

Onecall24 Healthcare Limited

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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

About the service

Onecall24 Healthcare Limited is a care at home service. It provides personal and nursing care to adults and children with complex health needs who live in their own homes. At the time of our inspection there were 14 people using the service.

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

People using the service and their families reported being listened to and closely involved in the planning and delivery of their care. People were involved in the recruitment of staff teams and reported being able to choose who worked with them and when. People told us their staff teams were well trained and well supervised with close involvement and quality assurance from manager. A person told us "They put us at the centre of it all, what works best for us."

The service had well developed systems to keep people safe. Risks to people were assessed in detail with clear processes which were followed to manage and mitigate risk. There were extensive contingency plans for how to respond to changes in people's needs and to medical emergencies, with people encouraged wherever possible to make informed choices about how to manage risk whilst respecting their preferences for their care. Staff were safely recruited specifically based around the skills and experience required to support each person. Medicines were safely managed with robust systems of recording and audit to ensure people received their medicines at the right time. There were suitable infection control processes

People had well developed care plans which were reviewed regularly as their needs and wishes changes. These were developed with people and people were supported to make choices about their care. Staff engaged people with activities of their choice and people praised the caring approach of staff.

Managers had implemented robust systems to ensure the safe and appropriate delivery of care. Senior staff carried out regular audits and engaged with people and their families to ensure a good standard of care and to address concerns promptly. The service worked closely and jointly with local health teams to deliver good care and ensure that staff had the right specialist training to meet people's complex health needs and operate equipment safely. Staff praised support and the positive culture of the service with induction and ongoing mentoring of staff to develop their skills and approach.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

This was the first inspection for this location since the service registered in December 2020.

Why we inspected

This was a first ratings inspection for this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Onecall24 Healthcare Limited

Detailed findings

Background to this inspection

Inspection team

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

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.

Service and service type

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

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

We gave the service 24 hours' notice of this inspection. This was because it is a small service and we needed

to be sure that the provider or registered manager would be available to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed information we held about the service, including notifications of serious events the provider is required to tell us about. □

We used all of this information to plan our inspection.

During the inspection

We carried out this inspection between 29 March and 8 April 2022. This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

We made calls to two people who used the service and nine family members. We spoke with the registered manager, the Head of Clinical Excellence, two nurse managers and five healthcare assistants.

We reviewed records of care, support and medicines management for five people who used the service. We looked at records of recruitment, supervision and training for seven members and information relating to the management of the service, including policies, staff communications and audits. We contacted three commissioners of care services and received feedback from two of these.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. We have rated this key question good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- There were suitable systems to safeguard people from abuse. People and their families told us that they felt safe when staff were working with them. A family member told us "There is staff to speak to and management if there is an issue of concern". There were clear policies for reporting suspected abuse.
- Staff we spoke with had received training in safeguarding adults and children and were confident that managers would react appropriately if they reported suspected abuse. Comments from staff included, "Absolutely they would take that seriously a safeguarding would be escalated straight away" and "If I have any concerns it is looked into, I can say that with complete confidence."

Assessing risk, safety monitoring and management

- The provider had effective and comprehensive systems for assessing risk. Risk assessments were in place for wide range of risks to people's wellbeing, including those relating to moving and handling, skin integrity and nutrition and hydration. There were suitable plans in place to mitigate risks to people's wellbeing. Equipment was assessed for safety with clear tasks to be completed regularly to ensure lifting and ventilation equipment remained safe to use. A family member told us "The agency is constantly monitoring [my relative's] safety."
- The service had extensive plans for contingencies which posed a critical risk to people's health and wellbeing. This included clear plans for scenarios such as people's ventilators breaking down and feeding tubes becoming blocked or displaced. Contingency plans were clear about what spare equipment should be provided and carried with people. There were clear instructions on which scenarios required staff to seek specialist advice and which constituted an emergency and exactly how best to access emergency medical services.
- People were involved in assessing and managing risks where appropriate. There was evidence that the provider monitored people in the least restrictive way, taking account of what people would agree to and negotiating an appropriate support measure which met people's wishes for their care.

Staffing and recruitment

- The provider specifically recruited staff to work with people based on their needs and wishes and most care workers worked with one person, with most people receiving 24 hour care. Comments from people include "They recruit per client, they are very much client focussed" and "They only employ who I choose who I would like." A service commissioner told us "They have been fantastic in sourcing appropriate carers to ensure a personalised approach." The provider assessed staff's experience to ensure that they had the right clinical skills and experience to provide the specialist care people required.
- The service operated safer recruitment processes. This included obtaining proof of identification, the right

to work in the UK, complete work histories, evidence of satisfactory conduct and carrying out a check with the Disclosure and Barring Service (DBS). The DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- The provider ensured that there were enough staff to safely meet people's needs wherever possible. This included assessing safe staffing levels for each person based on the time of day and which tasks needed to be carried out and having clear mitigation plans for what to do if a staff member was not available. The provider was open and honest with people when they did not have enough staff recruited to work with them and how this may impact on their care, which helped inform people's decisions about which staff they would accept to work with them.

Using medicines safely

- People's medicines needed were assessed and planned for. The provider carried out detailed assessments of the support people required with medicines, including who was responsible for supply and administration and any specialist measures such as administering medicines through feeding tubes.
- Medicines were safely recorded. The provider had electronic medicines administration recording (EMAR) systems in place for recording the support people received with medicines and these were used appropriately by staff.
- Medicines records were audited appropriately. There were detailed checks carried out by a senior staff member, including following up with staff members any gaps or anomalies in recording, checking that appropriate authorisations were in place were in place for crushing medicines and that routes of administration were appropriately documented.

Preventing and controlling infection

- People told us they felt staff followed best practice to protect them from infections, including Covid-19. Comments from people and their families included "There is sanitiser and it's used all the time" and "They wash their hands all the time."
- Care workers told us they had access to all they needed to maintain infection prevention and control. This included receiving suitable training in infection control, access to testing in line with current national requirements and access to protective personal equipment (PPE) including masks. Where aerosol generating procedures were carried out the provider had assessed what PPE was required and carried out fit tests of respirators to ensure these provided suitable protection.

Learning lessons when things go wrong

- The provider had appropriate systems for responding to accidents and incidents. When something had gone wrong this was recorded by a senior manager who ensured that the cause of the incident was understood. Actions were taking in response to incidents, such as reviewing risk management plans, providing additional training and support of staff and, where appropriate, raising a concern with another organisation on behalf of the person affected.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. We have rated this key question good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider carried out detailed assessments of people's care needs before starting to provide support. This included assessing people's medical histories, cultural and family needs and needs relating to health conditions, including the use of more complex interventions such as ventilation or artificial feeding. Where possible the provider shadowed existing care teams to ensure they could meet people's needs safely.
- Managers carried out suitable audit and observation to ensure that care was delivered in line with best practice. This included regular auditing of care plans and care notes, joint working with local health teams to plan people's care and regular visits to people's homes to observe care.

Staff support, training, skills and experience

- Care workers received the appropriate training and support to carry out their roles. Comments from people and their families included "They are very well trained, we trained together" and "They are very well trained around [my family member's care needs]." A service commissioner told us, "The staff have been described by the treating team as 'very skilled'."
- Family carers told us that they received the same training as their family member's care team to meet particular needs from specialist local health teams, and in some cases people had been involved in designing bespoke training for staff to work specifically with them to manage their health conditions.
- The provider had appropriate measures to ensure that staff received an appropriate induction and training programme when they joined the service. Staff received training in a wide range of mandatory areas such as safeguarding adults and infection control.. Managers and senior nurses observed staff carrying out tasks and assessed that they were competent to do so.
- Staff we spoke with told us that they received the right training and support to carry out their roles. This included regular observations and supervision. Comments from staff included "They will visit the house often and check everything and ask how we are doing" and "[my trainer's] level of skill is very, very high. [Their] expectation of your knowledge is also high and you get that information, my standard of training has remained very high."

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

- People received the right support to eat and drink. The service assessed people's nutritional needs and provided clear care plans documenting how to meet these in line with the individual's health needs and preferences. Food and nutrition care plans were developed with specialist professionals. people and their families.
- Care workers received detailed, bespoke training in meeting nutritional needs, including clinical support

with feeding. A care worker told us "We are trained for [artificial feeding] by the nutrition nurse. Before you can use that equipment there is a competency."

- There were suitable recording systems for documenting how the service had met people's nutritional needs. These had been customised based on the information and support that was determined as necessary during the care planning process, for example documenting the formulas used for artificial feeding,

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

- The service worked closely with other organisation such as specialist health teams to provide effective care. A commissioner told us "They are communicative and recognise the importance of keeping up to date with the wider treating team to enable them to support my client effectively."
- Care plans were developed working with specialist teams with clear instructions for procedures to safeguard people's health.
- Staff understood when they needed to contact specialist teams. A staff member told us "We can get hold of anyone; the district nurse or the ventilation team. If anything goes wrong we contact the vent team and they are extremely good."

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

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

- The service was working in line with the MCA. Where this was appropriate, the service obtained consent from people to their care plans.
- The service followed the law when people were unable to consent to their care. For example, when the service was supporting children care plans were developed and agreed with their parents. When adults were unable to consent to their care, health teams had assessed people's capacity in line with the MCA and had attended best interests' meetings to ensure that care was given legally in and in line with the person's best interests.
- Staff we spoke with emphasised the importance of clearly explaining to people what they were going to do and ensuring that the person agreed to the procedure, and this was documented routinely in daily notes.
- When people were unable to sign their care plans, for example due to physical disability this was documented and records of conversations with people and their families were maintained.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. We have rated this key question good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their families were treated well by staff. Comments from family members included "They take great care with [my family member]" and "They are respectful and show a sense of responsibility, they have some fun."
- Staff showed respectful and caring attitudes towards people. We spoke with staff who described what they did to make people feel happy and at ease based around the person's personality.
- Staff documented what they had done to engage with people and make them feel comfortable. This included reading people's favourite books at bedtime, providing physical comfort and hugs and making plans to go to their favourite places.
- Staff documented people's moods, how they were feeling and if they were worried, and recorded the conversations they had with people to support them to talk through their feelings and concerns and escalated these where appropriate.
- The service understood people's cultural and religious needs. Staff understood when people were religious and the role that religion and culture played in their lives and how best to support them, to attend a place of worship, providing culturally appropriate support and ensuring that staff understood what a person may find offensive based on their cultural background.

Supporting people to express their views and be involved in making decisions about their care

- People and their families felt fully involved in planning their care and listened to. Comments from people included "They listen to my needs and my choices and support me accordingly!" and "I like the fact that they listen."
- Staff we spoke with described in detail how they communicated with people with limited speech, including the use of assistive technology and learning to recognise the meaning of facial expressions and vocalisation. A staff member told us "it's not about us taking over, it's about listening to him."
- Staff described how they had got to know people and understand their personalities and take the best approach possible to communicate and listen to ensure that people could make decisions about their care. A family member told us, "They have a positive, unique way of communication."
- The service took people's views and wishes into account when providing care. A staff member told us that the person they supported did not want to use their breathing aid until they were asleep as it frightened them, and that they had worked with their supervisor to ensure this could be done safely.

Respecting and promoting people's privacy, dignity and independence

- People using the service and their families felt they were treated with dignity and respect. A family told us "[They are very much respectful, [my family member] is always well presented and dignified." We saw examples of how risks were managed in a way which did not impinge on people's choices about their privacy and how the service had explained the risks to people and ensured they understood the consequences of certain decisions.
- People's care plans contained detailed information on how to promote people's dignity and respect. This included information on people's preferred names, how they liked to be greeted and measures that should be taken by staff members to ensure people's dignity was always maintained . Staff recorded how they had communicated with people, obtained their consent for care tasks including hoisting and carried out these tasks in a way which promoted dignity.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. We have rated this key question good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care

- The service planned care in a person centred way based around people's needs and wishes. Care plans contained high levels of detail about how to meet people's complex health and care needs whilst ensuring there was clear detail about what people wanted and didn't want from their care.
- People received care from small staff teams which had been recruited specifically to meet their needs, with staff telling us they had plenty of time to get to know people and what they wanted. People were involved in the recruitment and selection of who worked with them.
- Care workers were responsive to people's needs. A family member told us "They are very flexible." There was evidence of times and levels of support varying to meet the needs of people and their families. A family member told us "They come at [time], two of them, so we can go out if we want to."
- People's care was regularly reviewed to ensure packages of care still met people's assessed needs. Care planning systems allowed for regular reviews of people's care, and recording systems were adaptable and prompted staff to carry out key tasks at specific times.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service was meeting the Accessible Information Standard. People's communication needs were assessed and alternative formats were offered for people who needed them, including the use of illustrated guides and photographs.
- Staff told us how they had got to know people's communication needs and used alternative means of communication such as objects of reference.

Supporting people to develop and maintain relationships and to avoid social isolation; Support to follow interests and take part in activities that are socially and culturally relevant

- The service worked to ensure that people could follow interests and activities of their choice. Staff engaged people with activities of their choice and, where people could access the community, went with staff to attend college courses, places of interest and places of worship.
- People's care plans reflected their hobbies and interests. Staff regularly recorded how they had engaged with people, for example by reading books to them or supporting them to watch videos or listen to music.
- Activities involving community support were planned in detail, with information about the equipment staff

would need to bring to support people safely, how many staff were required and what the role of each staff member would be.

- People were supported to maintain social and family contacts. This included support to make telephone calls and arrange to see friends. Some people using the service required intensive support that would often be provided in a specialist facility, but were able to return home to live with their families due to receiving complex packages of care at home.

Improving care quality in response to complaints or concerns

- There was a suitable process for addressing complaints. This included process for the registered manager to address and respond to complaints and to escalate this to directors if the person was not satisfied. There was a clear agreed process for how to investigate any complaints relating to senior members of staff and directors.

- People knew how to complain and felt confident that concerns would be addressed promptly. Comments from family members included "There was one issue of compatibility and it was promptly sorted" and "Any concerns were sorted immediately."

- The service worked with people to resolve complaints. This included meeting with people to discuss their concerns, investigating where appropriate and offering resolutions such as changes in staffing and changes to staffing levels.

End of life care and support

- The service worked with people to identify their wishes and needs for end of life care where this was appropriate.

- Staff gathered information on people's wishes for the end of their lives and attempted to engage with people to gather this information, whilst respecting people's choices not to discuss their wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. We have rated this key question good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Managers engaged positively with people who used the service. Comments from people and their families included "We get consulted all the time, we feel we are important", "They always monitor", "The team managers do hands on work", "They are very good at getting back to me" and "I have no problems with getting hold of the office, there is also the option of using a text. They are easy to reach and they reply within the same hour." A person using the service told us "It was my birthday [recently] and I got [presents] from them." A service commissioner told us "I have confidence they have patient's best interests at the centre of their service."
- Staff we spoke with praised the culture and the support they received from the organisation. Comments included "I can honestly say in the years I have been in in care it's the best company I have worked for", "I am fully supported, it is a high stress job but it is really rewarding" and "I have recommended working here to four of my friends."
- The service promoted a positive culture. Staff we spoke with described a strong culture of mentorship, with experienced health professional providing training and hands on support to less experienced staff to help them develop their skills and approach. The service recognised the achievements of staff, for example by nominating and voting on an employee of the month.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service understood their responsibilities under the duty of candour. When things had gone wrong the service was open with all parties, including undertaking appropriate reviews of what had happened and the changes they had made as a result. The registered manager proactively contacted commissioners, local authorities the regulator when they became aware of concerns and understood their duties to report serious incidents.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Managers had implemented robust systems to ensure good quality care. This included customising an electronic care recording system to meet their needs and ensure that staff were prompted to carry out key tasks relating to risk management and health needs. Managers carried out detailed audits of records of care

with feedback given to staff and areas for development identified. Audit findings were acted on.

- People were encouraged to give regular feedback about their care. Senior managers met people regularly to discuss their packages of care and check people were happy with the service they received. Comments from people included "They pop in here", "They always monitor" and "Some of the middle managements have been to take a shift and keep track of what's going on."
- The provider had a continuous improvement plan. This had identified areas for development within the service such as improvements to processes and recording, and identified clear actions and timescales to deliver these.

Working in partnership with others

- The service worked in partnership with other agencies to deliver care. A family member told us "I can't fault them, they are comprehensive, they work closely with paediatrics. A really good team." There was extensive evidence of joint working with specialist teams that provided ongoing support to people. This included ensuring that people had access to the right equipment and that staff received the right training and supervision to use it safely.
- The service had developed strong links to specialist services. Care plans outlined exactly who was involved in the management of people's care and what information needed to be shared with whom. Staff understood the strengths and limitations of local service and told us how they worked within these to ensure that care needs continued to be met. A service commissioner told us, "I have been impressed with how they proactively engage with other multidisciplinary team members."