

24/7 Care Providers Limited

24/7 CARE PROVIDERS

Inspection report

53 George Lambton Avenue
Newmarket
Suffolk
CB8 0BQ

Tel: 01638428330

Website: www.24-7careproviders.co.uk

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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

24/7 Care Providers is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to adults.

At the time of this announced inspection of 6 September 2018, the agency provided 30 people with personal care. The areas covered included Newmarket, Bury St Edmunds and West Suffolk areas such as Mildenhall and Red Lodge. We gave the service notice of our inspection to make sure that the registered manager and key staff would be available on the day of our inspection.

This was the first comprehensive inspection this location had received since it became registered on 7 July 2017. We found that the service provided was good.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage their service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found an agency that was well run for the benefit of the people who used it. The strongest element of this agency was the management in place. The registered manager had not been in place for long, but performed their role well. They were passionate about giving good quality care to people that met their needs. This culture of this service came from the registered manager who strived to keep up to date and develop where they could. They had a comprehensive oversight of the service and balanced well their role of being visible and available to people, relatives and staff whilst ensuring their role as manager was completed.

People spoke highly of the service offered and felt appropriately cared for. People experienced good care with on-going monitoring of their needs. People were supported to have maximum choice and control of their lives and staff supported them to remain in their homes and as independent as they could be; the policies and systems in the service support this practice. People were supported to eat well and in some cases budget and shop for food.

Staff told us that they had the training and support to carry out their roles effectively and confidently. Staff spoke highly of the management who they said were approachable and made positive changes when needed. Staff were happy and positive. People told us they received care and support that was reliable and from the same group of staff.

There were sufficient numbers of staff to meet people needs. People were able to develop caring and meaningful relationships with staff because staff were consistent and had regular rounds. People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults from abuse and the Mental Capacity Act (MCA) 2005. The manager knew how to make a referral if required.

Medicines were safely managed. The registered manager had oversight and had thorough quality assurance processes in place. There was a culture of learning from listening to people and positively learning from events so similar incidents were not repeated. The registered manager was supported appropriately by the provider and spoke positively about developments and resources being available to them.

Further information is in the detailed findings below.

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.

Medicines were consistently administered with all records correct.

There was consistency of staffing and travel time was accommodated between visits.

Systems were in place to help protect people from the risk of abuse and harm.

Risks were identified and reviewed in a timely manner.

People were protected and staff trained in the prevention and control of infection.

Is the service effective?

Good ●

The service was effective.

Care workers received supervision and training to support them to perform their role.

Where required people were safely supported with their dietary needs.

People were supported to maintain good health and had access to appropriate services.

People were asked for their consent before any care, treatment and/or support was provided.

Is the service caring?

Good ●

The service was caring.

Care workers were kind and considerate, respected people's preferences and treated them with dignity and respect.

People and their relatives, where appropriate, were involved in making decisions about their care and these decisions were

respected.

People's independence was promoted and respected.

Is the service responsive?

Good ●

The service was responsive.

People contributed to the planning of their care and support. This was regularly reviewed and amended to meet changing needs.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good ●

The service was well-led.

The registered manager was approachable and had a visible presence in the service.

Systems were in place to monitor and improve the quality and safety of the service provided.

The service was developing working in partnership with others and the community.

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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 announced comprehensive inspection was carried out by one inspector on 6 September 2018. We gave the service notice of the inspection visit because we needed to be sure that someone would be available.

We looked at information we held about the service including notifications they had made to us about important events. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

At the time of the inspection visit we spoke with three people who used the service and one relative whilst visiting people. We spoke with the registered manager, four care workers and one director from the company. We reviewed six people's care records, policies and procedures, records relating to the management of the service, training records and the recruitment records of care workers.

Is the service safe?

Our findings

People received their medicines as intended. One person told us, "They give me my medicine when I need it. I'm not on much, be they give me what's needed."

Each person had a medicines plan in place which identified the support they required with taking their medicines and measures in place to reduce any assessed risks. We observed care workers administer people's medicines and diligently followed the instructions in place. They were trained in the safe management of medicines and their competency was checked by the senior team.

There were monitoring systems in place which assisted the registered manager to identify any shortfalls in medicines management. This included checks on received medicines, as well as weekly and monthly audits and checks. Where shortfalls were identified, actions were taken, for example providing further training for care workers if required.

The service had systems in place designed to protect people from avoidable harm and abuse. People told us that they felt safe with their care workers. A relative told us, "We feel safe. They know what they are doing you know."

Care workers said that people were safe from abuse or harm and that they knew what to do if they suspected a person was being abused or at risk of harm. This was confirmed in discussions we had with the registered manager and provider. A staff member told us they were confident and knew what they would do if they were faced with such a situation, "I would report the matter to the office. I confident that they would respond and take the right action." People received support from care workers who were trained in safeguarding and knew the local authority policy and procedure.

The registered manager took appropriate action when they had received concerns related to keeping people safe. This included knowing local authority systems and which departments would best resolve matters. Actions were taken to learn from incidents and use them to drive improvement in the service to reduce the risks of future incidents. The registered manager told us about how they had recently been working with the local authority to develop their service and improve the reliability of the service further. Management were keen to learn and develop when things did not go according to plan.

Risks to people's safety was managed well. People's care records included risk assessments which identified how risks were minimised, this included risks associated with mobility, and in their homes. There were risk assessments relating to people's specific conditions to guide care workers how to reduce the risks to people. Where people were at risk, the service had worked with other professionals such as occupational therapists, wheelchair technicians and the continence team. Advice was sought and actions taken reduced the risks to people. One relative told us, "Two staff always turn up. They hoist him you see and he feels safe with them."

People told us that their care visits were always completed. One person said, "Yes they are reliable. We have never had any problems with these people." A relative said, "We have never been let down and we can

always depend upon them to come." People consistently told us that care workers arrived on time, stayed at their visits for the agreed length of time and completed all of the tasks that they should do at each visit.

The staffing level was appropriate to ensure that there were enough care workers to meet people's needs safely. We were aware that there was a short period where the service had been stretched. Some staff had left, but this was now resolved. People were introduced to staff before they supported them. One person said, "They are all pretty good. We get on with all of them that come." Care workers told us that there were enough staff to cover people's care visits. Staff were given time between visits and traffic conditions were accommodated. One staff member told us, "We tell the office if we are running late and they let people know. We are given time to get to calls and we are paid mileage." This meant that people were provided with consistent care from care workers who were known to them.

The registered manager had a system to provide enough care workers to cover planned visits to people. This was regularly reviewed to manage any changes in people's times or increased visits. The service had a good standard of recruitment procedures to check that prospective care workers were of good character and suitable to work in the service. Systems in place ensured that staff were recruited for their caring values and desire to do the right by vulnerable people in the community.

We observed good hygiene practices from care workers who washed their hands and used equipment provided appropriately. When giving personal care staff gave assurances to people and informed them about how they had maintained their cleanliness. Staff also ensured that they left people's homes as clean as was needed. For example, cleaning commodes after use. Policies, procedures and face to face training in place supported good hygiene standards.

Care workers were provided with training in infection control and food hygiene and understood their responsibilities relating to these subjects. There were systems in place to reduce the risks of cross infection including providing care workers with personal protection equipment (PPE), such as disposable gloves and aprons. Staff were able to show us the equipment they were provided with and said it was always available.

Is the service effective?

Our findings

People's care needs were assessed holistically. This included their physical, mental and social needs. The registered manager and care workers worked with other professionals involved in people's care to ensure that their needs were met in a consistent and effective way. Positive relationships were maintained with local GP's and pharmacy.

People were supported to maintain good health and had access to health professionals where required. Care staff advocated for people and gave us examples of how they had ensured people's health needs were met. People's records identified that where care workers were concerned about people's wellbeing, health professionals were contacted for guidance. The records included information about treatment received from health professionals and any recommendations made to improve their health were incorporated into care plans and followed by care workers.

The service supported people to maintain a healthy diet, where required. One person told us, "They always ask me what I fancy. You know something light or sausage and mash. They know what's in my fridge." We saw that people were left with drinks and snacks of their choice when care workers had visited. Records demonstrated that people were provided with the support they needed in this area. Details in people's plans supported care workers to give people the best support. Where concerns about people's nutrition were noted, such as weight loss or the risk of choking, referrals were made to the appropriate professionals. There was related information in people's records to provide to other services, for example if a person was admitted to hospital.

The service had systems in place to provide care workers and managers with the training they needed to meet people's needs effectively and to achieve qualifications in care. One person told us, "I feel confident with the staff. They know what to do like putting me to bed at night." Feedback from the care workers was consistently good about the quality of the training, much of which was face to face. One care worker told us, "I have all the training I need to do my job. I have never been asked to do anything that I've not been trained in."

Records showed that training provided included safeguarding, moving and handling, health and safety, and medicines. Care workers were also provided with training in people's diverse needs and conditions to meet the needs of the people they supported. We went out with the care workers and could see that they respected people from diverse backgrounds and understood that people chose to lead a life of their choosing. Before staff started working they were provided with an induction which provided them with the training they needed to meet people's needs and shadowed more experienced care workers.

Records and discussions with care workers showed that they received one to one supervision and that managers were always available for advice if needed. This provided care workers with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had. One care worker told us, "They are very supportive, with training and spot checks to make sure staff are confident in what they're doing and that we feel we can talk about anything."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People told us that the care workers asked for their consent before providing any care.

People's consent to care had been sought on many levels. It explained people's rights to them in terms of their representatives, advocates and agreement to receiving care and support from this agency. People had signed their care records to show that they consented to the care they were being provided with. We observed care workers offering choices and respecting decisions made. Care workers were able to tell us about people making decisions that were possibly unwise, but knew that people could lead a life of their choosing as they had capacity.

Is the service caring?

Our findings

People told us and we observed, that they were treated with kindness and compassion by care workers and managers alike. Staff demonstrated that they cared for people using the service. One person said, "The staff are oh so kind to me. A friend bought me a plant. I like to look at it. They always water it for me and keep it nice." Another person said, "They are so fair with us and lovely. I like that they are so well organised. It suits us."

All staff told us how they were supported to deliver high quality care. One staff member said, "I know the office is there for us. I like to create a bond with people. If you do not have emotional feelings for people it would not be the job for you." A different member of staff said, "Yes people get a good service. Staff do go the extra mile. They do things such as care for poor skin. I made a person my personal project and healed their sore skin."

We saw examples of staff enhancing people's wellbeing. We saw examples of staff using skills to encourage people with their personal care. Staff were tender and mindful of how they made suggestions. We saw that care workers interacted with people in a caring manner. They clearly shared positive relationships. The registered manager and care workers spoke about people in a compassionate manner. One staff member told us, "I know that some of the people I support do not live as I would live, but that is okay. We do what is right for them. I keep on offering the care and they can choose." Care workers knew the people they cared for well. A relative said, "We have the same group of staff and we all get on pretty good." This showed that the people using the service were provided with a consistent service.

Care workers were provided with detailed guidance on how people's rights to dignity and respect were promoted in people's care plans. This included documenting care and support that was repeatedly offered and refused. This showed people were listened to, respected and their views acted upon. People were supported to be as independent as they could be. We saw that people were enabled to access equipment of all descriptions to ensure their independence was maintained. People's care plans identified the areas of their care that they could attend to independently and how this should be promoted and respected. Staff explained how they had deep cleaned a person's accommodation when they were in hospital and how the person had been pleased that they were then able to maintain the standard for themselves a lot easier after that initial boost.

People told us that the care workers listened to them and acted on what they said and they were consulted relating to their care provision. One person said, "We have talked about my care plan." There was an ethos of advocating for people. Any matter brought to the attention of staff was acted upon. People were telephoned every three months to ask them if they were still satisfied with the care provision they received. If any negatives were received this was actioned by the registered manager. The registered manager and provider both participated in the provision of care and therefore were able to listen first hand to people about their care needs.

Is the service responsive?

Our findings

The service ensured that people's care was personalised and care records identified how the service assessed, planned and delivered person centred care. The records demonstrated that people received care and support which was individual to their needs and preferences. We saw examples where people and relatives had been involved with assessments. Care reviews were undertaken regularly with people and relatives, where appropriate, to ensure that the service was meeting their needs and preferences. Care plans in people's home showed clearly that the content had been developed and discussed with people and contained people's consent. People's daily records included information about the care and support provided to people each day and their wellbeing. Recordings were consistently of good quality and all records were available for the person to read for themselves. A staff member told us, "Care plans are complete and they guide us." Care plans in place were a good quality and gave clear guidance to staff.

People told us that staff had good skills, and had a good understanding of their social and cultural diversity, values and beliefs that may influence their decisions on how they wanted to receive care, treatment and support. We made observations of staff going into different settings and adapting to the types of support required based upon people's long standing lifestyles. The relative told us, "I have been shown how to use all the equipment to help my [relative] but I like to leave it to the staff as they do know what to do and they do it well."

All aspects of people's lives were planned for. The service helped people and their families or carers to explore and record their wishes about care at the end of their life, and to plan how they will be met so that they felt consulted, empowered, listened to, and valued. People's end of life wishes were recorded in care plans. People's wishes, such as if they wanted to be resuscitated and religious beliefs were included in their care records. The agency consulted with other professionals such as GP's and the local hospice who were also involved in developing pathways and choices for people. There was an up to date policy and guide to support staff in planning for end of life decisions. Staff had received training in supporting people at the end of their life and bereavement.

People said that they knew how to make a complaint, and that their care workers and management responded well to any concerns they had. One person said, "I'm very happy with the service provided. I can ring the office any time I need to." Another person said, "I have no problems. They are all fine to us."

There was a complaints procedure in place, each person was provided a copy with their care plan documents. People who used the service and their representatives were involved in regular reviews that checked that people were happy with the service received. There had been no complaints by people who used the service. An external agency had raised a concern and this had been investigated and a formal response sent which outlined the action taken.

Is the service well-led?

Our findings

The registered manager told us that they felt supported by the provider. They told us, and records confirmed, that meetings were held with the provider's registered managers where they shared examples of good practice.

The registered manager promoted a caring, positive, transparent and inclusive culture within the service. They actively sought the feedback of people using the service and staff. Staff and people using the service told us they felt able to talk to the registered manager about anything they wished. There were a variety of ways that people's views were being captured. This included regular phone calls to people, managers providing care and support, but also annual surveys were sent out to people and reply slips were left in people's own homes for completion if people wanted to. The registered manager was exploring the use of online surveys to also listen to people's views.

People told us that they were happy with the quality of the service. One person said, "I really cannot fault them. I'm very happy." People and their relatives thought that the service was well-led, one staff member said, "The manager is available to me. They listen to us and make changes when needed. It's a good organisation to work for." This type of positive expression came from everyone we spoke with.

People that used the service told us that the registered manager was friendly and made themselves available if people wanted to speak with them. They felt they could approach the registered manager if they had any problems, and that they would listen to their concerns. Staff said the registered manager was very visible and supportive. One said, "They do spot checks on us. They just turn up and check everything is okay and they ask the client too about how it's going."

Staff we spoke with were positive about the culture of the service and told us that they felt they could approach the registered manager if they had any problems and that they would listen to their concerns. They had one to one supervision meetings and there were regular staff meetings. This enabled staff to exchange ideas and be offered direction by the registered manager. One staff member said, "They take into consideration my own circumstances." They gave an example of being personally supported. They went on to say that they liked having the same regular people to see and this helped everyone with consistency.

The registered manager assessed the quality of the service through a regular programme of audits. We saw that these were capable of identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon promptly. Examples included; completed medicine audits ensured medicines were managed safely. The provider also completed quality care telephone calls so they knew what was happening within the agency. The provider also had oversight and ensured that reviews were regularly undertaken and on track. A recent staff survey had been completed. An upcoming staff meeting was planned to develop actions based upon the feedback.

The registered manager told us about the recent developments as well as how they implemented best practice. This included staff completing training on the General Data Protection Regulation. (GDPR). There

were plans for the future to use an electronic system so that managers were aware of any missed visits in real time to ensure people were protected from potential missed visits. This demonstrated to us that the registered manager was committed to continual change and improvement.

The agency had good working relationships with other professionals and feedback from the local authority about the responsiveness of the agency was positive.