nobody received staff support in this area.

Preventing and controlling infection:

- Guidance was in place to encourage and support good hygiene practices. For example, one person's care plan explained that staff would need to wear personal protective equipment when supporting the person with aspects of their personal care.

Learning lessons when things go wrong:

- The registered manager had staff meetings and discussed where improvements to the service could be

made, for example by making changes to reflect how people preferred their care.

- The registered manager asked staff for their feedback and this was considered.

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

Requires Improvement: ☐ The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At the last inspection we found the service to be in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing. This was because there were serious failings in the training of staff. At this inspection, we saw that there had been improvements and the service was no longer in breach of the regulations, however, further improvements were required.

Staff support: induction, training, skills and experience:

- Improvements were required to the training of staff. The registered manager had introduced a training programme which incorporated the basic elements required for care staff. This included first aid training and manual handling training. However, it did not prepare staff with the skills they needed to support the people who used the service. For example, people using the service had specific mental health conditions that staff had not received effective training about, and staff also told us they needed training about supporting some people in the community.
- One member of staff said, "I think we need more understanding of the types of illnesses/conditions that people have." We reviewed the training and found that there was no training to specifically guide staff about people's individual conditions.
- Staff received regular supervision and competency reviews from the registered manager. One member of staff said, "We see [the registered manager] regularly. They come out to visits with us and they call us. We have supervision about once a month."

We recommend that the provider seeks training from a reputable source about the specific care each person requires.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's needs were assessed before they came to use the service and care was delivered. The service was aware of its strengths and weaknesses and ensured that they only agreed to support people whose needs could be met.
- The assessment process ensured people's social, cultural, sexual, political and emotional needs were accepted and respected.

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

- People received appropriate support to meet their nutritional needs.
- Staff had an understanding of people's likes and dislikes and used this to help provide people with meals of their preference.
- Care plans had information about the support people needed to maintain good food safety practices, if

they were unable to do so themselves.

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

- The registered manager worked in collaboration with other agencies including the police, healthcare services and the local authority.
- The registered manager helped to advocate for people where appropriate with the required agencies.

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

- The registered manager maintained good working relationships with people and their families to best support their healthcare needs.
- One member of staff said, "If there's any health problems I let [the registered manager] know and they liaise with the family."
- We saw that staff had identified when people were unwell and had taken the appropriate action to ensure their healthcare needs were met.

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. At the time of inspection, nobody had any restrictions on their liberty under the Mental Capacity Act.
- Staff understood the requirements of the Mental Capacity Act and ensured people were able to consent to their care.
- People were fully involved in deciding how they were supported, and staff respected people's decisions.

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 told us staff treated them well and respected their decisions. One person said, "They [the registered manager and the staff] are kind, and we're in contact every day. Even when I'm poorly they follow up on how I am feeling. It's an opportunity to speak with someone every day and I appreciate the gesture."
- Staff recognised the needs of the people they supported and were keen to support them in the best way they could. For example, staff wanted to learn about people's backgrounds and conditions to ensure they were giving people the right emotional support alongside their personal care needs. The registered manager recognised that further improvements and understanding of people's needs would further benefit everybody involved.

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

- People were fully involved in the decisions about their care. One person told us, "I know I can phone up and change my care. I just let them know."
- The service was flexible and adapted people's care to accommodate their preferences.
- People were able to express their views and make their own decisions. One member of staff said, "If people can't make their own decisions or aren't sure what I'm talking about, I show them. I get the porridge and eggs out, so they can choose."

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

- People's rights were respected, and people were treated with dignity. One member of staff said, "I treat people with dignity, it's about learning about each person and what they want – taking the time to learn about them and how they like their care."
- Staff spoke in a respectful way about people who had different beliefs and values and respected their decisions in the way they lived their life.
- Staff encouraged people to maintain their independence and supported them to adapt to new ways of living their life to support this. For example, by supporting them whilst in the community.
- Care plans included information about how staff could maintain people's dignity and independence.

Is the service responsive?

Our findings

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

Requires Improvement: ☐ People's needs were not always met.

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

- Improvements were required to the information in people's care plans. People had care plans in place which gave guidance to staff about people's preferences and how they liked their care. However, care plans stated that staff should contact the registered manager for further guidance. This left the service vulnerable if the registered manager was absent. Further changes would help to strengthen the care plans so staff could offer support if the registered manager was absent from the service.
- Some people had life goals recorded however there were no details about how these would be achieved or worked towards.
- Care plans were reviewed and updated as people's needs changed.
- One staff member told us 'We can look at care plans when we need to, but we usually know what care people need and [the registered manager] tells us if straight away if there have been any changes.'
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals, for example by helping people to read documents if they could not do so independently.

End of life care and support:

- People had not been asked about their end of life wishes and care plans provided no information about people's end of life decisions.
- Staff had not received training in end of life care.
- At the time of inspection, nobody was receiving end of life care.

Improving care quality in response to complaints or concerns:

- The registered manager acted on complaints and resolved them with the involvement of the person who had raised the concern.
- Prompt action was taken to resolve complaints to help improve the service.

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

Requires Improvement: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Improvements were required to the understanding of quality performance and regulatory requirements. The registered manager was not always clear about when notifications to the Commission were required, however appropriate notifications had been submitted to the Commission.
- There were no effective systems in place to review the quality of the service. The registered manager did not record any audits that were completed on care files, or record when people had been asked for their feedback or suggestions for improvements to their care. The registered manager confirmed they met regularly with people who used the service however these discussions were not adequately recorded.
- This was the third time the service had been rated as Requires Improvement and demonstrated a lack of understanding about the regulations and requirements of a providing a good service.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3): Good governance

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:

- The registered manager worked with people's individual requirements, ensuring that care was delivered when they wanted it. People's needs were at the forefront of the service and the registered manager was open and engaging.
- The registered manager was open and transparent with people who used the service and with staff. The registered manager was keen to learn from mistakes, or areas that could be improved, for example by reviewing people's care and making changes based on people's preferences.

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

- People were engaged with the service and had good accessibility to the registered manager. The registered manager kept in regular contact with the people who used the service and where appropriate, their relatives.
- People's equality characteristics, backgrounds, beliefs and cultures were recognised and understood. Where appropriate, staff maintained confidentiality about people's personal characteristics and worked in a way which respected them.

Continuous learning and improving care:

- The registered manager was keen to improve the service. Following feedback from the inspection, they reviewed one person's care plan and reviewed incidents within the service to ensure all notifications had been submitted.

Working in partnership with others:

- The registered manager built good relationships with other agencies and healthcare partners. They were keen to ensure people received consistent and competent care and worked with other professionals to deliver this.

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	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had ineffective governance systems in place.