

Access 24/7 Health Care Ltd

Access 24/7 Healthcare Ltd

Inspection report

Trafalgar House
712 London Road
Grays
RM20 3JT

Tel: 07377566210

Date of inspection visit:

30 August 2023

12 September 2023

14 September 2023

15 September 2023

Date of publication:

01 November 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Access 24/7 Healthcare Limited is a domiciliary care service providing the regulated activity of personal and nursing care to people in their own homes. The service provides support to both children and adults.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were 26 people using the service, of which 23 people were receiving the regulated activity of personal care.

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

Right Support:

Staff supported people with their medicines, but improvements were required to ensure they received these as prescribed.

Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

Right Care:

Although staff had received appropriate training on how to recognise and report abuse, people were not protected from abuse and harm. Improvements were required to ensure investigations were robust.

People were not supported by staff who had received all relevant training. This included training for people with a learning disability and autistic people.

The service had enough staff to meet people's needs and keep them safe.

Risks to people were identified, assessed, and recorded.

Right Culture:

The registered manager had the knowledge and experience to perform their role but did not have effective oversight of the service they managed.

The management of records was not effective.

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

Rating at last inspection

The last rating for this service was good [Published 24 August 2022].

Why we inspected

We received concerns in relation to people's nursing care needs. As a result, we undertook a focused inspection to review the key questions of Safe, Effective and Well-Led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the relevant key questions of Safe, Effective and Well-Led of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Access24/7 Healthcare Limited on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to safeguarding, medicines management, recruitment practices, staff training, induction and supervision and the provider's quality assurance arrangements at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Access 24/7 Healthcare Ltd

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was completed by 2 inspectors, a specialist advisor for children who required nursing care and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal and nursing care to people living in their own houses, flats and specialist housing.

Registered Manager

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

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 30 August 2023 and ended on 15 September 2023. We visited the location's office on 30 August 2023 and 12 September 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the Local Authority and professionals who work with the service. We used the information the provider sent us in the provider information return [PIR]. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 relatives and 1 family friend about their experience of the care provided. We spoke with the registered manager, the person responsible for quality assurance and staff responsible for the completion of investigations at the service. We texted 8 members of staff so as to have the opportunity to speak with them about their role and what it was like to work at Access 24/7 Healthcare Limited. However, only 2 members of staff contacted the Care Quality Commission. We reviewed a range of records. This included 5 people's care records and 3 people's medicine records. We looked at 6 staff files in relation to recruitment, staff supervision and spot visits. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

- Not all Medication Administration Records [MAR] provided assurance people using the service received their medicines in line with the prescriber's instructions.
- Where people were prescribed a medicated adhesive patch to be applied to their body, a record to demonstrate the site of application was rotated had not been maintained. Preventative measures are required to limit application site reactions. PRN [when required] medicine protocols were not completed for all 'when required' medicines. A PRN protocol provides information about what the medicine is for, symptoms to look out for and when to offer the medicine. This meant people were at risk of not receiving their PRN medicines in a way that best supported their health and wellbeing.
- Staff had received medication training but had not had their competency assessed through direct observation to ensure their practice was safe. Medication audits had not identified the above areas for improvement. This was discussed with the registered manager, and they confirmed going forward that actions would be taken to have a more robust system in place to identify where improvements were required.

Effective arrangements were not in place to ensure medication practices were safe. This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Robust processes and procedures were not in place to protect people from avoidable harm and abuse. Although safeguarding concerns were raised with the Local Authority and Care Quality Commission, actions taken to robustly investigate these required improvement. We were not assured lessons were learned to minimise the risk of reoccurrence.

The provider's processes and practices did not safeguard people from abuse. This was a breach of Regulation 13 [Safeguarding service users from abuse and improper treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- Relatives spoken with considered their family member to be safe. Comments included, "[Relative] is kept very safe at all times, 100% safe", "They [Access 24/7 Healthcare Limited] are friendly and supportive. I feel [relative] is kept very safe" and, "[Relative] is kept very safe."
- Staff had up to date safeguarding training. Staff were able to tell us about the different types of abuse and describe what actions they would take to protect people from harm and improper treatment. However, this was not embedded in their day to day practice.

Staffing and recruitment

- The provider failed to ensure staff employed had the appropriate recruitment checks undertaken and were suitable to work with vulnerable people.
- Not all Disclosure and Barring Service [DBS] checks were completed or received until after staff had commenced in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions. Not all 'Adult First' checks were completed or received until after staff had commenced in post. The Adult First' check is a service that allows an individual to be checked against the adults' barring list whilst awaiting the full DBS check. There was no evidence to demonstrate a risk assessment was completed to assess and manage these risks.
- A full employment history had not been explored. Where staff had previously been employed in a position whose duties involved working with children or vulnerable adults,' information relating to why the employment ended had not been explored. Not all written references were acquired or obtained prior to staff commencing in post. Proof of identification including a recent photograph and health declaration had not always been sought. This placed people at potential risk of harm as recruitment checks were not safe.
- A written record was not completed or retained for staff to demonstrate the discussion taken place as part of the interview process and the rationale for staff's appointment. This showed robust measures had not been undertaken to make an initial assessment as to the applicant's relevant skills, competence, experience and suitability for the role.

The provider did not ensure all required recruitment checks were completed on staff. This was a breach of Regulation 19 [Fit and proper persons employed] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- The majority of relatives considered there to be enough staff to meet the needs of the people being supported and confirmed staff stayed for the time allocated.
- Relatives confirmed they had not experienced any occasions whereby they had not received support from the domiciliary care service [missed calls]. People were primarily supported by a core group of staff to ensure continuity of care, and to enable a culture of confidence and understanding to be established. Comments included, "Access 24/7 Healthcare Limited never let us down, they are reliable and all regular staff", "Staff always turn up and have never let us down. Staff call if they are a little late and always stay the full time" and, "They [staff] never let me down. They are reliable and text or phone if they are running late."

Assessing risk, safety monitoring and management

- The majority of risks associated with people's individual care and support needs were assessed and recorded to make sure people were safe. Where these were in place, they provided information detailing how risks to people's safety and wellbeing were to be reduced and the actions required to keep them safe.
- Staff demonstrated an understanding and knowledge of the risks posed if the person became anxious and distressed and the steps to be taken to keep them and others safe.

Preventing and controlling infection

- People were protected from the risk of infection. A relative told us, "Staff always wear masks and gloves."
- Staff were provided with appropriate infection, prevention and control training and supplied with suitable Personal Protective Equipment [PPE]. Staff confirmed there were always adequate supplies of PPE available to protect them and others from the risk of infection. A member of staff told us, "They [Access 24/7 Healthcare Limited] provide us with plenty of PPE."
- Staff understood their responsibilities relating to food safety and had received relevant food hygiene training.

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.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills, and experience

- Most relatives considered staff at the domiciliary care service had the right training, competence, and knowledge to deliver effective care and support for their family member. Comments included, "The carers are well trained", "They [staff] do their jobs. They know what to do and they are trained" and, "The carers are well trained in what they do."
- Staff were provided with both mandatory and specialist training to enable them to carry out their roles and responsibilities. However, an assessment of competence relating to specific topics had not been considered or completed for all staff. For example, bathing practices and procedures for specific children, tracheostomy, catheter, and stoma care. The purpose of this is to ensure staff who undertake the above tasks are competent and to identify concerns with an employee's performance before they affect people's care.
- The provider did not ensure all staff employed at the service had received specific training relating to people who were autistic or who had a learning disability.
- Suitable arrangements were not in place to ensure all newly employed members of staff had received a robust induction.
- Evidence of supervision and 'spot visit' checks were viewed. The latter is where a representative of the organisation can observe the member of staff as they go about their duties and check they are meeting the organisation's standards. We found supervisions were not undertaken at regular intervals in line with the provider's expectations.

The provider did not ensure all staff received training for people who had a learning disability and were autistic. The provider did not ensure all staff received a robust induction and regular formal supervision. This was a breach of Regulation 18 [Staffing] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- Staff told us they felt supported and valued by the organisation. A member of staff told us, "They [Access 24/7 Healthcare Limited] support us. They come to us regularly and we have a chat. They will come to a person's home where we discuss the person, and we can raise anything."

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

- People's needs were assessed prior to the commencement of their care package with Access 24/7 Healthcare Limited and included an assessment by the Local Authority and local Integrated Care Board [ICB].

- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion, and ethnicity were identified as part of their need's assessment.

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

- People's nutritional support needs were assessed and recorded.
- Information from people's daily journals demonstrated staff supported them as needed with the provision of meals, snacks, and drinks to ensure their nutritional and hydration needs were met.

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

- Staff reported any concerns they had about people's health and wellbeing to the management team. Relatives were contacted and external professionals involved if needed.
- People had access to healthcare professionals as required. Information viewed showed this could include access to district nurse services, GP, Speech, and Language Team [SALT] and Occupational Therapy services.

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

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

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

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff understood the principles of the Mental Capacity Act and how it related to their role. Staff made sure they checked for consent before supporting them. A member of staff told us, "If a person lacks capacity to make choices, we provide support in their best interests. If they can make a choice, we support this."
- People's capacity to make decisions was assessed and recorded. Daily care records recorded how staff made sure the person using the service was involved as much as possible in decisions about their care.

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.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The quality assurance and governance arrangements in place were not effective in identifying shortfalls in the service, despite there being a person employed to oversee the service's quality assurance arrangements. We found a series of failings in relation to recruitment, safeguarding investigations and medicines management. The provider had not identified these failings and their quality assurance systems were ineffective. This meant there were missed opportunities to mitigate risks for people using the service.
- Record keeping arrangements at the service were ineffective. Though we were told by staff that the service was transferring peoples' and staffs' information from paper to an electronic data system, accessing information during the inspection proved very difficult. The process in place meant staff were unable to find and share requested documents in a timely manner.
- Similarly, when staff were asked for specific information relating to incidents and subsequent investigations involving people using the service, information was not easily accessible or could not be located. Suitable arrangements were not in place to make sure effective security arrangements were in place to prevent data relating to incidents and subsequent investigations from being compromised in line with the General Data Protection Regulation [GDPR], which came into effect on 25 May 2018.
- Staff demonstrated a lack of understanding relating to the retention of records and told us they had been informed by the Local Authority to not maintain an audit trail of records. Following the inspection, we shared our concerns with the Local Authority.
- Reporting of incidents, issues and concerns were inconsistent. Statutory notifications to the Care Quality Commission were delayed and not forwarded to us in a timely manner. The registered manager was aware of this and told us they were actively looking at ways to manage this better for the future.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager demonstrated an understanding of their roles and responsibilities. However, their lack of oversight and effective monitoring, meant they could not be assured specific tasks delegated to others, were happening in line with regulatory requirements and the provider's policies and procedures.
- Neither the registered manager or staff spoken with were aware of the 'Right support, right care and right culture' terminology which should underpin their day to day working practices.

Systems were not robust enough to evidence effective oversight of the service or ensure suitable arrangements were in place to assess and monitor the quality of the service. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- Staff were positive about working at the service and told us they were supported by the registered manager. Comments included, "The registered manager is okay. If I cannot get my line manager, I call the registered manager and they do respond" and, "I am treated well, [organisation] communicate with me well. If I have an issue they respond straight away. I am working with Access 24/7, they are supportive."
- Most people's relatives considered the service to be well run and were happy with the care and support provided. Comments included, "I am very happy with the care", "The staff do know my family member's care needs" and, "All [relative's] needs are met. Staff go the extra mile. We are very happy with the service."
- Staff told us they were clear about their roles and enjoyed working at the domiciliary care service.

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

- Arrangements were in place for gathering people's views of the service they received, those of people acting on their behalf and staff employed at the service.
- Most relatives told us they would be happy to recommend Access 24/7 Healthcare Limited to others. Comments included, "I would highly recommend the company", "I think the service is managed very well and I would definitely recommend them" and, "I would recommend with reservation due to lacking that extra quality care."
- Relatives told us they knew how to raise a complaint. They told us they felt confident that any concerns raised would be listened to, taken seriously, and acted upon. A relative told us about a concern they had had to raise, stating, "The management team did deal with the issue raised, the member of staff did not return."
- Although the above was positive, some relatives told us better communication was required and not all felt the care and support provided was always of a good quality. A relative told us, "I would say there is not enough quality care and better communication is required between staff. I would say there is room for improvement."

Working in partnership with others

- The service was able to demonstrate they were working in partnership with others, such as the Local Authority, ICB and other healthcare professionals.

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 Effective arrangements were not in place to ensure medication practices were safe.
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider's processes and practices did not safeguard people from abuse.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not robust enough to evidence effective oversight of the service or ensure suitable arrangements were in place to assess and monitor the quality of the service.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not ensure all required recruitment checks were completed on staff.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not ensure all staff received

training for people who had a learning disability and were autistic. The provider did not ensure all staff received a robust induction and regular formal supervision.