

Care Cover 24/7 Ltd

Care Cover 24/7

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Care Cover 24/7 provides personal care to older people living in their own homes. There were 54 people using the service at the time of our inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

We found there were enough suitably trained and recruited staff to keep people safe. People had individual care plans and risk assessment in place and staff knew them well. There were safeguarding procedures in place that were followed when needed. Medicines were administered to people safely and as prescribed. Infection control procedures were followed.

People and relatives were happy with the care they received and spoke positively about Care Cover 24/7. People were supported in a dignified way and were encouraged to remain independent. Peoples care was individual, and their preferences were considered. The complaints policy was followed when needed.

People had access to health professional when needed and their communication was also considered. People were supported with eating and drinking and to pursue their hobbies and interests.

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.

Quality checks were completed and were used to continually improve the service, there was evidence lessons were learned when things went wrong. We were notified of significant events within the service and staff felt involved and listened to.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 9 March 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

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

inspect.

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.

Care Cover 24/7

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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 care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 November 2022 and finished on 15 December 2022. We visited the location's office on 22 November 2022.

What we did before the inspection

We reviewed information we had received about the service since it had registered with us, including notifications the provider had sent to us. We also gathered feedback from the local authority.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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 used all of this information to plan our inspection.

During the inspection

We spoke with 4 people and 8 relatives. We also spoke with the registered manager and 2 members of care staff. We looked at the care records for 6 people. We checked the care people received matched the information in their records. We looked at records relating to the management of the service, including audits carried out within service.

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 since this service has been registered with us. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe being supported by staff. One person told us, "I'm well looked after, safe and they (staff) just do whatever I ask for."
- There were procedures in place to identify and report safeguarding concerns. When needed, these procedures were followed so that appropriate action could be taken to keep people safe.
- Staff had received training and understood when people may be at risk of abuse. Staff were able to demonstrate this to us and offer us an understanding.

Assessing risk, safety monitoring and management

- Individual risks to people were assessed, monitored and reviewed. Including any health needs. When incidents or changes had occurred, plans were updated to reflect this.
- Environmental risks within the persons home had been considered to ensure staff had the relevant information to keep themselves and people safe.

Staffing and recruitment

- There were enough staff available to support people. The records we reviewed showed us people had received the care they needed at the correct time.
- People and relatives raised no concerns about staffing levels. There was a system in place that ensured the correct amount of staff were available for people.
- Staff told us, and we saw they had received the relevant pre employment checks before they could start working in people's homes, to ensure they were safe to work with people.

Using medicines safely

- People received their medicines when they needed them. Records we reviewed confirmed this. One relative told us, "(Person) have all manner of tablets which (staff) are always on top of knowing what's due when, and under instruction from the carers they've asked for plastic storage so it's easy to get to and see the medication safely."
- Staff administering medicines to people had completed training and their competency was regularly checked to ensure they were safe to do so.

Preventing and controlling infection

- People and relatives raised no concerns around staff practices in relation to infection control. They told us staff wore personal protective equipment (PPE) in their homes. Staff confirmed PPE was available for them.
- Staff had received training and there were infection control procedures in place.

Learning lessons when things go wrong

- The registered manager was able to demonstrate lessons had been learnt when things went wrong. When accidents or incidents occurred, these were also reviewed to see if anything could be done differently if they reoccurred.

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 since this service has been registered with us. This key question has been rated 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

- People's gender, culture and religion were considered as part of the assessment process, to ensure their needs could be met.
- People's physical, mental, social and health needs were also assessed and considered. Plans were in place identifying the levels of support people needed, which helped staff to provide effective care.
- Records showed people and those important to them were involved throughout the process.

Staff support: induction, training, skills and experience

- People and relatives felt staff had the skills and knowledge to support them. One relative said, "They provide personal care, assisting with everything, they have to be aided to get out of the chair, we have equipment that they use for the moving and handling with a hoist etc for bed time and going on to the commode. I feel they understand the hoist safely."
- Staff received training that was relevant to their role. One staff member told us, "Yes we do it online, I find it helps me understand people better."
- An induction process was in place for new staff members, this included shadowing more experienced staff and training.

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

- Where needed staff supported people at mealtimes and with eating and drinking. One person said, "I had steak and onions and mashed potatoes. They ask me what I want, and they make it. Then for tea I have fish and chips or whatever I ask for."
- People's dietary and nutritional needs had been assessed; when people had specific needs care plans and risk assessments were in place to ensure staff had the necessary guidance to support people safely.

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

- People's health needs were monitored by staff. The registered manager told us when they would refer people to other health professionals for support.
- People's oral health care was considered and plans were in place to identify the levels of support they needed.

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 provider had ensured they complied with MCA. When needed people had capacity assessments in place and decisions were being made in their best interests.
- The registered manager and staff had received training in this area and were able to demonstrate a verbal understanding of the requirements of the Act.

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 since this service has been registered with us. This key question has been rated 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 relatives were happy with the staff that supported them. They felt they knew them well and were caring towards them. One person said, "Very happy, they are wonderful." Another person said, "I totally feel complete confidence in them, and I don't think there is an awful lot we could improve, and it makes all the difference that they are here on time. I can rely on that so I would absolutely recommend them."
- Staff knew people well. Including the levels of support, they needed and their preferences.

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

- People's care plans reflected their preferences and choices and how these were made.
- People and those important to them, were involved with their care and this was reviewed.
- Staff told us they offered people choices when offering support. One staff member said, "All that I can, if I arrived and someone was not ready to get out of bed, I would not rush them."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was encouraged and promoted. Staff gave examples of how they supported people.
- Staff told us how they encouraged people to do tasks for themselves, to ensure they remained independent.
- Records we reviewed reflected the levels of support people needed.

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 since this service has been registered with us. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that met their needs. This considered their preferences, likes and dislikes.
- Where possible the registered manager had ensured people had the same team of carers so they could offer a more consistent approach. People felt this was positive.

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 Accessible Information Standard was considered. The registered manager and staff were aware of this.
- People's communication needs had been considered and assessed. Plans in place identified how people communicated and staff understood the importance of this.

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

- People were encouraged with their hobbies and interests.
- Staff told us, and people confirmed, they ensured they were comfortable before leaving the call.

Improving care quality in response to complaints or concerns

- People and relatives felt able to complain about the service they received.
- There was a complaints policy in place, we saw when complaints had been made these had been responded to in line with the providers procedures.

End of life care and support

- No one who was being supported with end of life care at the time of our inspection. The registered manager told us how they would support people during these times.

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 since this service has been registered with us. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The audits that were in place were effective. Quality checks and audits were completed in the service. These covered areas such as medicines management, when areas of improvement there was evidence to show what action had been taken and how this information had been used to drive improvements.
- Staff understood their roles and responsibilities and there were clear lines of delegation.
- Staff felt supported to by the registered manager. They told us they had the opportunity to be involved with the service and raise concerns by attending staff meetings and supervisions.
- The registered manager had notified us about events that had happened within the service when they had identified these.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives spoke positively about the company and the care they received. One relative said, "I think the carers are very good. They're very compassionate and seem to have a passion for care and understanding and because of this I am able to relax, and it takes a lot of the anxiety away."
- Staff worked closely with people to ensure they received good outcomes. Staff provided examples of this including when they had supported someone with their mobility.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People felt listened to. Feedback was sought from people who used the service. This information was used to make improvements where needed however the information we reviewed was positive.

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

- Duty of candour requirements were understood and met by the registered manager. When needed they worked openly with people and their families to ensure information was shared.

Working in partnership with others

- The service worked closely with other agencies to ensure people received the care they needed.