Eager Health Ltd

Care24Seven

Inspection report

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Date of inspection visit:
18 July 2017

Date of publication:
17 August 2017

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

We undertook an announced inspection of Care24Seven on 18 July 2017. We told the provider 24 hours before our visit that we would be coming because the location provided a domiciliary care service for people in their own homes and the registered manager and staff might be not be available to assist with the inspection if they were out visiting people. The service was last inspected on 14 July 2015, when we rated all the key questions and the service overall 'Good'..

Care24Seven provides a range of services to people in their own home including personal care. Most people using the service were older people, although there were also some younger adults who had learning disabilities and mental health needs. At the time of our inspection 53 people were receiving personal care in their home. Most people were paying for their own care, and a small number of people were funded by their local authority.

The agency is owned by Eager Health Limited, a private organisation set up by a family.

There was a registered manager in post. 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.

People's needs were assessed by a senior member of staff prior to receiving a service and care plans were developed from the assessments. However, some care plans did not contain the necessary information for staff to know how to support people and meet their needs and were not written in a person centred way. We have made a recommendation with regards to improving care planning to make these more person centred.

The risks to people's wellbeing and safety had been assessed, and there was information on people's records about how to mitigate these risks.

There were procedures for safeguarding adults and the care workers were aware of these. Staff knew how to respond to any medical emergencies or significant changes in a person's wellbeing.

Feedback from people and their relatives was positive. Most people said they had regular staff visiting which enabled them to build a rapport and get to know them.

People we spoke with and their relatives said that they were happy with the level of care they were receiving from the service.

The registered manager was aware of their responsibilities in line with the requirements of the Mental Capacity Act 2005 (MCA) and told us that all staff had received training on this. People had consented to

their care and support and had their capacity assessed prior to receiving a service from Care24Seven.

There were systems in place to ensure that people received their medicines safely and the staff had received training in the management of medicines.

The service employed enough staff to meet people's needs safely and had contingency plans in place in the event of staff's absence. Recruitment checks were in place to obtain information about new staff before they supported people unsupervised.

People's health and nutritional needs had been assessed, recorded and were being monitored.

Care staff received an induction and shadowing period before delivering care and support to people. They received the training and support they needed to care for people.

There was a complaints procedure in place which the provider followed. People felt confident that if they raised a complaint, they would be listened to and their concerns addressed.

There were systems in place to monitor and assess the quality and effectiveness of the service, and the provider ensured that areas for improvement were identified and addressed.

People, staff and relatives told us that the registered manager and senior team were approachable and supportive. There was a clear management structure, and they encouraged an open and transparent culture within the service. People and staff were supported to raise concerns and make suggestions about where improvements could be made.

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.

The risks to people's wellbeing and safety had been assessed, and there was information about how to mitigate these risks.

There were procedures for safeguarding adults and staff were aware of these.

People were given the support they needed with medicines and there were regular audits by senior staff.

The service employed enough staff and contingency plans were in place in the event of staff absence. Recruitment checks were undertaken to obtain information about new staff before they supported people unsupervised.

Is the service effective?

Good

The service was effective.

The registered manager was aware of their responsibilities in line with the requirements of the Mental Capacity Act 2005 and understood its principles. People had consented to their care and support.

Staff received the training and support they needed to care for people and meet their needs.

People's health and nutritional needs had been assessed, recorded and were being monitored.

Is the service caring?

Good

The service was caring.

Feedback from people and relatives was positive about both the staff and the management team.

People and relatives said the care workers were kind, caring and respectful. Most people received care from regular care workers and developed a trusting relationship.

People and their relatives were involved in decisions about their care and support.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's individual needs had been assessed and recorded in their care plans prior to receiving a service, and were regularly reviewed. However some care plans did not contain enough details for staff to know how to meet peoples' needs and were not written in a person centred way.

There was a complaints policy in place. People knew how to make a complaint, and felt confident that their concerns would be addressed appropriately.

The service regularly conducted satisfaction surveys for people and their relatives. These provided vital information about the quality of the service provided.

Is the service well-led?

Good

The service was well-led.

At the time of our inspection, the service employed a registered manager.

People and their relatives found the management team to be approachable and supportive.

There were systems in place to assess and monitor the quality of the service.

The provider encouraged good communication with staff and people who used the service, which promoted a culture of openness and trust within the service.

Care24Seven

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 comprehensive inspection took place on 18 July 2017 and was announced.

The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to assist with the inspection.

The inspection was carried out by a single inspector. An expert by experience carried out telephone interviews with people and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.
Before the inspection, the provider completed a Provider Information Return (PIR). This 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 reviewed the information we held about the service, including notifications we had received from the provider informing us of significant events that occurred at the service.

During the inspection we looked at the care records of five people who used the service, four staff files and a range of records relating to the management of the service. We spoke with the registered manager, the customer relations officer, the care coordinator, the recruitment officer, the business operations manager and three care staff.

Following the inspection, we telephoned six people who used the service and two relatives to obtain feedback about their experiences of using the service. We emailed five social care professionals to obtain their views about the service, and two of these people replied to our request for feedback.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe with the care workers who visited their home. Their comments included, "It's a very good service", "Yes, having people around that you know is good", "Never felt unsafe with the people who come in", "Oh yes, I see a variety of people, not all the same, but they are all very good" and "He is handled very safely." People we spoke with told us they knew who to contact if they had any concerns, and had the relevant contact numbers in the book given to them by the service.

The registered manager raised alerts of incidents of potential abuse to the local authority's safeguarding team as necessary. They also notified the Care Quality Commission (CQC) as required of allegations of abuse or serious incidents. The registered manager worked closely with the local safeguarding team to carry out the necessary investigations and management plans were developed and implemented in response to any concerns identified to support people's safety and wellbeing. A social care professional and records we viewed confirmed this.

Staff told us they received training in safeguarding adults and training records confirmed this. The service had a safeguarding policy and procedure in place and staff were aware of these. They told us they had access to the whistleblowing policy. Staff were able to tell us what they would do if they suspected someone was being abused. They told us they would report any concerns to their manager or the local authority. One staff member said, "I would go straight to my manager, or I would go to the police or CQC."

The service had a policy and procedures in place in the event of incidents and accidents and staff were aware of what they would do if they came across this during a visit. However there were none recorded and the registered manager confirmed that there had not been any in the last year.

There were enough staff employed to visit people at the time their care was planned and to stay the length of the visit to meet people's needs. People told us that staff were usually on time and on the rare occasions they were late, they would be notified. The registered manager told us that staff were expected to call the office if they were running unexpectedly late, then the care manager would immediately inform the person using the service. People confirmed that this was usually the case. Their comments included, "They are mostly on time or within 15 minutes" and "They have never let me down."

The provider carried out regular spot checks and telephone monitoring to ensure that people were happy with the punctuality of staff. The registered manager told us that any staff who were persistently late or not attending a visit would be dealt with under their disciplinary policies and procedures.

The provider had contingency plans in place to ensure that staff absences were appropriately covered and people received their care as planned. Staff told us they were providing care to people on a regular basis and had built a good rapport with them. One staff member told us, "I have my permanent client. They wanted me so now they have me" and another said, "I have different clients. You learn a lot from having different clients." One person who used the service said that they had a variety of staff visiting but added that they were all "always willing", and "very nice people". Another person told us, "I always have the same

person."

There were appropriate procedures in place for recruiting staff. These included checks on people's suitability and character, including reference checks, a Disclosure and Barring Service check (DBS) and proof of identity. Staff confirmed that they had gone through various recruitment checks prior to starting working for the service.

There were protocols in place to respond to any medical emergencies or significant changes in a person's wellbeing. One staff member told us, "If you are worried or there is a problem, you call the office. They are helpful. They deal with it. Sometimes [registered manager] drives to the place. "

All but one of the people who used the service were able to manage their own medicines and did not require any assistance. We viewed the medicines administration record (MAR) charts which had been completed over several weeks for the person who required support. These had been signed by staff following administration and showed no gaps in staff signatures. A staff member told us they were always very careful when they supported a person with their medicines and said, "I make sure I check the name is right, and check the expiry date and the dosage."

Medicines risk assessments were in place and were reviewed to ensure they were accurate. We saw training records showing that all staff had received training in the administration of medicines and they received yearly refresher training. The care manager carried out regular spot checks in people's homes to ensure that people received the correct support with their medicines. They also carried out audits of the medicines which included checks on the storage, stock, and MAR charts. We viewed a range of monthly checks undertaken, and saw that these showed no identified concerns. This meant that the systems in place minimised the risk of people not receiving their medicines as prescribed.

Where there were risks to people's safety and wellbeing, these had been assessed. These included general risk assessments of the person's home environment to identify if there would be any problems in providing a service. This included checking for trip hazards, unstable and dangerous furniture and electrical and gas appliances. Risks were assessed at the point of the initial assessment and regularly reviewed and updated where necessary. Individual risks were assessed and there were measures in place to minimise identified risks and keep people as safe as possible. These included specific instructions for staff where a person who used the service displayed behaviours that challenged and could pose a risk to themselves and others.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about the staff and the service they received. People said that the staff knew what they were doing and had the skills and knowledge they needed to support them with their needs. Their comments included, "They do a good job. I'm very happy to give a favourable review", "Yes, they are very well trained" and "Efficient, well trained."

Staff told us they would know what to do if they thought a person they supported was unwell. They said they would inform the registered manager straight away, or call an ambulance if it was urgent. We saw evidence of this in the records we viewed. For example, when a staff member had found a person unwell during a visit, they had taken appropriate action and the person had been hospitalised.

Staff told us they were able to approach the senior staff to discuss people's needs anytime they wanted. We saw from the care records that any changes to people's conditions were recorded and this prompted a review of their needs, or a referral to the relevant professional. On the day of our inspection, the registered manager told us that a person using the service had just been discharged from hospital and had a pressure ulcer. They told us that arrangements had been made for the district nurse to visit and following their visit, there would be a full review of the person's needs. Regular reviews of people's needs included discussions about any changes to people's condition and any requirements from the GP to be passed on to care staff.

Staff supported some people by cooking and preparing meals for them. People's nutritional needs including their likes and dislikes were recorded in their care plans. For example, we saw in a person's care plan, 'Likes supper around 6pm and light snacks throughout the day'. The registered manager told us, "If a person wants a meal cooked from scratch, that is what they want and the staff will do that." Some people made a list of ingredients and either the staff or the family members shopped for these. One person told us, "They will cook for me if required" and another said, "The shopping reflects the food we want for the week." Where people were at nutritional risk, this had been recorded in their initial assessment and there was a care plan regarding eating and drinking.

People were cared for by staff who were appropriately trained and supported. The registered manager held a certified 'train the trainer' qualification in a range of subjects and delivered all induction training to new staff, following the principles of the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. This was followed by a training and development programme which included shadowing an experienced member of staff in order for the people who used the service to get used to them and for the new staff to learn the job thoroughly before attending to people's care needs. New staff undertook training including person centred care, health and safety, dementia and safeguarding and were assessed at the end of their induction to ensure they were sufficiently trained and able to support people in their own homes. One staff member told us, "I had a really good induction by [manager]. I have had all my training. It helped a lot."

People we spoke with thought that staff were properly trained. Records of staff training showed that they had received training in areas the provider identified as mandatory. This included training in safeguarding

adults, moving and handling, health and safety, medicines management, food hygiene and infection control. They also received yearly refresher courses. We saw a training matrix which showed that training was monitored and kept up to date. Some of the training was also completed via on line modules which included tests and assessments. We looked at the training records for four staff members. We saw they had completed all the training required by the agency and an induction into their role. The agency's offices had a well-equipped training room which included a hoist, resuscitation equipment and other equipment to support training in first aid and moving and handling. Staff had access to training to meet their needs and help them develop within their role. For example, some staff had been provided with English lessons. Staff were also encouraged and supported to study for a diploma in health and social care.

Staff told us they were supported through one to one supervision meetings and the staff records we looked at confirmed this. The senior staff carried out unannounced spot checks for all care staff. These checks included punctuality, appearance, procedures and relationships with people who used the service. Staff received a yearly appraisal where they were given the opportunity to reflect on their performance and to identify any training needs.

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. The registered manager was aware of their responsibilities under the MCA. People's capacity to make decisions had been assessed and they had been asked to consent to their care and treatment. People told us they had been consulted about their care and had agreed to this. One person said, "They always ask me what I need" and another told us, "My son and a close relative have helped me with decisions."

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. We checked whether the service was working within the principles of the MCA. The registered manager told us that all the people who used the service had the capacity to consent to their care and support and that none of the people using the service were being deprived of their liberty unlawfully. Records we viewed confirmed this.

People told us that care workers gave them the chance to make daily choices. We saw evidence in the care records we checked that people were consulted and consent was obtained, although we did not see that people had signed the records themselves. We raised this with the registered manager, who told us that people had signed the initial contract, indicating their agreement to the care being provided, but they would review all records and ensure that people signed these in future. Care staff told us that as part of their induction training, they received training in the principles of the MCA. One staff member told us, "I would notice through our conversation if someone's capacity was declining. I would tell [manager]. I know she would address it straight away."

Good

Is the service caring?

Our findings

People and their relatives were complimentary about the service and the care they received. Most people we spoke with said they had regular staff and had built a good rapport with them. People said the staff who supported them were kind, caring and respected their privacy. Their comments included, "Extremely kind and caring, will ask if there is anything else I would like done when time permits", "Yes, very much so. They are around if I need them", "Yes. Kind, caring, friendly, personable. Very respectful of my privacy", "Extremely kind and caring" and "Yes, they are very good with him. They close the doors when they wash/shower him."

The staff we spoke with demonstrated a good knowledge about the needs of the people they supported and how to meet these. They spoke about people in a respectful and kind manner. One staff member told us, "I spend time talking to people to relax them and I allow them time to trust me."

During the initial assessment, people were asked what was important to them. Religious and cultural needs were recorded. The registered manager told us that where possible, based on people's preferences or needs, the most suitable staff were allocated.

The provider kept a record of compliments received from people and relatives. Comments we saw included, "We are delighted with [staff member]. Another lovely carer from your agency", "[Staff member] is very kind, caring and highly competent. She takes excellent care of [person]." One comment from a social care professional said, "[Person using the service] called earlier today. She wanted to say how brilliant Care24Seven have been."

Daily care notes were recorded by staff every day. We viewed a range of these and saw that people were given choices and their wishes were respected when they provided care and support. Care notes were written in a person centred way, and included social interactions and the wellbeing of the person who used the service.

We saw that a poster displaying 'The 6 Cs' in the staff training room. These represented competence, communication, care, compassion, courage and commitment. Staff told us they were expected to implement these values at all times. The registered manager told us that they monitored good practice and addressed any issues during staff meetings and individual supervision meetings.

Requires Improvement

Is the service responsive?

Our findings

Some of the care plans we looked at lacked detail and information so it was difficult to get a picture of the person using the service and what their needs were. For example, it was identified that a person was 'difficult to understand at times' and another 'A little bit anxious', but the possible reasons for this were not stated, and there were no instructions for staff on how to support these people. Another person's care plan stated, 'carer to assist. Cannot be left unattended', but again, we did not see the reason for this or any guidance for staff about how to assist the person.

We also noticed that some of the language used in some care plans was not appropriate and were the writer's opinion rather than based on the needs and preferences of the person who used the service. For example, in the section about hydration, we saw 'Doesn't drink enough water but drinks too much coffee' and in the section about transfer, 'Good but slow'. Other comments we saw were ambiguous and not person centred which meant that care staff would not know how to support the person. For example, in the section, 'Likes to go to bed at…' the answer recorded was, 'Depends', and in 'Continence aid required', the answer was, 'No (not sure)'. We raised this with the registered manager who told us they would ensure that all the care plans would be reviewed without delay.

We recommend that the provider seek relevant guidance with regards to care planning and report writing.

Records we viewed showed that people had taken part in the planning of their care. People and relatives told us they were happy with the input they had into organising and planning their care. One person said, "Management did come out in the beginning. Yes they took note of my likes and dislikes."

Other care plans we looked at were clear and contained all the necessary information. They were developed from the information gathered from the community care assessments and were based on people's identified needs, the support needed from the care staff and the expected outcomes. These took into consideration people's choices and what they were able to do for themselves. They contained information about the person's background, life history, communication needs, routines, personal care needs, mental health needs and anything specific to the person such as their religion, ethnicity and cultural needs. Staff we spoke with told us they encouraged people to do things for themselves if they were able to. People described a variety of support they received from the service. Those we asked thought that the care and support they received was focussed on their individual needs. We saw evidence of this in some of the records we looked at.

The provider used a 'Support needs assessment tool'. This tool was used to assess what the person was able to do for themselves and what level of support they required from staff. Each area assessed was rated as low, medium or high dependency and included washing and dressing, eating, continence and communication. This enabled the agency to provide a care package that met each person's individual needs. This was regularly reviewed and changed according to people's changing needs.

People were supported to undertake activities of their choice. Some people were accompanied to a day

centre, or shopping. One person told us, "I like to read and use my computer" and another said, "I don't do much anymore. I am quite happy." A relative told us, "The carer takes him to play bridge."

The registered manager told us that review meetings were undertaken regularly and as and when there were changes to a person's health. This prompted an immediate review to ensure the service could continue to meet people's needs. People confirmed that reviews were regular. Records showed that the service worked closely with healthcare and social care professionals when people's needs changed. This included contacting the district nurse for a person whose skin was at risk of deterioration.

All people who used the service were given the care coordinator's details, so they could contact them anytime. This was monitored 24 hours a day, seven days a week. The registered manager told us they ensured that people were kept informed of any changes to care staff, by their preferred method of communication.

There were processes in place for people and relatives to feedback their views of the service. Quality questionnaires were regularly sent to people and their relatives. These questionnaires included questions relating to how people were being cared for, if their care needs were being met and if the staff were reliable and punctual. We saw that questionnaires returned to the service indicated that people were happy with the service. Comments from people and relatives included, "[Person using the service] is pleased with his carer", "I can confirm that [staff member] is a highly competent carer. She is very reliable, constant and conscientious" and "I would recommend your agency. Every carer you have sent has been efficient and hard working." The provider collated and discussed the results of the questionnaires with the management team so improvements could be made where necessary.

The service had a complaints policy and procedure in place. These were supplied to all people using the service. Most people told us they were happy and had not had any complaint. Where people had complained they were satisfied that their complaints had been taken seriously and their concerns addressed. One person told us, "Yes they were sending different people all the time. Quite distressing. It has been better in the last two weeks." People were encouraged to raise concerns and we saw evidence that these were addressed and feedback provided appropriately and in a timely manner. This included where a person who used the service had complained about a care staff being disrespectful. We saw that this was addressed and appropriate action was taken without delay. This indicated that the service was responsive to people's complaints and put systems in place to rectify areas of concern.

Good

Is the service well-led?

Our findings

People and their relatives thought the service was well-led. They told us they met the office staff regularly, when they carried out spot checks or came to review their care. Their comments included, "Very efficient. Yes. I think she runs a good agency", "Not met her personally but I am happy with the service", "I can't say. I have only met the management once", "I am well provided for. I am not sure who the manager is. I did have some people from the place come in" and "Both have been out twice. They are quite ok."

The director carried out regular audits of the service. These included checks of the risk assessments, daily records, care plans and staff files. They met with the registered manager on a one to one basis every other day to discuss the service and any concerns. The registered manager told us, "[Director] is very involved and hands on. They have been very supportive to me over the years."

The provider had an open door policy for staff and people who used the service. The registered manager told us that people who used the service and staff had a 24 hour access to a member of the management team, and, by appointment, to a senior manager or director if required. There was also a dedicated line for staff and people to use 24 hours a day and this was manned by a care manager.

The care manager was involved in audits taking place in people's homes. They included medicines audits, spot checks about the quality of care people received, environmental checks and health and safety checks. The service carried out quality monitoring visits to people who used the service to check if they were happy with the service and if the staff were being punctual. One staff member told us, "The manager checks everything."

We saw that a 'People planner' system was in use for the planning and management of visits. This enabled senior staff to organise the staff rota and scheduling of visits to meet people's requirements. The agency did not use a log in system to monitor staff attendance and lateness. The registered manager told us this was because until recently, they were supporting people who mainly required live in care staff, however, this was changing and they were now receiving more requests for daily care. As a result to this, they were liaising with a company to put in place an electronic call monitoring system in the near future. A staff member told us, "We don't log in and out but I always make sure I am early so I can speak with the family and find out if there are any changes or anything I need to know."

The registered manager told us they monitored staff attendance with frequent unannounced spot checks. They said, "Yesterday, during a spot check, the carer arrived late. This was addressed at the time and regular monitoring of this carer is now in place. The carer has been told that if this continues, they will face disciplinary action."

The service was founded in 2012 and was a family business. The directors were also the owners of the agency and worked closely with the registered manager, care manager and office staff. The registered manager told us that they worked well together and encouraged an open and transparent environment. Staff we spoke with told us that the registered manager and the provider were approachable and supportive

and they felt encouraged to develop within their role.

Care staff spoke positively about the management team. Their comments included, "[Manager] has the patience. You learn a lot from her. You can ask any questions. She's so nice", "She's quite strict. You can trust her", "[Manager] checks on us. She knows everything that is going on. She checks daily notes, makes sure they are good" and "The manager is very professional. We get support when we are unwell. They care about us." Office staff and other senior staff were also positive about the registered manager. Their comments included, "She is amazing. She is very approachable. It's really nice", "I can go to [manager] anytime, when I have questions and she will chase things up. All the time she is available", "The director is also very helpful. Communication is very good" and "She is a hands on manager and knows her stuff. I am here to stay."

A social care professional thought the service was well led. They told us, "The registered manager has been an active member of the Registered Manager Network that the local authority has facilitated. I have great respect for her experience. [Registered manager] has made some really useful contributions to the network and has also brought other Care24Seven staff along to meetings."

There were regular meetings organised at the service including staff meetings. Items discussed included communication, daily records, training, attendance and people who used the service. At least one of the directors was present at all meetings. The directors had one to one meetings with the team as well as monthly review meetings. They also had a catch up with them every morning.

Care staff told us and we saw that the management team also communicated with them by telephone and emails. These were to inform them about anything relevant to their job and the people they provided care for.

The registered manager had achieved 'train the trainer' qualifications in a range of subjects including moving and handling, first aid, health and safety, end of life care, food hygiene, effective communication and equality and diversity. They had also successfully completed the 'Skills for Care's Well Led' programme. This programme was designed to enable managers to deliver care in line with the expectations of a well led service.

The registered manager told us they attended provider forums and events organised by Skills for Care whenever they could and kept themselves abreast of developments within the social care sector by accessing relevant websites such as that of the Care Quality Commission (CQC).