Solutions24 Limited

CareService24

Inspection report

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18 January 2016
19 January 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection took place on 13, 14, 15, 18 and 19 January 2016 and was unannounced. At our last inspection in October and November 2013 there were no breaches of legal requirements.

CareService 24 provides personal care and support to people who live in their own homes. At the time of our inspection they were providing support to over 60 people.

The service is required by law to have a 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 2008 and associated Regulations about how the service is run. CareService24 had a registered manager but they had left their post several months before and had not yet applied to cancel their registration. There was a replacement manager in post and they had applied to register.

People and relatives were very positive about the service they received, stating that staff were caring, treated them with dignity and did what was expected of them. Comments included: "They know what I want and I know how they will respond" and "I know they can do their job in a professional way". Some people reported that on occasions staff were delayed and that they were not always notified of this. The management team had identified this as a concern and were monitoring staff timesheets closely, taking action when they found discrepancies.

People said their staff always provided the support they needed and that they felt safe with them. Staff, including the office staff, knew people well and understood their needs. Care plans were easy to follow with sufficient detail in most respects. The extent of detail in relation to moving and handling depended on the detail in occupational therapists' moving and handling assessments and plans. We recommend that the service reviews the level of detail it requests from professionals in order to include sufficient detail regarding moving and handling, such as which sling to use and how to attach it, in people's care plans.

People received care from staff who were well supported through supervision and training.

People knew how to raise concerns and complaints and records showed that these were investigated and responded to. Staff understood how to protect people from possible abuse and how to blow the whistle about wrongdoing or poor practice.

People were protected against abuse. Staff had knowledge and confidence to identify and report signs of abuse. Safe recruitment practices were followed before new staff were employed to work with people, including references and criminal records checks.

Medicines were not always managed safely. Topical medicines, such as creams or drops prescribed to treat skin, eye or ear conditions did not have clear instructions for administration or consistent records of when

they were applied. They did not appear in medicines administration records. Medicines administration records were handwritten by staff but were not always signed by the person who created them, nor countersigned by another person who had checked they were written out correctly. You can see what action we told the provider to take at the back of the full version of the report.

Quality assurance systems, such as audits of records and medicines charts and surveys of people using the service, were being implemented to monitor the quality of care and support that people received. There was an improvement action plan that had been drawn up since the appointment of a replacement manager in November 2015. This was in response to shortfalls identified in a contract monitoring visit, and also by a mock inspection by an external consultancy. The action plan addressed matters that we identified during this inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Whilst many aspects of the service were safe, others were not.

Topical medicines, such as creams and eye drops, were not recorded in a way that ensured they were applied as prescribed.

There were enough appropriately skilled staff to meet people's care and support needs.

Risks to people's personal safety had been assessed and addressed through their care plans.

Is the service effective?

Good

The service was effective.

People were confident in the ability of staff to meet their care needs. Staff were well supported through training and supervision.

People were asked to give consent to their care and support and their wishes regarding their care were respected.

Staff supported people to meet their dietary needs, where this formed part of their care package.

Is the service caring?

Good

The service was caring.

Everyone we spoke with was positive about the caring attitude of the staff.

People were treated with dignity. Staff had a good understanding of people's needs and respected their preferences.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised to reflect people's individual needs and preferences. People received the support they needed.

Care plans were reviewed and updated. This had been identified as a matter of priority in the provider's own action plan.

Complaints and concerns were taken seriously and used as an opportunity to improve the service.

Is the service well-led?

Good

The service was well led.

The service had a positive, open, person-centred culture. People using the service, their relatives and staff felt able to raise concerns in the confidence these would be addressed.

Quality assurance systems were being implemented to monitor the quality of care and support that people received. The management team had identified shortfalls in quality and were taking action to bring about improvements.

CareService24

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.

The inspection took place on 13, 14, 15, 18 and 19 January 2016 and was unannounced, as we had received information of concern. It was conducted by one inspector.

Before the inspection, we reviewed the information we held about the service; this included information we had received from third parties. We did not request a Provider Information Return (PIR) because the inspection was brought forward in response to information of concern. The PIR 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 visited four people in their homes and spoke with three other people on the telephone. We also talked with five relatives and three members of staff. In addition we spoke with the service manager, the nominated individual and office-based staff who coordinated rotas. We checked four people's care and medicine records in the office and the records in their homes, with their permission, of the people we visited. We also saw records about how the service was managed. These included six staff recruitment and monitoring records, staff rotas, training records, audits and quality assurance records as well as a range of the provider's policies and procedures.

Requires Improvement

Is the service safe?

Our findings

Everyone told us they felt safe with their care staff. For example, one person said, "I have every confidence and I don't feel uneasy with them".

Medicines were not always managed safely. Three of the people whose care records we read had topical medicines, such as creams or drops prescribed to treat skin, eye or ear conditions. However, staff lacked clear instructions, beyond the pharmacy instructions on the medicine packaging and brief mentions in people's care plans, for how to apply these. Staff had written entries in people's care records to say they had applied creams or inserted drops but had not done so consistently. The topical medicines were not recorded in people's medicines administration records, even though the medication policy made reference to staff checking and initialling these whenever they administered prescribed topical medicines. This meant there was a risk that people might not receive their topical medicines as prescribed.

Medicines administration records (MAR) were handwritten by staff. Those we saw had not been signed by the person who created them, nor countersigned by another person who had checked they were written out correctly. Most oral medicines were supplied by the pharmacy in blister packs, all of a person's medicines for a particular day and time contained in a single blister. However, there was a risk that people who took medicines not contained in the blisters would receive their medicines in the wrong dose or at the wrong time.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people were not protected against the risks associated with the unsafe management and use of medicines.

The management team showed us an updated recording system for topical medicines that they planned to introduce following the inspection. This provided for instructions for administering each topical medicine, such as diagrams showing which area the medicine was to be applied to, and for recording on each occasion the medicine was administered.

Staff were trained in administering medicines and their training was updated annually. Their understanding of the training was assessed through a written test following the course and their competence in administering medicine was assessed through spot checks. The management team acknowledged that spot checks had not been prioritised and already had an action plan in place to reintroduce them. This will be checked at future inspections.

People were supported by sufficient staff to meet their needs. Rotas for people who used the service during the first week of our inspection showed that everyone had a named member of staff allocated for all calls. Staff rotas also showed that staff were allocated travel time between visits. All but one person we spoke with told us that staff stayed the full length of their visits. The management team monitored weekly staff timesheets to check visit lengths and follow up any discrepancies. One person commented that whilst staff stayed for the right time, they did sometimes work quickly if they were late but did not rush them.

Safe recruitment practices were followed before new staff were employed to work with people. Staff files included application forms with full employment history, confirmation of identity, records of interview, appropriate references and health questionnaires. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check).

People were protected against the risks of potential abuse. Staff received regular training in safeguarding and had the knowledge and confidence to identify and report safeguarding concerns. There were satisfactory policies and procedures in place to help keep people safe from abuse.

Risks to people's personal safety had been assessed and addressed through care plans. Individual risk assessments covered areas such as moving and handling, pressure sore risk and use of bed rails. Environmental risks, such as fire hazards and low lighting levels, had also been assessed and planned for.

Moving and handling risk assessments were undertaken. People who needed to use a hoist for transferring, such as between bed and chair, told us that two staff were always on hand for this and knew how to operate the equipment properly. Care plans reflected moving and handling assessments undertaken by occupational therapists. The extent of information in the care plan, such as which sling to use and how to attach it to the hoist, depended on the moving and handling assessment and plan from the operational therapist.

We recommend that the service reviews the level of detail it requests from professionals in order to include sufficient detail regarding moving and handling, such as which sling to use and how to attach it, in people's care plans.

People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. One person whose care we reviewed had fallen. Their falls risk assessment and care plan had been reviewed and updated to set out steps staff should take, with the person's agreement, to reduce the risk of this happening again in future.

When people had accidents, incidents or near misses these were recorded and considered individually for any changes that might be needed to the person's care and support. However, there had been no overall monitoring to look for developing trends. We discussed this with the management team and prior to the end of the inspection they showed us their proposed updates to their computer system in order to monitor this in future. This will be checked at future inspections.

There was an out-of-hours on call system for people who used the service and staff to contact senior staff in emergencies or for support in various situations. Staff and people confirmed the on call system worked well should they need to use it. There was no written emergency contingency plan. However, this had already been identified as a priority for improvement in the provider's own action plan and was in the process of development. The management team were able to describe how they would make provision for people's care and showed us how priorities, such as time-critical visits, were already flagged on their system. This will be checked at future inspections.

Good

Is the service effective?

Our findings

People told us that staff were skilled in providing the care and support they needed. For example, one person said of their care staff, "They're all very good… know what they're doing". Another commented, "I know they can do their job in a professional way" and a further person said, "Generally, they're a very good team."

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff confirmed they received the training in skills they needed to meet people's needs, and that they were supported to refresh their training. Staff files contained up to date training certificates. Topics included moving and handling people, health and safety, fire, infection control, food safety with fluids and nutrition, safeguarding, first aid, and safe handling of medicines. Staff also completed training about specific conditions and needs, such as dementia awareness and catheter care. The management team had established an on line training matrix to assist them to see at a glance whose training was in date and who needed to attend a course. This showed that training was in date or had been planned.

People received care from staff who were well supported through supervision (one to one meetings) with their line manager and ad hoc contact with on call staff and the management team. Staff told us they had regular supervision meetings that enabled them to discuss any training needs or concerns they had about their work. Supervision meetings had taken place within the past three months for those staff whose files we read, after longer gaps in supervision earlier in 2015. Re-establishing supervision every three months had already been identified in the management team's improvement action plan.

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 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.

People's rights were protected because the staff acted in accordance with MCA. People and their relatives told us staff provided the care and support they expected and that their wishes regarding their care were respected. Care plans and records had been updated to reflect MCA principles. Care plans contained consent forms and these had been signed by the people receiving care or the person they had nominated to do this for them.

People's changing needs were monitored to make sure their health needs were responded to promptly. We observed office staff contacting doctors' surgeries on people's behalf to request an appointment, and to pass on their query about their medication.

Where their care packages included meal preparation and support with eating and drinking, people

confirmed they received the support they needed and were happy with this. At a visit to one person, we saw that staff had left the person with a selection of their preferred cold finger foods in case they were hungry before their evening visit. The person confirmed that staff always did so. People's food and drink preferences were recorded in their care plans.

Good

Is the service caring?

Our findings

Everyone spoke highly of the staff who visited them, telling us they were kind and caring. For example, one commented that their care staff were polite and respectful and said, "They always ask if I want anything, always check if anything is needed". Another described the staff who visited them as "good mannered, respectful… I like them". A further person said their care worker was "like a breath of fresh air… It's as if it was my own daughter coming in".

People were treated with kindness and compassion in their day-to-day care. Office staff spoke with people on the telephone in a supportive and respectful manner. The staff we met when we visited people talked with them in a friendly, caring way, and were sensitive to signs they might need something. For example, care staff noticed that a person looked tired and checked whether they would like to go to bed.

People's records included information about their personal circumstances and how they wished to be supported. Office staff and care workers were familiar with people's needs and individual preferences regarding their care. They spoke knowledgeably about the support people needed and were aware of people's current health concerns. People confirmed they received the care they needed and that their preferences were respected, such as preferences to have care from male or female staff.

People were given information about the service when they started receiving care and had a copy of their care plan. Their views were sought through care reviews and quarterly written surveys.

Good

Is the service responsive?

Our findings

People all told us that staff understood their needs and provided the required care and support. For example, one person said, "They know what I want and I know how they will respond". Another person said, "They always ask if I want anything… always check". A further person said, "They always do what is required of them". A relative commented, "They do everything they're supposed to and go the extra mile".

Care plans were personalised, setting out people's preferred daily routines and the support they required at each visit. They clarified what aspects of tasks people were able to do for themselves. They incorporated information from people's health and social care professionals, where appropriate, and addressed needs identified in people's individual assessments and risk assessments. These were grouped into areas including choice and control, communication, personal care, nutrition and hydration, medication, keeping safe, and carers and unpaid support. Where people had particular needs associated with health conditions such as multiple sclerosis, files contained information about these. During home visits we observed that aspects of people's care plans had been followed. For example, a person who was at risk of pressure ulcers was seated on a pressure-relieving cushion and had drinks to hand.

People's needs and care plans were kept up to date. Those we saw had all been reviewed since June 2015 and updated where necessary. For example, one person's falls risk assessment and care plan had been updated following a fall, setting out measures to help prevent this in future. However, the provider's own action plan provided to us at the start of the inspection identified that some care plans had been out of date and that reviewing and updating these was a matter of priority.

People received a weekly rota, which set out which staff would be visiting them and when. The people whose care we reviewed said they had a regular team of workers, although new staff came from time to time, and the care records we looked at were consistent with this. Whilst some people told us their staff arrived on time, others said staff were sometimes early or late and that they were sometimes not informed of delays. One person commented that this had improved in recent months whereas it had previously been a frequent occurrence. The management team were aware of an issue with punctuality. They monitored timesheets each week and said they encouraged staff to stick to their rotas in order, phoning in if they were delayed. Minutes of staff meetings and copies of memos to staff confirmed this.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. There was a clear procedure for receiving, investigating and responding to complaints. There were three complaints on file, dating back to November 2015 when the current service manager had started in post. These were responded to in good time and investigated thoroughly. Action had been taken to reduce the risk of something similar happening again. No one we spoke with had made a complaint in respect of CareService24 but said they would feel able to raise a concern or complaint if they needed to. People received details of the complaints procedure in their care plan folder when their service from CareService24 started.

Good

Is the service well-led?

Our findings

People were broadly positive about the service they received. For example, one person described it as "Excellent… nothing I can fault". Another person said of their care staff, "They're all very good". A relative explained they had had difficulty finding a care package and said of CareService24, "They're fine… They have been very good". A further relative commented, "On the whole they are brilliant".

Any dissatisfaction related to the punctuality of care visits and being informed if visits were going to be delayed. Those people who voiced concerns said that this was sometimes, rather than always, a problem. The management team were aware that this was an issue and monitored staff weekly timesheets, comparing them with the rota and following up any discrepancies. The importance of adhering to rotas had been emphasised at staff meetings and in individual supervision, as well as in general communications to staff.

The service has a positive, open, person-centred culture. A relative commented on how caring they had found the company overall during their family member's health difficulties. Everyone we spoke with felt able to contact the management team if they had any queries or concerns. Staff felt able to raise any concerns with the management team, with confidence they would be addressed. They were also aware of how to raise concerns to external agencies such as the Commission. There were plans to undertake a staff survey within the next three months.

People's experience of care was monitored through quarterly written surveys sent to a sample of people using the service, returned to and analysed by a third party company. An owner of the company explained that people using the service had told them they felt more able to answer honestly if the questionnaires were being sent to an outside company than if the management team phoned or wrote to them directly. There had not as yet been any negative feedback through this process.

Quality assurance systems were being implemented to monitor the quality of care and support that people received. Following the first day of our inspection, audits of care records had been undertaken for the four people whose care we reviewed. The audits considered issues including whether there were entries for all planned visits, entries showed the correct date and the start and finish time of the visit, visits were on time, records were legible, and all required tasks were completed. Medicines records had also been audited to check whether they contained the necessary information about the person such as any allergies, showed the correct medicines, doses and times, that instructions were present for any 'as required' (PRN) medicines, that staff had initialled the chart each time a medicine was given and that reasons for missed medicines were recorded. Any discrepancies identified by the audits had been followed up with the staff concerned. Completion of these audits had been identified as a priority in the provider's improvement action plan dating from earlier in January 2016.

Staff spot checks had not been carried out regularly, although some people told us that staff from the office did occasionally come to see them. Only two of six staff files contained records of any spot checks and the two that had been undertaken were not recent. The management team had already identified this in their

action plan as an area for improvement and were due to start in March 2016. This will be checked at future inspections.

The improvement action plan had been drawn up since the appointment of the service manager in November 2015. This was in response to shortfalls identified in a contract monitoring visit, and also by a mock inspection by an external consultancy. The action plan addressed areas that we identified during this inspection. Action required had been set out in relation to each issue identified, prioritised with a target date and a responsible person.

The registered manager no longer worked at CareService24, but had not applied to cancel their registration. A replacement service manager had been in post since November 2015 and had applied to register. The replacement manager was aware of the requirement to notify the Commission of certain events such as deaths and serious injuries, as we use this information to monitor services and ensure they respond appropriately to keep people safe. However, they had not needed to make any notifications.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services were not protected against the risks associated with unsafe use and management of medicines. There were insufficient instructions for the application of prescribed topical medicines, and the administration of these was not recorded properly. Regulation 12(1) and 12(2)(g).