

24-7 Care Services Birmingham Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

24/7 Care Services is a domiciliary care service, providing the regulated activity of personal care. The service provides support to older adults, people with a physical disability, people with a learning disability, younger people and people living with dementia. At the time of our inspection there were 11 people using the service.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the service did not care or support anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support

People told us they felt safe when supported by care staff and were happy and complimentary about their care. Systems were in place to protect people from harm and staff were aware of the risks to people, however care records were not up to date and did not always reflect people's current needs. People were supported by safely recruited staff who knew their care needs well.

Right Care

People were supported by staff who understood how to protect them from poor care and abuse. Staff had received training in how to recognise abuse and knew what actions to take in those circumstances. The provider worked alongside other agencies to keep people safe and assist them in accessing effective care and support. People were supported by a consistent group of staff who had received training in how to support them safely and effectively.

Right Culture

People confirmed their care needs were regularly assessed. We found some areas that required improvement that the provider's own audits had not identified. These were in relation to ensuring information held in people's care records was up to date and correctly risk assessed, medication audits were effective and protocols were in place to guide staff on the circumstances in which to administer 'as required' medicines. People told us they had no issues getting hold of the management team and they were regularly contacted to ensure they were happy with the service they received.

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

Rating at last inspection

The last rating for this service was good (published 5 January 2018).

Why we inspected

We inspected this service due to the length of time since the previous inspection. We completed a focussed inspection of the key questions safe, effective and well led. For those key questions not inspected, we used the rating awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 24/7 Care Services on our website at www.cqc.org.uk.

Enforcement

We have identified a breach in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement ●

Is the service effective?

The service was effective.

Good ●

Is the service well-led?

The service was not always well led.

Requires Improvement ●

24-7 Care Services

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 Health and Social Care Act 2008.

Inspection team

The service was inspected by 1 inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 15 November 2023 and ended on 29 November 2023. We visited the location's office on 15 November 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 members of staff including the registered manager, the training manager and 4 care staff. We spoke with 2 service users and 3 relatives for their experiences of using the service and received feedback from a local commissioner. We looked at the care plans and medication records of 3 people, policies and procedures, 3 staff recruitment files and a number of quality audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People's care plans and risk assessments did not always contain an accurate picture of their needs including people's health care needs and their associated risks. However, staff spoken with were knowledgeable regarding these needs and how to support people safely and in line with their wishes.
- One person told us, "I feel very safe" and described how staff supported them with their personal care, being mindful of a medical condition they lived with. This person added, "They [care staff] show me all the respect and kindness and never rush me." A relative also commented positively on how staff supported their loved one, particularly when hoisting them. They told us, "They do it perfectly as I know what is right and wrong."
- Staff confirmed management support was available at any time if they had any concerns and any changes in people's care needs were passed on to them in a timely manner.
- People and their relatives told us the risks to them were discussed on a regular basis and any changes in their care needs were responded to quickly.

Using medicines safely

- There were no protocols in place for staff to follow for people who needed support with medicines which were administered 'as and when required'. However, staff were able to explain in what circumstances they would support people with these medicines and people told us staff knew them well enough and would always ask if, for example, they were in pain and required any pain relief. The registered manager arranged for the protocols to be put in place at the end of the inspection.
- People who were supported with their medication told us they had no concerns at all. A relative commented, "If meds have been changed they like me to send a photograph of the box to double check the details. They are really good, so approachable."
- Staff confirmed they had regular training in medication administration and their competencies were regularly assessed.

Staffing and recruitment

- People were supported by a consistent group of staff and their calls were usually on time. A person told us, "Always on time, but if running a little late they will ring me."
- Recruitment processes were followed to ensure people were supported by staff who had been safely recruited. Checks were made to ensure potential staff were safe to care for people. These included Disclosure and Barring Service (DBS) checks which provide information including details about convictions

and cautions held on the Police National Computer. This information helps employers make safe recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who had received training in how to recognise signs of abuse.
- Staff were aware of their responsibilities to report any concerns to management and where safeguarding concerns had been raised, appropriate actions were taken. A member of staff told us if they were concerned about abuse, "I would phone [registered manager's name] and document it and write a statement."

Preventing and controlling infection

- We were assured that the provider was supporting people to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Systems were in place to ensure lessons were learned when things went wrong.
- Accidents and incidents were reported appropriately and reviewed by the registered manager to ensure the right action had been taken to mitigate further risk.
- Following a recent issue regarding communication between staff, action had been taken to reduce the risk of future misunderstandings.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- People told us prior to them commencing with the service, they met with the registered manager to discuss all their needs and choices. A relative told us, "They did a thorough pre-assessment and have visited several times since, to update care records."
- Staff spoken with were aware of people's needs and how they wished to be supported.

Staff support: induction, training, skills and experience

- People were supported by staff who felt well trained and benefited from an induction that prepared them for their role. One member of staff told us, "I do feel well trained., [Training manager's name] asks if we need any more training, to let her know and she is always up to date; when we are out on calls we know what we are doing."
- There was a training matrix in place to provide the training manager and registered manager with an overview of staffs training.
- Staff supervisions regularly took place and staffs' practice was regularly observed through spot checks during the year. This provided the registered manager with reassurance that people were being supported safely and effectively and in line with their care needs.

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

- Those people who were supported at mealtimes told us they had no complaints. Staff spoken with were aware of people's dietary needs and preferences.

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

- Staff were aware of people's healthcare needs and how to support them to access additional support. One person described the need to be supported slowly and carefully to support a particular healthcare condition. They told us "They [care staff] never rush me, it's the best care I've ever had."
- Staff worked alongside other agencies to meet people's needs. One person described how unwell they had been recently adding, "They [care staff] rang the rapid response team last week and stayed with me until they came. It's nice to have them with you when you have having one of those attacks."

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 MCA 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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The provider was working in line with the principles of the MCA. Staff had received training in this subject and understood how to support people in line with the Act.
- People and their relatives told us staff always obtained their consent prior to supporting them and treated them with the utmost respect. One person told us, "Oh my, they are so caring and the respect they show is unbelievable." A relative told us, "[Person] has the capacity to make a number of decisions herself. Staff always obtain consent."

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the 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

- Systems in place to monitor the quality of care people received had not identified areas of potential risk which were found on inspection.
- 'As required' protocols for medication were not in place, placing people at potential risk of harm.
- Medication audits had failed to identify the risks associated with the gaps in MAR charts [Medication Administration Records].
- Care plans and risk assessments did not provide an accurate and up to date picture of people's needs. For example, where 1 person had a particular medical condition, there was nothing documented in their care record to explain to staff how to support them and what signs to look out for if the person became unwell.

This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded immediately during and after the inspection to the concerns raised. We found no impact on people's care because staff knew people well. However, in the event of an unfamiliar member of staff supporting people, there was a potential risk.

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

- People told us their care was personalised to meet their needs. Staff were knowledgeable about how people wished to be supported and what was important to them.
- People were highly complimentary about the service and how respectful and supportive staff were. A relative told us, "You can always get hold of them and if the registered manager is away, she will text another number for us to use instead. Communication is very good. You feel like you have a friend in them, they always take the time to listen." Another relative told us, "I would give my recommendation to use this company, the staff are really kind, and they go the extra mile."
- Staff felt supported and told us there was always a manager available to support them, 24 hours a day, both personally and professionally. We received positive comments from staff regarding the registered manager and training manager. A member of staff told us, "I went to work for another company and after the first day I said no it just didn't feel personal. When you come here we have a nice personal relationship with people, more like a family and we are not rushing."
- Staff told us they felt listened to and were given the opportunity to raise any concerns they may have.

Regular staff meetings took place and the opinion of staff was routinely sought regarding the service and any changes that were being implemented. For example, a discussion took place regarding the plans for introducing electronic care planning system and staff responses, which were positive, were recorded.

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

- The provider was aware of their duty of candour responsibilities and had informed the Commission, where appropriate, when incidents took place.
- Relatives confirmed they were kept informed of any incidents.

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

- People were regularly consulted regarding their care and their feedback was routinely sought. Regular reviews took place to ensure staff were made aware of people's most up to date needs.

Continuous learning and improving care

- The provider, who was also the registered manager, was keen to invest in and expand the service and had recently purchased an electronic call monitoring system. Work was underway to use the system to hold people's care records, with a view to providing more effective oversight and the ability to keep records up to date in a timely manner.
- People's views of the service were also sought, and the information gathered was reviewed for any lessons to be learnt. For example, the last survey identified the need for some staff to contact the office if they were running late. This message was passed onto staff and the new electronic call monitoring system provided the registered manager with improved oversight of the service.

Working in partnership with others

- We saw evidence of management and staff working in partnership with other health care professionals and services to ensure people received the care and support they needed.

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 Systems in place to monitor the quality of care people received had not identified areas of potential risk which were found on inspection.