

Mrs Lizzy Walters

# Care Cover 24/7

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected this service on 18 and 26 September 2017. This service provides care in people's homes to older adults. At the time of the inspection 15 people were being supported by the service. This was the first inspection since registering with us in October 2016.

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.

People were safe and supported by staff who knew how to recognise and report potential abuse. There were procedures in place for staff to follow when needed. There were enough staff available to meet people's needs and they had received relevant training and an induction which helped them to offer support to people. Risks to people were managed in a safe way and staff had the relevant information available to offer support to people. When needed, people were supported to receive their medicines safely. When supported with meals people were offered a choice.

People were treated in a kind and caring way and were encouraged to be independent. Privacy and dignity was also upheld. People knew how to complain and when complaints had been made the provider had responded to these in line with their policy. People had the opportunity to participate in leisure activities that they enjoyed. We found care was reviewed and people and their families were involved with this. When people needed access health professionals they were supported to do so.

Quality monitoring was completed by the provider to drive improvements within the home. Feedback was sought from people who used the service and this was used to make changes. Staff and people felt the service was managed and were given the opportunity to raise concerns. The provider understood their responsibilities around registration with us.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People felt safe and staff understood how to recognise and report potential abuse. Individual risks to people were managed in a safe way. There were enough staff available to meet people's needs. There were procedures in place to ensure people received their medicines as prescribed. The provider completed checks on staff to ensure their suitability to work in people's homes.

### Is the service effective?

Good ●

The service was effective.

The principles of The Mental Capacity Act 2005 were understood and followed. Staff received an induction and training that helped them to support people. People were supported with healthcare referrals if needed and were offered a choice at mealtimes.

### Is the service caring?

Good ●

The service was caring.

People were happy with the staff and felt they were treated in a kind and caring. People's privacy and dignity was promoted and they were encouraged to remain independent.

### Is the service responsive?

Good ●

The service was responsive

Care was reviewed and people were involved with this. Staff knew people's needs and preferences. People were offered support with leisure activities. People knew how to complain and were happy to do so.

### Is the service well-led?

Good ●

The service was well led

Staff felt supported by the management team and knew about whistle blowing. People and staff felt that the service was well managed. Quality checks were used to bring about improvements and the provider sought the opinions of people and relatives to make changes. The provider understood their responsibilities around registration with us.

# Care Cover 24/7

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 18 and 26 September 2017 and was announced. The provider was given four days' notice because the location provides a domiciliary care service and we wanted to make sure staff were available to speak with us. 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.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service. We used all this information to formulate our inspection plan.

We used a range of different methods to help us understand people's experiences. We made telephone calls to seven people who used the service. We spoke with two members of care staff and the registered manager who is also the provider.

# Is the service safe?

## Our findings

People were safe. One person told us, "They are really marvellous. I do feel safe and I can talk to them". Another person said, "I have no concerns. They are the best care company I have ever had. I very much feel safe in their hands. I feel I could speak my mind if there was any problem but there has been nothing untoward that I have had to approach them about". Staff knew how to recognise and report any abuse or concerns they may have. One member of staff told us, "We work with vulnerable people so we look out for any concerns that we need to report". Another staff member said, "I would look out for bruises for example. I would report this to the office I know action would be taken." We saw there were procedures in place to report any concerns appropriately and when needed these procedures had been followed by the provider.

Risks to people were managed in a safe way. For example, one person was at risk of falling. Staff gave examples of how they supported this person. One staff member said, "They have specialist equipment which they use to transfer. We have all been trained to use this and we ensure they use it in the correct way. This is all recorded in their care plan". We looked at records for this person and the care plan confirmed the information the staff member had told us. This demonstrated staff had information to ensure risks to people were managed. We saw risk assessments were in place for people's home environments to ensure staff had guidance on any potential hazards. This included environmental risks, fire risks and inadequate lighting. When risks had been identified assessments had been completed to identify these and actions taken to reduce them.

There were enough staff available to provide people with the agreed level of support. One person said, "They are pretty much on time really, give or take a few minutes and emergency situations but they ring to let me know if that happens. I like knowing who is coming as it's my home and they always send a rota". Another person said, "There seem to be enough staff and I have two male carers mostly who I am very happy with. If there are new staff then they are introduced to me first". Staff confirmed there were enough of them to support people. One member of staff told us, "We have a keyworker system so that we always visit the same people. Its good as it offer consistency". The registered manager told us how staffing levels were calculated and how staff were matched to people appropriately. Records we looked at confirmed there were enough staff available to support people.

We looked at four recruitment files and saw pre-employment checks were completed before staff could start working in people's homes. This demonstrated the provider completed checks to ensure the staff were suitable to work with people in their homes.

There were procedures in place to ensure people had their medicines as prescribed. One person told us, "I feel totally safe with them and they put my tablets out for me-never making a mistake". Another person said, "One of the male carers is wonderful. They always give me my medication and never forget. They know exactly what I have and always get it right". Staff told us they had medicines training and their competency checked to ensure they supported people in a safe way. One staff member said, "I had the training then the registered manager came and checked my competency. She supported me two or three times which was good". We saw the registered manager checked staff competency every six months to ensure they were able

to administer medicines in a safe way. The medicines administration records were returned to the office every month and checked to ensure they were correct and no errors had occurred.

## Is the service effective?

### Our findings

Staff received an induction and training that helped them to support people. One member of staff told us about their induction. They said, "I shadowed another staff member for two days. It was good I got to meet people and see their way of doing things". Staff told us about their training. One staff member said, "We have training, I have had moving and handling and I am completing the care certificate, that has lots of different areas that are relevant to the people we support like dementia". The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. The registered manager told us how they had implemented the care certificate for staff working within the service. This demonstrated staff received training that was relevant to meeting people's needs

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 or 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 when this is in their best interests and legally authorised under the MCA. There was no one using the service currently that lacked capacity. The registered manager told us that if someone's capacity changed they would ensure capacity assessments were completed and decisions for that person considered in their best interests. Staff told us they had received training in this and demonstrated an understanding. One staff member said, "We have no one that lacks capacity but we monitor this and if we thought someone needed support or an assessment we would discuss this with the manager".

People who were supported with eating and drinking told us staff offered them choices. One person said, "They prepare some of my meals and always give me the choice of what to have". We saw that people's dietary needs had been assessed and staff had recorded their food and drink intake each day to ensure they were receiving the correct amount. This showed people were supported to eat and drink enough to maintain good health.

People were responsible for managing their own healthcare needs however staff told us they would offer support to people if they requested it. For example, a staff member told us if a person was unwell they would contact their GP for them if they requested them to. Records showed us that when needed staff had contacted health and other professionals and made referrals on people's behalf.

## Is the service caring?

### Our findings

People were complimentary about the staff. One person said, "These staff are good enough for Buckingham Palace but the Queen can't have them because they are my carers. They are just wonderful. They talk to me and are so good to me. I always put my arms around them and give them a big cuddle and we often sit and have a cup of tea together too. I treat my carers as family and I am so fond of them. I don't know what I would do without them". Another person said, "My main carer is male and he is very caring. We have a lot in common and always have a chat about rival football teams. The staff know me reasonably well and we can always have a good chat". This showed us people were cared for in a kind and caring way.

People were encouraged to be independent. One person said, "I could talk to any of them if I had any worries. They are very nice and respect my independence. They know exactly what I like". Staff gave examples of how they encouraged people to be independent. One staff member told us, "When people can do things for themselves we offer encouragement. We have one person who is better using one hand than the other so we encourage them to do things for themselves with that hand. It may take us a little longer but it's important and worth it in the end". The person confirmed this to us. We saw in people's care plans documented examples of how they should be encouraged to maintain their independence.

People's privacy and dignity was upheld. One person said, "The staff are all well-mannered and ask permission before they do anything". Staff gave examples how they promoted people's privacy and dignity. One staff member said, "[Person] is very private, they like to do things in their own time with the doors closed. If the family are there we ask them to leave they are happy to do this".

## Is the service responsive?

### Our findings

People and their relatives were involved with planning and reviewing their care. One person said, "They keep a care book here in the house and my daughter has been involved in planning everything". Another person said, "I have a care plan in the house and feel I could talk about any changes that are needed". We looked at records which showed people were involved with planning and reviewing their care. We saw review meetings took place every three months and when requested families were involved with this. Where possible people had signed their care plans to confirm the details were in accordance with their wishes.

Staff knew people well. One person told us, "The staff are very nice and I have no complaints whatsoever. They know me well and always make time for a chat". A staff member said, "We are a good team and communicate really well which is important". Staff told us they would find out information about people from their care plans and risk assessments as well as other staff and the registered manager who would carry out the initial assessment. The records we looked at showed us that people's likes and dislikes were taken into account to ensure people received personalised care and support. For example, we saw when people only preferred female or male carers this was documented in their care files. Records we looked at confirmed this was adhered to.

People were supported with leisure activities if needed. Staff members gave examples how they supported people with their hobbies. One staff member said, "We know [person] likes to read so we make sure they have books near them and in reach before we leave". We looked at records for this person and this information was documented in this person's care plan. This showed us, when needed; people were supported to pursue their hobbies and interests.

People told us they knew how to complain. One person explained, "I have no complaints but if I did then I feel I could approach the office with anything as they are lovely". We saw the provider had a complaints policy in place and that the provider had responded to complaints in line with their policy.

## Is the service well-led?

### Our findings

The service was well managed. People and staff told us they were happy with the support they received. One person said, "It is a well-run company. Everyone is always helpful and cheerful. I am very pleased with the company, they are marvellous". Another person told us, "I would recommend them, in fact I already have several times. The manager often pops in to say hi. They are so good because they have excellent interaction with family, extended family and even neighbours. They are more like friends and always ask how family members are. There is nothing which needs improving, they are really, really good". Staff told us they received support from the management team. A member of staff said, "We have team meeting and supervisions, we can raise any concerns anytime and action is taken". The registered manager told us there was an out of hours on call system available for staff if they needed support. One member of staff said, "We can ring anytime and get support or advice". The registered manager understood their responsibilities in relation to their registration with us and had notified us about significant events that occurred within the service. This meant we could check appropriate action had been taken.

Staff were happy to raise concerns and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. One member of staff said, "There is a policy in place and I would be supported with this". We saw there was a whistle blowing procedure in place. This showed us that staff were happy to raise concerns and were confident they would be supported and the concern addressed.

Quality checks were completed by the provider. These included checks of medicines. We saw these were completed three monthly and when needed action had been taken. For example, it was identified that labels were needed for MAR charts, we saw the provider has taken action to resolve this by discussing this with the pharmacy. Spot checks were also completed by the registered manager. As well as medicine checks, checks were completed on the paperwork and equipment within the person's home. And also how well the staff member knew the person and the care that was being delivered. This demonstrated when concerns were identified action was taken to bring about improvements.

People had the opportunity to feedback about the service they were receiving. Every three months a customer satisfaction survey was completed. All the feedback we saw the provider had received was positive. The registered manager also spoke with people who used the service during the spot checks they carried out to ensure they were happy with the service they received. This showed us that the provider sought the opinions of people who used the service.