

UP 24 Seven Services Ltd

Up 24 Seven Services Ltd

Inspection report

The Old Courthouse
18-20 St Peters Churchyard
Derby
Derbyshire
DE1 1NN

Tel: 01332582949

Date of inspection visit:
07 November 2019

Date of publication:
13 December 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

Up 24 seven services is a domiciliary care agency. It provides care for people living in their own houses and flats. People are supported in their own homes so that they can live as independently as possible. CQC regulates the personal care and support. There were 24 people using this service at the time of our visit.

People's experience of using this service

The provider provided effective person-centred care to people using the service. Staff listened to people and organised care to meet the needs of people. Staff understood the importance of this for people using the service and provided the structured support they required. This enabled people to achieve positive outcomes and promoted a good quality of life.

There was good oversight by the management and all aspects of the service were monitored with a view to developing the service. The registered manager had a structure in place to ensure that there was appropriate staffing levels to meet people's needs and keep them safe.

Support planning was comprehensive and involved the people and any professionals supporting their health and care needs. The information was kept updated and reviewed regularly according to changing circumstances. Risk assessments were also relevant and current and had good information on how the risk could be reduced.

People were supported by well trained, caring staff who delivered care in a person-centred way.

People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible.

Staff had access to policies and procedures that reflected legislation and current best practice. The management team were enthusiastic and had a positive approach to developing the service and looked towards continued improvement.

Why we inspected

This was a first follow up inspection as the previous inspection found there was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations and also a breach of Regulation 13 of the Health and Social Care Act (Regulated Activities) Regulation 2014. Safeguarding people from abuse and improper treatment.

Rating at last inspection and update

The last rating for this service was requires improvement (published 6 December 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Up 24 Seven Services 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. CQC support services assisted the inspection team.

Service and service type:

Up 24 Seven Services Ltd is a domiciliary care agency. Domiciliary care provides care and support in people's own homes to enable them to be as independent as possible. At the time of our inspection there were 24 people using the service.

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 provider 48 hours' notice of the inspection visit. This was to ensure that the registered manager was at the office as this is a small service. The inspection took place on 7 November 2019.

What we did:

We reviewed the information we had received about the service. We reviewed the provider information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

At the provider's office we spoke with the registered manager. We reviewed the care records for five of the

people who used the service. We looked at a range of records relating to the running of the service such as the staff files, policies, risk assessments. We also spoke with four staff; the registered manager about the key actions they took to look at quality and safety, the deputy manager and two care and support workers. We also spoke with 10 people who were using the service by telephone.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to robustly assess the risks relating to safeguarding people from abuse and improper treatment. This was a breach of Regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2014. . Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13..

- The registered manager understood their responsibilities to safeguard people from abuse. Staff told us how concerns would be acted on to make sure people were protected from harm.
- Staff had been trained in safeguarding and how to recognise the signs of abuse. The deputy manager was a safeguarding champion and managed and monitored all safeguarding concerns and supported staff.
- A system was in place to record and monitor incidents and this was overseen by the registered manager.
- The registered manager told us that safeguarding, and whistleblowing was part of staff induction along with other mandatory training to enable staff to carry out their roles.
- Regular, timely safeguarding notifications were being sent to both the local authority and the Care Quality Commission

Assessing risk, safety monitoring and management

- There were clear risk assessments in care plans with explanations of control measures to keep people safe. Risk assessments were linked to the people's support needs and these were reviewed regularly. The risk assessments did require some developing and the registered manager acknowledged this and was in the process of improving systems and processes including those around risk.
- Staff told us that they ensured that the equipment they were required to use was visually checked at each use. They also checked if servicing had taken place for equipment which required specialist attention

Staffing and recruitment

- Staffing levels were calculated around a person's needs. There were enough staff to support people safely and to ensure people's needs could be met. This was monitored by the registered manager and they held conversations with people and their relatives if needs changed and a person required additional support.
- A relative told us "I am sure that [name] is safe with the carers who visit; they have a regular team who come to help us, they all know how to hoist safely, they are all trained."
- We saw that staff were recruited safely and all the appropriate checks were carried out to protect people from the employment of unsuitable staff.

Using medicines safely

- Staff had completed training in medicine administration and were assessed as competent. We saw that medicine checks were carried out after medication had been given to people. This ensured that if there were any errors they were picked up by the registered manager. One person told us "I have become a bit forgetful lately, so the carers make sure that I have taken my tablets when they come."
- There was an audit in place to check medicines management, including MAR (medicine administration records) to ensure that all entries had been signed when people had been given medicine. The registered manager carried out audits and ensured that medicines were managed and monitored. Spot checks were also carried out on staff to ensure that they were competent, this was in addition to the competency assessment.
- PRN protocols were in place for medicine which could be given 'when required' such as pain relief. The information was clear and concise and had a guide to how a person would present if they needed medication that they did not take regularly.

Preventing and controlling infection

- Staff had received training in infection control and how to prevent the spread of infection; such as effective hand washing.
- Staff were supplied with personal protective equipment. This was provided to each member of care staff and replenished regularly. There was a system in place for staff to sign for their PPE so that the registered manager could ensure that staff replenished stocks and that they always had some available.

Learning lessons when things go wrong

- There was a clear process in place for managing and monitoring complaints and compliments. The registered manager showed us how incidents and accidents were monitored and investigated when necessary.
- We saw evidence that the management team had a robust improvement and quality monitoring plan in place for all aspects of the service. People were encouraged to give feedback and staff told us that management were approachable and easy to talk with.
- The registered manager told us that they had a very low return on the feedback questionnaires that they sent out. They decided to do telephone feedback sessions, people were happy to talk and let them know what they felt about the service. This allowed the registered manager to make improvements from the information gained during the calls.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant 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

- Assessment of people's needs, included protected characteristics under the Equality Act 2010, had been completed. For example, people's marital status, religion and ethnicity was recorded. This is important information to ensure people do not experience any discrimination.
- People's health needs were assessed and monitored, professionals were involved in people's care and treatment and their care plans and risk assessments were reviewed and updated accordingly.
- Staff applied learning effectively in line with best practise which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- Staff received training relevant to their role and records showed that all staff had completed training which the provider had identified as being necessary. The service also actively sourced new training which would support staff to understand the needs of the people they support.
- Staff were competent, knowledgeable and skilled and carried out roles effectively. One staff member told us "We feel supported, have regular training and can talk to management if there are any concerns."
- There was a comprehensive training scheme where staff could complete all mandatory training. There were also courses on specialist areas which the registered manager told us were available depending on the people's needs.

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

- The service offered support to prepare meals and drinks where people needed it. The staff also prepared meals and drinks when people were less independent.
- Staff sought help from the registered manager, relatives or professionals if they had any concerns about nutrition or hydration.
- The registered manager told us that the staff are trained in dementia awareness and are aware that some people suffering with dementia will say that they have eaten when they have not. Staff manage and monitor this so that they can alert relatives or professionals and relatives when people may be at risk.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People had support that met their needs from a consistent team of staff.
- All staff and management including the registered manager, were all trained in meeting care needs. This meant that staffing could be flexible and meet the changing needs of people without relying on agency staff.

- Staff alerted relatives or professionals if they had any concerns about people they supported. This meant timely referrals to ensure that their health and wellbeing was maintained.

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.

- The registered manager and staff had received training in the MCA.
- People can only be deprived of their freedom and liberty in the community by the Court of Protection. At the time of our inspection no applications had been made to the Court of Protection.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 received support from staff who were kind, caring and compassionate. People were complimentary of the staff who they told us had developed positive relationships. One person told us "I look forward to the carers coming, they brighten my day, all of the carers are happy and cheerful and nothing is too much trouble for them."
- Staff were competent, knowledgeable and skilled and showed a good knowledge of people's needs and preferences.

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

- The registered manager told us that staff supported people to do what they wanted to do and were kind and caring. One relative told us, "[Name] has not had carers for long but already my life has improved knowing that they are being looked after on a daily basis by lovely carers who feel like part of the family."
- People were involved in their care, they received informal opportunities to express their views and directed how they wished to receive their care. The registered manager spoke with people and their relatives to ensure that they were receiving the support that they needed.
- Support plans reflected the views of people and their wishes about both care and support and other activities they may want to be involved in.

Respecting and promoting people's privacy, dignity and independence

- People were offered choice and control over their day to day lives.
- Staff showed a good understanding of the importance of respecting people's privacy, dignity and independence. One staff member told us that this was part of their training and that it was important for people to be respected and be as independent as possible.
- We saw that support plans emphasised how people should be covered when they were receiving personal care to ensure their dignity when they were most vulnerable.
- People's confidentiality and privacy was protected. Records were stored securely. The registered manager told us they had the processes in place that ensure all records were managed in line with the General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of people's information of individuals.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was personalised to meet people's needs. Care plans had very detailed information on an assessment which was regularly reviewed. This included a section called 'A bit about me' which gave personal information about their life which was really useful for staff.
- We saw that throughout one person's care plans the registered manager had emphasised not to touch one person in a specific place as they were in a great deal of pain. This helped staff when supporting that person and ensured that they were kept pain free and comfortable as possible.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- One relative told us "The staff are so nice, and they can really communicate with [name] even though they have no speech. Working together seems to come naturally to them."
- Information was available in different formats when required. The registered manager told us that they had provided one person with information in large print but would convert to any other format if someone required it.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager frequently spoke with people and their relatives about the care provided and what they needed support with. Most people had families to offer social activities and recreation; however, if social activities were required then the registered manager would incorporate it as part of the care package.
- One person told us "My relative has dementia and when the carers are here to let me go out, they do jigsaws and look at photos which I'm sure helps them a lot."
- Two staff told us "One of the people we support has little mobility and we go in to transfer and to give personal care. They wanted to take a family member out as a surprise and asked us to go and help them to get ready."

Improving care quality in response to complaints or concerns

- The registered manager was able to show how complaints or concerns would be managed but the service had not received any. They would use this information to make changes or improvements to systems and processes or the way that people were cared for.

- People were encouraged to express their views and a complaints policy given to all people using the service which was available in accessible format when required.

End of life care and support

- The registered manager was aware of the importance of developing end of life care plans with people when they were required. Staff received training and support in end of life care and were trained to notice the signs that people were reaching the end of life. The registered manager and staff talked to relatives about this and kept them informed, they also told us about increasing support and what steps they took with regards to keeping people comfortable.
- The registered manager was trained in end of life care and could explain how an end of life support plan would be written to support a pain free and peaceful death.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our previous inspection the registered manager had failed to send in statutory notifications which they are required to do by law. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18. The provider had sent us notification on events and incidents which they are required to do by law.

- The registered manager fully understood their duties to report notifiable incidents to relevant professionals. They had developed systems and processes to fully monitor the service, the people being supported and the staff team.
- A relative told us "I am in regular contact with the manager and they ring me if anything changes as I live quite a distance away, I feel I am very involved in this way."
- The registered manager showed a commitment to delivering high-quality person-centred care by engaging with people, families and stakeholders. They spoke with people regularly to discuss care needs and the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team showed evidence of a robust quality monitoring process for all aspects of the service. This included monitoring the staff team and supporting them to provide person centred, high quality care tailored to the needs of people living at the service. They also monitored training and development of the staff and ensured that they had appropriate tailored training to support individual complex needs.
- Management worked closely with staff to ensure that they gave people a good service and ensured that they had good outcomes in all aspects of their care.

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

- The service was well run. Staff at all levels understood their roles and responsibilities and the registered manager was accountable for staff and understood the importance of their role.
- The registered manager was clear about the quality of the service, monitoring the continuous improvement.
- An electronic system for recording, planning and monitoring had been introduced this allowed staff to

have access to up to date notes and care planning. This enabled the registered manager to monitor how people were receiving care and any changes at a glance. This was felt to be a more robust system as the service developed in the future.

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

- The registered manager understood that people using the service would benefit from accessing local services and would support to do this if and when required. Most of the people accessed the community with family and the support was mainly with personal care and support.
- The registered manager had an open relationship with families. One relative told us "I feel that the company itself cares about people and they do all they can to make sure that my [relative] gets the care they need each day in a way that suits him, they are treated as an individual not just another person."
- Staff had received training in equality, diversity and human rights and were aware of how services should be delivered in line with protected characteristics.

Continuous learning and improving care

- The registered manager told us that they always looked towards continuous improvement and are keen to develop and improve. The registered manager told us that they were open to comments and suggestions from people using the service or professionals when they had useful suggestions in how the service can develop and improve.
- The staff we spoke with said that they would feel confident to report accidents and incidents and that learning or recommendations from incidents were shared with them.

Working in partnership with others

- We saw evidence that people were supported to access health and social care services as required. We saw that people had been referred appropriately to specialist health and social care teams and that the service had developed good relationships with GP's and other specialist healthcare professionals.