

Care 24 (UK) Limited

Care 24 (UK) Limited

Inspection report

11a Lane End Road
Burnage
Manchester
Lancashire
M19 1WA

Tel: 01614324627
Website: www.care-24.co.uk

Date of inspection visit:
02 April 2019
03 April 2019
04 April 2019

Date of publication:
18 April 2019

Ratings

Overall rating for this service

Requires Improvement ●

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Care 24 (UK) Limited is a domiciliary care agency registered to provide personal care and support to people in their own homes. At the time of our inspection, 70 people were using the service. Of those 70 people, 61 received personal care and the remainder received help in the home or companionship services. We only looked at the service for people receiving personal care as this is the activity that is registered with the Care Quality Commission (CQC).

During our inspection visit we were informed by the registered manager that they had suspended a staff member due to allegations of financial abuse. The Greater Manchester Police were investigating these concerns. At the time of publication this outcome was not yet known. However, the provider and registered manager were dealing with the concern in an appropriate and professional manner.

People's experience of using this service:

People who received care from Care 24 (UK) Limited told us they felt safe and well supported by staff who visited them. Staff were punctual and consistent at carrying out visits with people in a person-centred manner. People were supported to continue living at home in a way that enabled them to be as independent as possible.

The registered manager had not ensured that certain areas of the service were always safe. We found that medicines were not always managed safely because records were not always correct or audited.

Recruitment checks of new staff had not been completed consistently. We found gaps in records in respect to the safe recruitment of four staff, which meant they had not been recruited safely in line with the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Schedule 3.

Some aspects of the service were not consistently responsive as people's care plans did not always fully reflect their physical, mental, emotional and social needs. We have made a recommendation about developing person-centred care.

Some aspects of the service were not consistently well-led as the quality checking systems had not identified and addressed the issues we found regarding the safe management of medicines, safe recruitment of staff and inconsistencies in care planning.

The service was working within the principles of the Mental Capacity Act 2005 (MCA). We found the service ensured staff received training in respect of the MCA.

People and relatives described staff as caring and kind towards them. Staff were approachable and friendly

with people they cared for and knew them well.

Staff enjoyed working at the service and said the registered manager and coordinators were approachable.

We identified three breaches of the regulations. Safe recruitment practices were not always followed, people's medicines charts were not appropriately checked for inconsistencies and governance systems were not effective. You can see what action we told the provider to take at the back of the full version of the report.

Rating at last inspection:

We rated the service "good" at our last inspection. We published our last report on 11 October 2016.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

Following on from the inspection the registered manager responded to the concerns we raised regarding medicines records, staff recruitment, care planning and audits. We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service remained effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Care 24 (UK) Limited

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

The inspection team consisted of one adult social care inspector and an assistant inspector from the Care Quality Commission (CQC) and an expert by experience. An expert by experience is someone who has personal experience of using, or caring for someone in a service similar to Care 24 (UK) Limited. Their role was to undertake telephone calls on the 2 April 2019 with people who used the service and their relatives, to ask them about the service they received.

Service and service type:

Care 24 (UK) Limited is a domiciliary care agency that provides personal care to people in their homes. CQC regulates the care provided by the agency. The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit. We needed to be sure that they would be in. Inspection site visit activity started on 2 April 2019 and ended on 4 April 2019.

What we did:

We reviewed information we held about the service. This included details about incidents the provider must notify us about, such as accidents or abuse. We reviewed the information the provider had sent us in their

provider information return (PIR). The PIR gives some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We contacted local authority commissioning teams. We did not receive any feedback regarding Care 24 (UK) Limited. During the inspection the registered manager provided us with their most recent local authority commissioning audit in April 2018 that was positive.

During the inspection, we visited the office location on 3 April 2019 to see the coordinator, registered manager and nominated individual; and to review care records and policies and procedures. We reviewed five people's care records, four staff files around staff recruitment, training and supervision. Records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were also reviewed.

Via telephone calls the expert by experience spoke with nine people and five people's relatives on the 2 April 2019. On the 4 April 2019 we visited two people with their prior consent. After the inspection we conducted telephone interviews with six staff members.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely:

- Although people told us they were happy with how staff managed their medicines, we found that medicine management was not always safe. We found that five medicine administration records (MARs) we checked contained multiple gaps on different days. This meant that it was not possible to be sure whether people had received their medicines when they should have. The registered manager and nominated individual were both unable to explain the gaps we found.
- We found handwritten entries on the five MARs we viewed had not been signed or dated. When staff write handwritten entries on people's MAR, best practice is to sign each entry and date it to confirm the information recorded. NICE guidelines state that changes to MAR should only be made and checked by staff who are trained and assessed as competent. This practice reduces the risks of transcribing errors.
- The service had systems in place that meant one of the coordinators was responsible for auditing the MARs when they were returned each month. We found historic audits had been effective at picking up errors, however we found this system had not been completed in the last two months, which meant gaps on MARs had not been picked up on.

The failure to safely manage medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing levels and recruitment:

- The service had a recruitment policy in place. We found that this policy was not always followed. Appropriate checks were not always completed prior to a person's employment. One staff file showed that references had been received 8 months after the member of staff commenced employment. For one member of staff no references had been obtained, which meant the service was not aware why they had left their last employment.
- One staff member had provided a basic disclosure and barring service (DBS) check which had been obtained prior to applying for employment. An enhanced DBS check should have been completed so that the provider could ensure that they were suitable for a role providing personal care.
- There was not always information available to show that gaps in employment had been explored.

This meant the provider did not follow safe recruitment practices to ensure people were supported by staff who were safe, of good character and suitable.

The above demonstrates a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014, Fit and proper persons employed.

- There were sufficient staff to ensure people received all their care calls, at the times agreed and from staff they knew.
- Most people told us staff arrived when expected. However, three of the 16 people and relatives we spoke with said their calls were not as consistent as they would prefer. One said, "Can be late at times, it is now 11:05am and nobody has arrived as yet." One person's relative told us, "They are brilliant with her, they make me feel reassured that my mum is safe. They have become friends and the office is flexible on the times of their visits."
- We spoke with the registered manager and coordinator about these people's comments. They told us these three people have never raised concerns regarding the calls previously and believed the three people were flexible with the times. The registered manager told us they would meet with the three people to review their care packages as a matter of urgency.
- Rotas showed, and staff told us that staffing levels were sufficient. People told us that staff arrived when they should and stayed for the right length of time. Staff used an app on their mobiles when they arrived at the service and when they left. Call monitoring records were regularly reviewed by the registered manager and coordinators.
- Staff told us they had sufficient travel time between calls and did not feel rushed. One staff member said, "I always have time before each call."

Assessing risk, safety monitoring and management:

- Comprehensive risk assessments had been completed for every person using the service which considered areas such as personal care, risk of falls and the environment in which care was to be provided. Records were up to date and described the actions staff should take to reduce risks of harm.
- Staff knew about risks associated with people's care and had completed training to manage people's risks and keep them safe. This included helping people to move and administration of medicines.
- Emergency contingency plans were in place should they be needed to ensure people continued to receive a service in the event of an adverse incident such as loss of power to the office building.
- Staff told us that the registered manager was available out of office hours should they need support. One relative told us, "The service works well for us. I can always call the manager if I need something changing."

Systems and processes to safeguard people from the risk of abuse:

- Staff knew how to safeguard people from abuse. The staff we spoke with said they felt confident that the management team would address any safeguarding issues they raised.
- People and their relatives told us that staff helped keep people safe.
- The registered manager had fully investigated any concerns raised and reported them to the relevant authorities where required.

Learning lessons when things go wrong:

- The provider had systems in place to learn lessons and improve when things went wrong.
- The provider told us they would investigate incidents and discuss learning with their staff to prevent them from happening again. There had not been any accidents and incidents since the service's registration.

Preventing and controlling infection:

- Personal protective equipment (PPE) such as gloves and aprons were made available for staff when

needed.

- The service had a policy in place to help prevent the spread of infection. Staff had received training during their induction in infection prevention and control.

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.

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

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 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. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Care plans were developed with people and we saw they had agreed with the content and signed to give their consent to receive care and support. There was also correspondence from the local authority that showed people's relatives were their representatives where they lacked capacity to make decisions about their care.
- Staff were knowledgeable of the MCA and knew to always ask for people's consent. One staff member said, "I always ask the person's consent before carrying out a task."

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

- People's needs and choices were assessed in line with current standards before they started receiving care and this enabled them to achieve effective outcomes. People confirmed this. One person said, "The service explained everything before they started my care."
- The assessment forms contained information related to people's medical, physical and emotional needs, personal care, medicines, dietary, communication and spiritual needs.

Staff support: induction, training, skills and experience:

- People received effective care because staff were well supported with induction, training, supervision and appraisal. One person told us, "The training is very good and there is always scope to do further training."
- Staff had received training in various areas such as moving and handling, nutrition, safeguarding, and first aid. The majority of this key training was completed during the induction period.
- Training was predominately provided via online and face to face training.
- The registered manager completed regular spot checks with all staff and people to ensure safe and effective care was being provided. This ensured staff followed care plan guidance.
- Staff were supported by regular supervisions which looked at records, punctuality, feedback, training and

support.

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

- Where required, people were supported to eat and drink enough to maintain a balanced diet.
- People and relatives told us that staff were good at listening to people's requests and preparing what they wanted to eat or drink. One person relative told us, "I have now started to trust the staff that cook some meals for us, it takes me a while to trust anyone."
- One staff member said, "It's not often we assist with meals, but we are more than happy to do this if required."

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

- Staff enabled consistent care by writing detailed records of care visits in each person's care plan folder at their home. This enabled other staff members to understand developments and changes in people's care. One person relative told us, "The daily notes are always here to view, the staff are very open and I can often check what has been written."
- People were supported to maintain good health and had access to external healthcare support as necessary. One relative told us, "The staff have in the past help with appointments."
- People and relatives told us that they received care that was consistent and worked well with other healthcare professionals.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People and relatives told us the same team of staff supported them and they found them friendly and caring.
- One person said, "The care I receive is very good, I can't fault the staff."
- A relative commented, "Very happy with [care workers name] she is outstanding."
- The provider told us they welcomed and encouraged lesbian, gay, bisexual and transgender (LGBT) people to use their service. Staff told us they would provide care to LGBT people without any discrimination and support them to meet their individual needs.
- People's religious and cultural needs were recorded in their care plans and staff knew how to meet those needs. A staff member said, "I support [person's name] to church every Sunday, although it's not my religion I believe it's important to respect people's choices."

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

- There were regular reviews of people's service. The provider asked for the views of people using the service and those involved in their care.
- People were supported and encouraged to voice their views. The provider involved people, and their relatives where necessary, in the care planning process. A relative told us, "The service will check in from us time to time to check if we are happy with the care."

Respecting and promoting people's privacy, dignity and independence:

- People were treated with dignity and their privacy respected. One person told us, "Always respectful and I trust the staff in my home."
- People's care plans outlined their abilities and aspects of their care they could undertake independently or with some help from staff. This would help encourage staff to support people in a way that enabled them.
- People's independence was respected and promoted. One staff member told us, "Encouragement is key in the care we provide. Some people need more help than others."

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

- Staff knew people well and were able to describe how they wished to be cared for.
- The relatives we spoke with told us that they found the staff were always respectful and kind.
- People's equality and diversity support needs were assessed from the outset; measures were put in place

to provide the support that was needed.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People and relatives told us staff knew their needs and preferences and provided responsive care.
- People's care plans contained information about their personal care, nutrition and hydration, mobility, medicines, social care, hobbies and interests, beliefs and culture.
- The care plans provided information on people's communication needs and preferred communication methods that met the accessible information standards (AIS). The AIS sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people with a disability, impairment or sensory loss.
- We found the information recorded in people's care plans was inconsistent. We viewed five care plans and noted two care plans were not personalised in setting out what was important to the person, how to support them, their life history, and their likes, dislikes and preferences. We raised this with the registered manager who confirmed these care plans would be immediately updated. This meant staff were not always provided with sufficient information on how to provide personalised care.
- The provider reviewed people's care every 12 months and updated their care plans where necessary. People and records confirmed this. However, as mentioned above, we found inconsistencies in the level of detail captured in the care plans we viewed. Although the lack of detail did not affect people's care they received, we found further work was needed to ensure care plans reflected people's preferences.

We recommend that the provider seeks guidance and advice from a reputable source, in relation to personalised care planning.

Improving care quality in response to complaints or concerns:

- People and relatives told us they did not have any concerns. They further said that they knew how to raise concerns and make a complaint. Those who had made complaints told us they were satisfied with how they were addressed.
- A relative told us, "In the past I have raised minor issues, but now everything is running smoothly."
- There was an up-to-date complaint policy in place to report, record and investigate complaints.

End of life care and support:

- The provider told us people with end of life care needs would only be supported by staff who were appropriately trained. They told us they would train staff in end of life care before they took on care packages that required supporting people with their end of life care needs.
- Currently no one was being supported with end of life and palliative care.

- People's current care plans did not record information regarding their end of life care wishes. The provider confirmed this area would be addressed going forward.

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.

Service management and leadership was inconsistent and did not always support the delivery of high quality, person-centred care. Some regulations may or may not have been met.

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

- The provider had quality assurance systems in place to enable them to continuously learn and improve the care delivery. However, we found inconsistencies in the use of the auditing systems as we found regular monitoring checks had lapsed in the last two months. For example, there was no auditing checks of MARs for January and February 2019, which meant the provider had not identified the significance of the MAR's containing missed signatures.
- The provider did not have a robust system in place for reviewing people's care plans to ensure they were person centred and captured people's assessed needs.
- There was an auditing process in place to check daily notes made by staff, however we found these checks had not been completed in January and February 2019. Auditing processes for daily notes are necessary in order to ensure accurate, appropriate and correct records are being made by staff. This process can also be used to ensure that staff are attending calls at correct times and staying for the duration.
- The nominated individual explained this area had been assigned to one of the coordinators which they had not completed. We explained the provider they needed to assure themselves by also auditing people's MARs, care plans and daily notes for accuracy.

The provider did not have effective auditing systems to check that new staff had been recruited safely in line with the requirements of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Schedule 3.

The above evidence was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Clear and effective spot checks were completed by management to ensure staff were following care plans and service policies. We saw records of spot checks which were then given as constructive feedback to staff in supervisions.
- The management and staff were clear about their roles, and the standards of care the provider had set out for the service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- People were supported by an approachable management team. Staff worked as a team, were happy in their work and were supported by management. An open, transparent and inclusive approach was encouraged and promoted by the management which enabled staff to discuss any concerns they had with them.
- People told us that they thought highly of the registered manager and nominated individual. Comments from staff included, "The manager is very helpful and will always answer any concerns I may have" and "I feel we are a good service, we have a good management team."

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

- Quality assurance questionnaires were regularly circulated; people and relatives were encouraged to share their views, thoughts and suggestions about the quality of care being provided. The provider produced their own internal document that detailed people's feedback and whether the service contacted people or their relatives with a response to their questionnaire.
- Staff told us they felt involved in the provision of care people received, that they were a valued member of the team and were encouraged to participate in team meetings every month.
- People and their relatives we spoke with during the inspection told us they felt involved in the care that was being delivered.

Continuous learning and improving care; Working in partnership with others:

- The registered manager had developed effective working relationships with other professionals and agencies involved in people's care. The service had clear links and collaboration with local community occupational therapists and district nurses.

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 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 The failure to safely manage medicines was a breach of the requirement to ensure safe care and treatment.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems and processes to assess, monitor and improve the quality and safety of the service.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Staff recruitment was not safe because the recruitment process was not robust.