

Solutions24 Limited

CareService24

Inspection report

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14 December 2017
15 December 2017
18 December 2017

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

CareService 24 is a domiciliary care agency. It provides care to people living in their own houses and flats in the community. At the time of the inspection they were providing personal care and support to over 60 people.

We undertook an announced focused inspection of CareService 24 on 13,14,15 and 18 December 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection in May 2017 had been made. We inspected the service against two of the five questions we ask about services: is the service safe and is the service well led, because the service was not meeting some legal requirements. No risks, concerns or significant improvements were identified in the remaining Key Questions through our on going monitoring or during our inspection activity so we did not inspect them. The ratings for the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection. We gave the provider one day's notice of the inspection to be sure the people we needed to speak with would be available.

There was an acting registered manager in place who was in the process of applying to be registered. 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.

At the last inspection in May 2017 the service was not meeting the requirements of the regulations. We identified a breach in the regulations relating to safe care and treatment. People had not been protected against the risks associated with the unsafe management and use of medicines and CQC took enforcement action. Following that inspection the provider sent us an action plan that stated the changes and improvements they would make in order to meet the regulation by 30 September 2017. At this inspection we found that the service was compliant with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were clear systems in place to ensure people received their medicines as prescribed. People were protected against the risks associated with the unsafe management and use of medicines.

People's risks were assessed and care and support plans developed to ensure care was provided safely. Accidents and incidents were recorded, reviewed and analysed to ensure any trends were identified to enable action to be taken to safeguard people.

There were robust recruitment processes in place. Checks were completed on staff before they were employed to work with people, this showed staff were suitable for their role with people being supported by staff who had been safely recruited.

There were sufficient staff with the right skills and knowledge to care for people safely. People spoke positively about the care staff and looked forward to their visits.

Staff spoke knowledgeably about infection control practices and had plentiful supplies of personal protective equipment.

People and staff spoke positively about the culture of the service which they described as open, supportive and honest. People felt there was a clear management structure in place with staff that listened to people and gave clear guidance and support.

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.

People were protected from harm because risks were identified and managed appropriately.

There were safe medication administration systems in place and people received their medicines when required.

There were robust recruitment systems in place and sufficient staff with the right skills and knowledge to meet people's needs.

Is the service well-led?

Good ●

The service was well led.

There were systems in place to monitor, and where necessary improve the quality of service provided.

There was a positive, supportive culture where people and staff were confident to report any concerns to the management team.

There was a clear management structure in place, people and staff felt well supported by the management team.

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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.

Inspection site visit activity started on 13 December 2017 and ended on 18 December 2017. The inspection included visiting people in their homes, talking to people on the telephone and talking with staff. We visited the office location on 13,14 and 18 December to see the acting registered manager and office staff; and to review care records, policies and procedures.

Before the inspection, we reviewed the information we held about the service; this included information about incidents the provider had notified us of. We also asked the local authority who commissions the service for their views on the care and service provided by CareService 24. We did not request a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the director, the acting registered manager, three office based staff and four care staff. We visited three people in their homes and spoke with them and their relatives. We also spoke with three people and two further relatives over the telephone. We looked at three people's care and support records, a selection of medicine administration records and reviewed staff meeting minutes. We also saw records about how the service was managed. These included three staff recruitment and monitoring records, staff rotas, the training schedule for all staff, audits and quality assurance records and a selection of the provider's policies which included recruitment and safeguarding adults.

Is the service safe?

Our findings

People were happy with the service they received from CareService 24 and felt safe with the care staff that visited them. One person said, "They are all very nice, they are gentle with me, they make my sandwiches how I like, help me with my pills and make sure I have a drink, I like my squash and coffee and they always make sure I have plenty of it." Another person told us, "They certainly know what they are doing, they are pretty good on their timings, always more or less on time and I've never had a missed call, they know what they are doing and I normally have the same few carers, if someone new comes in they always come with the other experienced staff first, they show them what to do, they are all very good."

At our last inspection in May 2017 we identified shortfalls in the management and administration of medicine. People were also not protected against the risks associated with the unsafe management and use of medicines. Following the inspection the provider submitted an action plan that identified how they would ensure improvements were made and confirmed the service would meet the regulation in relation to medicines by 30 September 2017.

At this inspection we found that improvements had been made and the service was meeting the regulation in relation to medicines. The provider had made effective system changes to their medicine management processes that ensured people received their medicines as prescribed. The provider had amended their systems and processes to ensure they followed the National Institute for Health and Care Excellence (NICE) national guidance. NICE provides national guidance and advice to improve health and social care.

The acting registered manager showed us the new system they had implemented to ensure there were clear lines of responsibility for ordering people's medicines and creams. The system had been in place for a few months and staff told us they had found it easy to use. People told us their medicines and creams were available for them when they needed them. Records showed who was responsible for ordering and administering medicines to people. Staff said the new system was working well, the acting registered manager told us they would continue to review the new system carefully to ensure it met the needs of all the people using it.

We saw the body map process the provider had implemented to ensure care staff had clear guidance on where to administer creams for people. Staff told us and medicine administration records (MAR) showed when creams were administered to people these were recorded on their MAR.

One person told us they had run out of a cream they used as and when they needed it. They said they wanted some more and had mentioned this to the care staff. We checked their records and their MAR and saw the care staff had recorded when the cream had run out and they had contacted the office who had ordered the cream. We spoke to staff who confirmed this cream had been ordered and would be delivered soon.

The provider used MAR that were electronically generated and checked in the providers office. Some people were prescribed medicines after the MAR had been generated by the office staff. This meant care staff hand

wrote the person's medicine and administering details on their MAR when it was in the person's home. Previously this system had not been checked which could pose a risk people may not receive their medicines as prescribed. The new system ensured that any medicines that were added or amended to people's MAR's were notified to the office staff. A supervisor then visited the person in their home to check and sign their MAR had been correctly transcribed.

During our inspection we saw some people's medicine packs in people's homes that had been dispatched from their pharmacy with unclear dates, this could prove a little confusing for care staff. We discussed our findings with the acting registered manager, who along with key staff immediately implemented a minor change with the medicine packs. Staff were guided to clearly date each pack in week order to ensure clear guidance for care staff.

MAR were correctly completed by staff and codes were used to show if people had refused their medicines or had not taken it for any other reason. Staff were confident with the changes that had been made to the medicine management system and felt they had received the correct training to ensure people received their medicines as prescribed.

We were shown the forward plan of spot checks to be made on care staff when supporting people in their homes. The spot check programme had been scheduled to start the week of our inspection and covered the whole range of care provided by care staff. This ranged from their appearance to their ability to safely move and mobilise people through to ensuring people were given nutritious food and kept hydrated with drinks of their choice. The spot checks also covered infection control processes as well as ensuring people were left in a safe environment for their specific health needs. Staff told us they had been observed carrying out their role as part of their induction process and had felt the process was supportive and gave them the confidence to carry out their role.

The provider had implemented a PRN 'as required' protocol. The PRN guidance gave clear instructions for care staff which included reasons why medicines were administered to people and recorded the individual doses of 'MAR pack' completed for them which included key information such as known allergies, pharmacy details, body maps for administering of creams, and comments and guidance regarding any homely remedies they may use.

All MAR were audited on a monthly basis to ensure any errors or weaknesses in the systems could be identified and discussed with staff at team meetings and during one to one supervisions. Staff commented on the culture of learning and support that was shared throughout the organisation and told us they felt there was now an open and honest culture that benefitted all staff and people using the service.

We were shown the system the provider used to ensure time specific medicines were administered to people when required. The acting registered manager and office staff explained the changes that had been made to their computer system. This involved safeguards being built in to guide and prompt staff to ensure people received any time specific medicines at the correct time. The computer system operated a colour coded visual display that was very clear and provided an effective guide for staff.

At our last inspection in May 2017 we identified shortfalls in relation to risk assessment and risk management for people. The risks to people's health and safety whilst receiving care had not been properly assessed, and action had not been taken to mitigate any such risks.

At this inspection we found that improvements had been made and the service was meeting the regulation in relation to risk assessment and management. The provider had redesigned their risk assessment and

management process which included clear guidance and prompts for staff. The major changes made to their risk assessments and care and support plans ensured clear, detailed care and support plans were completed for each person. The provider was in the process of implementing these changes and at the time of the inspection forty per cent of all care plans had been changed to the new process.

We reviewed the revised risk assessments which identified a variety of risk areas such as; mobility, skin integrity, nutrition and the use of supporting equipment such as hoists and bed rails. The revised risk assessments had been completed in a consistent way which identified the risks and gave staff guidance on how to manage the risk and what action could be taken to support the person. Risk assessments had been countersigned by senior office staff to confirm they had been reviewed and completed correctly.

If people were at particular risk from specific health conditions, for example, diabetes, there were guidance sheets for staff regarding what signs to look for and action to take should the person be at risk from a hypoglycaemic incident.

If people required staff to do shopping for them, the provider had introduced an audit process to ensure all financial transactions were accurate and recorded correctly. At the time of our inspection the acting registered manager told us no one currently required shopping support of that nature, however, the system was in place ready for if people needed it in the future.

There were arrangements in place to keep people safe in an emergency. There was an out of hours on call system, where people could phone for assistance. Staff and people confirmed this system worked well and they had no concerns about using it. There was also an emergency contingency colour coded system in place to prioritise people in order of care and health needs. This meant staff were able to see at a glance which people would need immediate care and support should there be an emergency such as flooding, or inclement weather which could restrict staff getting to people.

We discussed with staff how the service managed accidents and incidents. Staff showed us the revised system that they now followed which ensured incidents and accidents were recorded, reviewed and analysed for each person. The system ensured all accidents and incidents could be viewed and gave a clear summary of them all. This gave staff the relevant information in an easy format to look for developing trends and patterns to ensure where possible preventative action could be taken to safeguard people against further accidents or incidents. For example, a person had been regularly falling but staff were unaware of the fall until they made their visits. They discussed the concern with the person and their relatives to see if a solution could be found. The person started using an alarm pendant which they wore at all times. This meant if they fell they could summon help straight away and they were not left lying on the floor for lengthy periods.

People were protected against the risks of potential abuse. Staff spoke knowledgeably about their responsibilities to keep people safe and protect them from harm. Staff were aware of the different types of abuse and how to raise any concerns. Staff had completed safeguarding adult's awareness training. The service's safeguarding adults policy had been updated in 2016 to reflect changes in the law relating to safeguarding adults and was reviewed annually.

There were robust recruitment practices in place that were safe. This made sure that people were protected as far as possible from staff who were known to be unsuitable. Staff recruitment records showed the relevant checks had been completed before staff worked unsupervised with people. These checks included the use of application forms, an interview, reference checks and criminal record checks. Staff had a full record of employment history and staff recruitment files were well maintained and orderly.

There were enough staff employed to provide care for everyone they looked after. Rotas showed people had a named carer allocated for all calls. This meant that people always received care from staff who had been recruited and trained by CareService24. If staff were unavailable to cover their visits for any reason there was a small team of office staff who went out to complete the visits. The office staff told us, "It's really good to get out and see people, I really enjoy it, but it also means we get a chance to see people and check they are happy with what we do." People told us they always received their rota each week and they had no concerns about the staff allocated to them. One person told us, "I like all the carers, they are so good...there was only one person once I didn't want to come again, I told the office and they sorted it straight away so they didn't come again, I think they are all very good."

Staff said they generally had sufficient time to travel between visits and were given adequate time during their visits to ensure people were supported and cared for in the way they preferred. Staff told us the only real delays happened when the traffic was very heavy, they would then call the office and ensure a message was sent to the person that was expecting them. People confirmed staff spent time with them and were not rushed or hurried. People told us that the staff knew how they liked to be supported and took the time to make sure they were comfortable and had everything done that they needed. One relative told us, "The carers stay for the full time, they are all very good, friendly, helpful and kind. In the beginning there were a few minor hiccups with the service but now it is all good. The carers take their time to make sure mum is comfortable, one carer even came back in their own time to make sure mum had had some breakfast, I have no complaints." Another person told us, "They know how I like things done, they get my coffee just right, they know what to do."

The provider had an electronic signing in system that staff used to check in and out of their visits. Staff felt the system was useful and easy to use. Office staff said it had been very useful for reorganising the timing of visit. The system allowed office staff to see how long staff were supporting people for, which allowed them to increase the visit times when needed. It also showed if staff were held up in traffic, this meant office staff could highlight if a member of staff was running late so people could be phoned and told staff may be a little late. If a major delay was highlighted, office staff would complete the visit to prevent people having very late visits.

Staff told us they were supplied with their personal protective equipment such as gloves and aprons and they had enough supplies to care and support people safely. Staff spoke knowledgeably about infection control procedures and knew how to prevent cross contamination between people.

Is the service well-led?

Our findings

People spoke positively about the service they received from CareService 24. They spoke of an open and honest culture and a clear management structure. They told us they felt listened to and knew who to speak to if they had any concerns or questions. One relative told us, "We have been using them for just over a year now and we have found them to be really good, excellent in fact. Mum has a small group of just a couple of care staff so they know mum really well. We are really impressed they keep us informed which is very important, anything wrong or any changes and they are straight on the phone to her GP and let us know what's happening." Another relative told us, "It gives us great peace of mind knowing that every few hours they are going in to see her and I know she really enjoys the company." One person told us "I had a small break from using them over the summer but I have seen major improvements with the service since I have returned. They are excellent and really put the person at the heart of the service, I would thoroughly recommend them."

Staff told us they had seen many improvements since the last inspection. They told us communication, training, and route planning had all improved which had resulted in staff enjoying their roles and being able to deliver good, person centred care. One member of staff said, "It's improved an awful lot, changes have been made for the better. They have met my needs and are flexible if I need to make any changes. If I have any worries they will listen and sort it for me, I can talk to them and they are always available, they never leave me to worry."

At our last inspection in May 2017 we identified shortfalls in quality assurance and the oversight of staff. Accurate records were not maintained. Effective systems and processes had not been established to assess, monitor and drive improvement in the quality and safety of services provided.

Following the inspection the provider submitted an action plan that identified how they would ensure improvements were made and confirmed the service would meet the regulation in relation to good governance by 30 September 2017.

At this inspection we found that improvements had been made and the service was meeting the regulation in relation to good governance.

The provider had undergone extensive staff changes since the last inspection in May 2017. Many of the key office positions had new staff in post and some additional office posts had been developed to support the culture of continuous learning and development. Staff discussed how they had undergone additional support and training to ensure they were carrying out their role safely and effectively. Equality and diversity were promoted, staff told us they felt well supported and said the management team treated them all fairly. They said they were encouraged to discuss any concerns openly and honestly. Staff meetings were held where the discussions led to a good outcome of learning from incidents so that people would benefit from the best service they could deliver.

Meetings were held regularly for staff and action points and minutes typed up and made available for staff

to read so they could see what had been discussed if they were unable to attend the meeting. Staff told us they felt valued and had full confidence in the management team. One member of staff said, "They are always there for you. It was the best decision I made to work here, the support and training are very good, any problem at all you just call and you get a straight answer right away." Another member of staff told us, "The communication has really improved since the staff changes, everyone is so helpful. We have supervisions and we are always being asked how we are and how can we improve. They also listen and some positive changes have been made from our suggestions, it's been really good." A member of staff said, "They care for people from the top down. Their training is very good, the delivery and everything, they check we understand everything very well before we support the people. They do observations on us and spot checks, it's been excellent, I love it."

There were arrangements in place to monitor the quality and safety of the service provided. Many of these systems had been completely re modelled to ensure any areas of weakness or shortfalls within the service delivery would be highlighted. Systems and processes were counter signed by office staff and any actions analysed and reviewed to ensure a continuous circle of improvement.

Audits, such as medication, care plans and accidents and incidents were scheduled for monthly, quarterly and six monthly completion and were signed off by senior staff when all actions had been completed. Staff led discussions took place regarding how the service could improve and staff were consulted when major changes were going to be implemented. Many of the new systems were still in the early stages of being implemented and the staff recognised these systems need time to become fully effective. They told us they were constantly reviewing how systems worked and had the confidence to make changes if the systems proved not to be effective.

The provider had implemented a system of exit interviews and feedback processes for staff who left the service. They were able to collate the information which would be used to see if there were any areas of weakness and areas where the service could improve. Staff told us the new 'visit runs' had made travel and visits for staff easier and gave them more time with the people. The provider was pro active in using their bespoke information technology systems to provide effective quality assurance processes.

The provider had implemented the use of a phone app for all care staff. This gave staff clear summaries of people's care and support needs and also provided them with the tools to electronically sign in and out at each visit. Staff told us they had found the system useful and effective.

The manager had notified CQC of significant events as required by the regulations. We use such information to monitor the service and ensure they respond to keep people safe. Staff confirmed they knew how to raise concerns and whistle blow. They were confident that any issues they raised would be addressed.