

Eager Health Ltd

Care24Seven

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	

Overall summary

The inspection took place on 14 July 2015 and was announced. 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. We last inspected the service on 17 September 2014 when we did not identify any breaches of Regulation.

Care24seven is a domiciliary care agency providing personal care and support to people who live in their own homes. The majority were older people, although there were some younger adults who had learning disabilities and mental health needs. The agency is owned by Eager

Health Ltd, a private organisation set up by a family. The directors (also the owners of the organisation) were involved in the day to day management and worked alongside the registered manager. 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 and associated Regulations about how the service is run.

Summary of findings

Some of the things people told us about the agency were, “I am very happy”, “I am extremely happy with the service and the care she receives” and “Yes it is a good service, nothing could be improved, we are very satisfied”.

There were appropriate procedures for safeguarding people. The staff were aware of these and had received relevant training.

The risks people were exposed to had been assessed and there was information about how these risks could be minimised.

The agency employed enough staff to meet people’s needs and keep them safe. The recruitment procedures included checks on staff suitability.

People were supported to receive their medicines in a safe way.

People had consented to their care and treatment and this had been recorded.

The staff were well trained and supported so that they could safely meet people’s needs.

People’s healthcare and nutritional needs had been assessed and were monitored and met.

People had good relationships with the staff. They said the staff were kind and caring. Their privacy and dignity were respected and they were able to make choices.

People’s needs were assessed and care was planned and delivered to meet these needs. People were involved in planning their own care.

There was an appropriate complaints procedure and people knew how to make a complaint. They felt these were taken seriously and investigated.

The agency was a family run business and there was a positive culture where people and staff felt supported.

There were appropriate systems for monitoring the quality of the service.

Summary of findings

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 safe.

There were appropriate procedures for safeguarding people. The staff were aware of these and had received relevant training.

The risks people were exposed to had been assessed and there was information about how these risks could be minimised.

The agency employed enough staff to meet people's needs and keep them safe. The recruitment procedures included checks on staff suitability.

People were supported to receive their medicines in a safe way.

Good



Is the service effective?

The service was effective.

People had consented to their care and treatment and this had been recorded.

The staff were well trained and supported so that they could safely meet people's needs.

People's healthcare and nutritional needs had been assessed and were monitored and met.

Good



Is the service caring?

The service was caring.

People had good relationships with the staff. They said the staff were kind and caring. Their privacy and dignity were respected and they were able to make choices.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and care was planned and delivered to meet these needs. People were involved in planning their own care.

There was an appropriate complaints procedure and people knew how to make a complaint. They felt these were taken seriously and investigated.

Good



Is the service well-led?

The service was well-led.

The agency was a family run business and there was a positive culture where people and staff felt supported.

There were appropriate systems for monitoring the quality of the service.

Good



Care24Seven

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.

The inspection took place on 14 July 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of two inspectors. Before the inspection we looked at all the information we held on the provider including the last inspection report and

notifications of incidents and safeguarding alerts. We spoke with 12 people who used the service and four relatives of people who used the service on the telephone to ask them about their experiences. We also had feedback via email from five care assistants and spoke with two care assistants on the telephone.

During the inspection visit we met the registered manager, two of the directors, a recruitment officer, a care co-ordinator and a care manager who was due to apply for the role of registered manager shortly after our inspection. The current registered manager was taking on a new role within the organisation. We looked at care records for five people who used the service and staff recruitment, training and support records for five members of staff. We also looked at the provider's systems for monitoring quality and records of complaints. We looked at the agency's premises and facilities for training staff, which included a training room and equipment to learn basic life support and for moving people safely.

Is the service safe?

Our findings

People told us they felt safe with the care they received from the agency. Some of the things they said were, “She feels safe”, “I feel safe in his care”, “I trust them, I think they are honest” and “I feel safe and they are trustworthy.”

The agency had policies and procedures regarding safeguarding adults and whistle blowing. The staff had received training in safeguarding. They were able to tell us about this and their responsibilities. One carer told us, “We need to protect their rights to live safely free from abuse and neglect.” Another carer said, “We assist people that need care to live full lives free from abuse and neglect, eliminating risk as and where appropriate and reporting on situations where abuse and neglect maybe taking place.” The staff were able to tell us what they would do if they suspected someone was being abused. We saw evidence of an incident where a carer had identified something they though constituted abuse. They had recorded this and reported it to the manager, who had in turn reported it to the local safeguarding authority, where action was taken to investigate this. The provider had worked with the local authorities to investigate and act on any allegations of abuse in this and other cases since our last inspection. There was evidence of action taken and measures to minimise risks to people. The staff had information about safeguarding given to them as part of their induction and written information from the provider.

The managers carrying out initial assessments of people’s needs and also assessed risks to their wellbeing and safety. These included environmental risks, the use of equipment and risks related to their health or other needs. These had been clearly recorded and there were plans to reduce the likelihood of harm. Risk assessments were updated annually or when someone’s needs changed. We saw

evidence of this. For example, one person needed support to move safely around their home. The provider had updated their risk assessment because their needs had changed and they were more at risk as they became frailer.

All staff were trained in administration of medicines. The training included a competency assessment. The provider had policies and procedures regarding medicines management. At the time of our inspection the director told us staff prompted people to take medicines but did not administer these themselves. Some people confirmed this. They told us they were happy with this support.

The agency carried out checks on the suitability of staff before they started work. The staff confirmed these checks had been made. The checks included criminal record checks, references from previous employers and checks on their identification and work permits. The staff records we looked at included evidence of these checks. New staff were invited for a formal interview at the agency offices and were required to complete an application form in front of managers, which detailed their previous employment. The recruitment and selection procedure also included a day’s training. The manager told us she observed people’s interpersonal skills as well as their performance at the training. Staff were only employed if they satisfactorily passed the test.

The agency employed enough staff to meet the needs of people who used the service. The managers told us they monitored how and when calls were taking place and tried to make sure people were informed if care staff were running late. The managers told us they helped deliver care if needed. They gave an example of how they responded when one person told them their carer had not arrived for work. They were unable to get in touch with the carer so they arranged for additional support for all the people who the carer was due to visit that day to ensure everyone received their care.

Is the service effective?

Our findings

A small number of people had concerns about the effectiveness of the service. One person told us, "Some of the carers do not turn up when they are supposed to" they went on to say, "the carers keep chopping and changing and when there are new carers they need us to teach them how to do the job." Another person told us, "I have had four different carers and it is difficult to build up a relationship with them." Someone else told us, "If we have different carers they need more support to know what to do." One person said, "Sometimes the carers were late, but mainly when it wasn't the regular ones, it doesn't really happen anymore."

However, the majority of people told us they were happy with the service and the carers who supported them. Some of the things people told us were, "I am totally happy with the agency", "there are no negatives", "I am very happy", "I always have the same regular carers", "the carers are reliable and good", "the care is rarely late and when he is, he has always phoned to explain why" and "they often stay longer than they have to and they never rush out of the door."

People told us that new carers were always introduced to them before they started work. One relative said, "The first live in carer came a couple of days before the start of the care to introduce herself and get to know (my relative). The carer was very good at keeping the family informed when (my relative) was unwell." Another person said, "The new carer was introduced to me before she started work." Other people confirmed this was the case for them also.

The agency visits were a minimum of one and a half hours for each person. This meant that the carers were not usually rushed and had enough time to meet people's needs and make sure they were happy with their care.

Two care staff told us they did not feel they had enough training and support when they started work at the agency. However, the other staff told us the training and support was in depth. One member of staff said, "Training is very good." Another member of staff told us, "I did have some induction training before I started working, I have had moving and handling since starting work and have completed some on line training in dementia care, food hygiene, hand hygiene." They went on to tell us, "I do think the training given is useful for my role and I am able to

request training in a particular area if I feel it would be helpful." Another staff member said, "I did all the necessary training and regularly do training. The training is helpful and I can request if I need any training."

The provider held a one day induction training course for all new members of staff. This formed part of the recruitment and selection procedure. The care manager told us that staff who did not perform well were not offered employment following the training. The induction training incorporated recognised standards of induction for health and social care workers. Once offered a post with the agency staff were then required to complete an induction workbook which took them through key training areas. All staff were provided with training in safeguarding adults, safe manual handling techniques, first aid awareness, health and safety, infection control, medicines administration and food hygiene. The care manager ran training courses which included assessments of the staff skills and competency. Some of the training was also completed via on line modules which included tests and assessments. Training was updated annually in some areas. We looked at the training records for five members of staff. We saw they had completed all the training required by the agency and an induction into their role. They had also received information about the role and key policies and procedures. The provider had a system for monitoring when training updates were due and was able to identify staff who needed this. We saw that they had taken action to book training for staff where this was needed.

The staff working in the agency offices told us they were appropriately trained. The care manager had undertaken train the trainer training to enable her to provide training to other staff. The agency offices had a well-equipped training room. This included a hoist, resuscitation equipment and other equipment to support first aid and manual handling training.

The staff we spoke with said they felt well supported. One carer said, "I feel supported." Another carer told us, "If I have any concerns I am always able to telephone the office for support." The provider offered staff individual supervision meetings and an annual appraisal to assess their work. They also carried out spot checks by visiting carers in their work place and observing how they carried out their jobs. We looked at the records for five members of staff and saw they had received regular supervision and had spot checks. The provider had a system to monitor

Is the service effective?

when appraisals and checks were due. We saw they had planned meetings in case the staff had not had this for some time. The provider communicated with staff via email and text, sending them information and rotas of their work. They also sent out general information, for example contingency plans for the day of the tube strike. There were regular staff meetings for office staff to discuss the service and any improvements needed. The director met with all the office staff once a week to discuss their role and any concerns they had.

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The manager and directors were aware of their responsibilities under the Mental Capacity Act 2005. They were able to tell us how they had responded to a situation where they had identified someone had been deprived of their liberty. They had acted in accordance with their legal responsibilities.

The majority of people funded their own care. We saw that people had signed the terms and conditions of their care and consented to care being provided. The manager told us they were planning to request additional signatures on the care plans so they had evidence of people's consent when their care plan was reviewed or updated. People told us they had consented to their care and told us they could request changes if they wanted something different.

The staff had received training in the Mental Capacity Act 2005 and were able to tell us about this. One member of staff said, "The Mental Capacity Act applies to persons over the age of 16 in England and Wales unable to make some or all decisions for themselves." Another member of staff told us, "It is designed to protect individuals who may lack the mental capacity to make their own decisions about their care and treatment."

People's health needs had been assessed and recorded as part of their care plan. This included information on their physical and mental health. Where people were under the care of health professionals this was recorded. Daily care notes made by the care staff indicated that people's health needs were monitored. We saw examples of where staff had responded to changes in someone's health needs and had alerted the next of kin and doctor about these. One relative we spoke with told us, "physically (my relative) is better than ever, and that is because of the great care she is receiving."

The carers supported some people by cooking and preparing meals for them. One person said, "I am satisfied about the meals they cook for me, and my choices are respected." Where people were at nutritional risk this had been recorded in their initial assessment and there was a care plan regarding eating and drinking.

Is the service caring?

Our findings

One person told us that not all the carers they had were kind. They said, "Some of them are off hand and are not gentle'." However they told us other carers were excellent.

Other people we spoke with were very happy with the care they received and their carers. Some of the things they told us were, "the carers are very kind and patient and lovely. I receive a good service", "they are very good carers who are kind and most of the time it is great", "I have the same regular carer and she is great", "the carer makes me very happy we have a laugh she is a lovely girl, we are like friends now", "we are very happy", "(my relative) and the carer have developed a lovely relationship", "(my relative's) carer is very good, lovely and caring we all want her to look after us! She is in tune with (my relative)", "(my relative) likes his carer a lot", "the carer is happy to go beyond the call of duty", "(my carer) is splendid, very good! She stays the whole time and we watch the news together while we have a snack, then she assists me to bed" and "my carer is a young man who has good initiative and is very caring and nice."

The care staff we spoke to told us they enjoyed their jobs and liked the people who they worked with. One carer told us, "We have good communication, he is a very intelligent man and I respect him, we get on well." Another carer said, "I like helping people generally, and the interaction with my client listening to their life story." A third carer told us, "I love my job, I find it rewarding to be able to assist others to continue to live in their own homes."

People told us they were treated with dignity and respect. They told us care was always given in private. They said

carers showed respect for their home and "behaved like visitors." One relative told us, "(my relative's) needs, wishes and dignity are respected." Another relative said, "her dignity is respected at all times." A person who received care told us, "I always feels respected and the carers treat her with dignity." Another person said, "The carers are very good, caring and respectful."

One of the carers we spoke with told us the person they supported interviewed potential carers and made a decision about whether they wanted them or not. Another carer said, "I have encouraged service users to allow me to give personal care when they feel embarrassed, explaining that I would not like to be unable to wash myself and that I would like to think that if I was in the same position I would like someone to help me. I happily respect other people's opinions, views and the right to have them." One carer told us, "We should treat individuals in an honourable manner and show consideration. I treat them in the way I wanted to be treated." Another carer said, "I'm always protecting my clients dignity, for example I wouldn't let anybody in the bathroom while he's using it and I'm helping with his personal hygiene. If he needs my help I always provide it discreetly if the situation is delicate. I always respect my client choices."

Care plans and assessments included information about people's views, wishes and choices. These included specific wishes regarding how they liked to be cared for at night, when bathing and during other care tasks. The daily care notes recorded by staff indicated that people were given choices and their wishes were respected when they provided care.

Is the service responsive?

Our findings

Some of the carers said they did not always have the information they needed when they visited new people. One carer said, "Care24Seven could be better at sending carers to the same, regular service users and give more information about clients that we visit for the very first time." They went on to say that they were not always shown or given a copy of people's risk assessments when they met a new person.

The care manager carried out an initial assessment of people's needs before they started offering a service. This included visiting the person in their current care setting, which may be a hospital or care home; and also visiting the person in their own home. The agency met with the person's next of kin where needed to make sure they had all the information they needed. We saw assessments of need were comprehensive and included details about the person's preferences as well as their care needs. People told us they had been involved with this process. One person said, "I was assessed and it was ok but it took a bit of time for the agency to come up with the paperwork." Another person said, "I was involved with my care plan and I am always consulted."

People told us their needs were met by the agency. One person said, "I feel my needs are met." A relative told us, "We were both involved with the care planning and (my relative's) needs are met." People told us if they had a change in their needs this was accommodated. One person said, "If we need more help we ask the agency and we get it."

Care plans included information about people's social and emotional interests so the care staff could help them pursue these and talk about things which interested the person. Care plans were personalised and information was reviewed and updated annually.

Some people felt communication with the agency could be improved. One person told us they were not always satisfied with the communication they had with office staff. They said they did not always "seem to listen or act on what we have said." Another person told us, "I think we need better communication about any change or transition. There was a bit of poor communication when the first live in carer was leaving, as we had not been informed about it and were not prepared for the new carer coming." However other people told us they felt communication was good. One person said, "The agency is very accessible and responsive." Another person told us, "Communication with the agency is good."

The agency had a complaints procedure and people using the service had a copy of this. People told us they knew how to make a complaint. People who had made a complaint told us they were satisfied with the way this had been dealt with. Some of the things people told us were, "I have no complaints but we know what to do if we have some", "I know who to contact should I have any concerns or issues, but I have not had to make any complaints as I am so happy", "Some time ago, the communication was not great at head office. On two occasions, a carer did not turn up but when I contacted the office, they dealt with it, and it never happened again", "if I wasn't happy I would make a complaint and I know who to call", "once I made a complaint about a carer who was rude and not very good at her job. The complaint was taken seriously. I was then assigned a new carer who is very good", "I know who to call if I am concerned about anything but so far I have not needed to", "I made a complaint about a carer being late and the agency dealt with it appropriately" and "I do not find it easy to make a complaint but I know I will be listened to."

The agency kept a record of complaints and how these had been investigated and responded to. People who made a complaint were given a response which included details of any action taken by the provider to improve care.

Is the service well-led?

Our findings

The agency was set up and registered in 2012 by a family who had been thinking about how they wanted their older relatives to be cared for. The agency provided a service to people in London and the home counties. The directors (also the owners of the agency) worked closely with the management team.

The registered manager was qualified to NVQ Level 3 in health and social care. She had worked for the agency for two and a half years and had previously worked for other domiciliary care agencies. Shortly before the inspection she had completed an accountancy course and had decided to take a new role in the organisation. The care manager who had responsibility for training and recruiting staff was taking over the role of managing the service. She was also experienced in the field and was undertaking a management in care qualification. She was due to apply to be the registered manager shortly after our inspection.

Some of the carers told us communication with the office and managers could be better. One carer told us that they had found some of the senior staff dismissive of their concerns. Another carer told us they had requested additional support but had not had a response from the managers. However, the majority of carers liked working for the agency. One said, "I'm happy with my clients and my agency. I used to work in other agency before and it was nothing like working with Care24seven. I was very unhappy. Of course there's room for an improvement but I wouldn't change my workplace anytime soon."

The other office staff were experienced in the care field. They told us they worked closely as a team with the directors. Some of the things the office staff and managers told us were, "I feel empowered by my bosses and encouraged to develop my skills", "the directors are great, they listen, discuss points of view and value their staff", "I would not stay anywhere where I don't feel valued", "they allow me to be flexible therefore I like to be flexible back", "most mornings we have meetings, which are driven by quality rather than quantity; communication is good" and "I like it here, it is nice that it is about quality care, not quick calls, it's a nice way to see care."

The directors told us they met with the managers each day to discuss the service. One manager said, "we talk regularly and always thrive to improve."

The directors told us they worked closely with other providers and the local authorities in boroughs where they provided care. They said they kept themselves up to date with good practice. The demonstrated a good understanding of changes in legislation and had developed a new training programme for all staff which met the requirements for care providers. The managers and office staff told us they were well informed. One manager said, "I am well informed about changes such as the care certificate and have attended training on it recently through the UK Care Association."

The staff told us there was a positive culture and a "family atmosphere" at the agency. We overheard the office staff in telephone conversations with carers. They were polite, caring and took an interest in the carer and their wellbeing. One member of staff told us, "I feel part of the family here." Another member of staff said, "I take a lot of pride in my job." The manager told us, "It is a different kind of service here. It is important to meet the standards and ensure the clients are happy. The minimum time for a visit is one and a half hours, but mainly it is two hours or more."

The provider had systems for monitoring the quality of the service. These included regular reviews of each person's care. These were recorded and included visits and telephone calls. The manager told us that they had telephone contact with most of the people who used the service each week. The monitoring included spot checks on staff to make sure they were meeting people's needs, staff appraisals and supervision. The provider had a system to monitor when these checks took place. When checks were due this was identified and we saw the provider had planned for these. There was an out of hours call system and managers were available at all times to speak with people using the service or staff who needed them.

The provider recorded people's views of the service when they reviewed their care. They also asked people to complete an annual satisfaction survey. The results of these were collated and discussed with the managers so improvements could be made where needed. There was evidence that complaints, accidents and incidents were recorded and analysed. We saw a copy of incident reports and these included discussions between the manager and staff involved and recommendations for improvement from the manager.