

Eager Health Ltd

Care24Seven

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Care24Seven is a domiciliary care agency providing a range of services including personal care to people in their own homes. At the time of our inspection, there were 36 people using the service.

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

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

Incidents and accidents were recorded appropriately, and appropriate action taken, but records did not always include an analysis or evidence of lessons learned. However, the provider was transparent and there was clear communication within the team, so they learnt from mistakes and made improvements when things went wrong.

People's care and risk management plans set out the care tasks they required help with and these contained information about people and their preferences for how they liked to be supported.

People told us they felt safe. Where there were risks to people's safety and wellbeing, these had been assessed and the provider had done all that was reasonably practicable to lessen those risks.

There were systems in place to monitor the quality of the service and recognise when improvements were required.

We received positive feedback from people and their relatives about using the service. Staff sometimes provided extra support and assistance to people when this was not part of people's contractual care arrangements.

The provider made sure there were enough staff deployed to support people and staff usually arrived at people's homes on time. Staff received induction, training and supervision and felt supported in their roles.

The provider sought feedback from people, relatives and staff and used this to develop the service. People and staff were confident they could raise any concerns they had with the registered manager and felt they would be listened to.

The registered manager and senior staff were responsive to and worked in partnership with other agencies to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 11 March 2020) and there were multiple breaches of regulation. Since this rating was awarded the service has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We received anonymous concerns in relation to the standard of care people received. As a result, we undertook a focused inspection to review the key questions of safe, effective, responsive and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key question. We therefore did not inspect this. Ratings from previous comprehensive inspections for this key question were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care24Seven on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was effective.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Care24Seven

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience undertook telephone interviews with people and 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.

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

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. This was because the registered manager was often out supporting people, and we needed to be sure that they or the provider would be in the office to support the inspection. We visited the office location on 27 May 2021.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service and eight relatives of other people about their experience of the care provided. We spoke with the director, care coordinator, operations manager and registered manager.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We received feedback by email from eight care workers. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant 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.

Assessing risk, safety monitoring and management

At our last inspection on 13 and 14 February 2020, we found systems were either not in place or robust enough to demonstrate the safety of people who used the service was effectively managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The risks to people's health and wellbeing had been assessed and regularly reviewed. Specific risk assessments and plans were available based on the individual risks that had been identified at the point of the initial assessment of people's needs. Risk assessments included guidelines for staff on how to reduce risk. Risks assessed included, skin integrity, falls, moving and handling and communication.
- Risk assessments included the risk level such as low, medium or high. However, they did not show how the risk was calculated and what the risk level was once measures were in place to reduce this. We discussed this with the registered manager who told us they would review this and make the necessary improvements.
- People's records included a COVID-19 risk assessment. However, these lacked details and did not consider people's age, medical history, and any conditions which put them at higher risk should they contract the virus. We fed this back to the provider who told us they would review this and make the necessary improvements.

Learning lessons when things go wrong

- Incidents and accidents were recorded appropriately, and appropriate action taken, but records did not always include an analysis or evidence of lessons learned.
- One person had a fall whilst out in the community with staff. We saw appropriate action had been taken, such as calling 999 and for the person to receive appropriate medical care. However, there was no record of any lessons learned and how staff could prevent the risk of this happening again.
- We fed this back to the registered manager and director, who assured us they would add a section to the forms to reflect lessons learned and would improve their recording systems to accurately reflect how they managed incidents and accidents.
- The staff told us however that they were able to reflect on incidents as a team. One staff member told us,

"When things go wrong, we have significant discussions with the individual making them understand such things should not happen again" and another said, "When things go wrong it is important to stay calm and make sure I am informing my managers of the situation. I have learnt that by sharing information that these situations can be dealt with in the best way possible."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the care workers who supported them and did not feel rushed with the support they received. They added that having the continuity of the same care workers helped them feel safe. One person told us, "I feel safe in the company of the carer when [they] support me to go to the shops." Relatives agreed and said, "We are lucky as the office sends the same carer and [family member] feels safe and happy" and "[Family member] would tell me if [they] did not feel safe with them."
- The provider had a safeguarding policy and procedure in place and staff were aware of these. Staff received training in safeguarding adults and understood what they would do if they were worried somebody was being abused. There were no safeguarding concerns at the time of our inspection. Issues in the past had been addressed appropriately.

Staffing and recruitment

- The registered manager told us they had struggled with staff shortages during the pandemic, as some of the staff had left and it had been difficult to recruit new ones. They told us they were in the process of recruiting new staff and were hopeful these would be in place soon.
- Despite the staff shortage, people were receiving their care as planned. This was because the registered manager and the care coordinator were providing care to people. People told us they received their care visits on time and were informed if a care worker was going to be late.
- Recruitment practices helped to ensure staff were suitable to support people. This included confirming staff had the relevant previous experience and qualifications. Checks carried out before they started working for the service included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring criminal record checks were completed.

Using medicines safely

- People received their medicines safely and as prescribed. Some people required support to take their medicines, and staff were trained to do this appropriately.
- There was a medicines policy and procedures in place and staff received training in the administration of medicines. The senior staff undertook regular spot-checks which included assessing the staff's competencies in relation to the administration and recording of people's medicines.
- The medicines administration record (MAR) charts we viewed were completed appropriately and contained details of the medicines, dosage and administration instructions. Staff signed the MARs to evidence they had supported people with their medicines. We saw there were no gaps in staff signatures, indicating people were receiving their medicines as prescribed.

Preventing and controlling infection

- There were systems in place to protect people from the risk of infection. Staff received relevant information and training in relation to COVID-19, infection control and personal protective equipment (PPE). Some staff had attended COVID-19 infection control webinars. These provided them with the necessary information which they could then pass on to other staff.
- The staff were given important information and updates throughout the pandemic, to help ensure they were informed of any changes to government guidelines. The registered manager told us, "As a team we communicated with staff really well and with the clients. They could call us anytime. We talked a lot and communicated guidance to staff regularly. We made sure they had what they needed, like PPE and

sanitiser." They added, "The carers appreciated what we did. They had all the supplies they needed and I delivered everything to them. We also posted PPE as needed and test kits for those who could not come in."

- Staff confirmed they had access to PPE and knew how to use this. They told us they understood how to support people whilst keeping them and themselves safe. Where there had been concerns raised in relation to how the staff used PPE, we saw evidence this was addressed in a timely manner with the relevant staff and they were monitored closely. People and relatives we spoke with confirmed the staff followed good infection control practices and wore PPE appropriately.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

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

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

- At our last inspection, we found people's nutritional plans were not always reviewed and updated and we could not be sure their needs were met in this area. At this inspection, we found improvements had been made.
- People told us they were happy with the support they received with their meals. Their comments included, "I have food cooked from fresh" and "The carer takes me shopping... I can choose what I have." Relatives echoed this and said, "I shop for my [family member] and the carer will give [them] a choice from what is in the fridge or cupboard" and "I am not about to see what happens at meal times but I would know if it wasn't fine."
- Where necessary and according to people's care plans, staff supported people with cooking their meals, or reheating already prepared meals and snacks. Care plans contained details about how people wanted to be supported with meal preparation and any nutritional needs they may have.

Staff support: induction, training, skills and experience

- People were supported by staff who were well trained and supervised. People and relatives thought the staff were well trained and had the necessary skills to meet their needs.
- Staff received training to enable them to carry out their duties and meet people's needs. The training matrix indicated some of the training was overdue. The registered manager explained that during the pandemic, it had been more difficult to undertake training with staff, particularly training which required to be done face to face, such as moving and handling. However, they assured us this was being addressed.
- We looked at a sample of staff files and saw they had received training the provider considered mandatory, such as food hygiene, first aid awareness, health and safety, manual handling, medicines and safeguarding. The provider enabled staff to undertake online training on the office computers, even facilitating this at the weekend to accommodate them.
- New staff received an induction which included an introduction to the service and its policies and procedures and shadowing more experienced staff. They were assessed in all areas of their work, such as moving and handling and personal care. When assessed as competent, new staff could support people unsupervised.

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

- People's needs were assessed before they started using the service. Where people were referred by the local authority, the local authority provided their own assessment of the person's needs and a care plan was

develop from these. Where people had complex needs, the provider carried out their own assessments to help ensure they could meet these needs. These assessments were used to write people's care plans.

- Assessments contained the necessary information about the person, such as their healthcare needs, living arrangements, communication needs and mobility. They also included how people wanted their care needs to be met.
- People's choices in all areas were considered and recorded, for example, their choice of gender for the care workers who provided care.

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

- People's healthcare needs were recorded and met. People told us they felt well supported and trusted the staff to meet their healthcare needs. Relatives said they were kept informed of any concerns in relation to the health needs of their family members. One relative told us, "My [family member] uses a wheelchair and I feel the carer understand [them] and [their] needs" and another said, "As my [family member] has reduced mobility, the OT (occupational therapist) arranged a rotating platform and the carer was shown how to use it."
- The registered manager expected all staff to be vigilant during visits and report any concerns they may have about people's health conditions. We saw evidence care workers communicated well with the office and reported any concerns promptly.
- Care plans contained details of people's health conditions, what impact these had on the person and how to support people. We saw evidence people had access to healthcare professionals where this was required. For example, when they were unwell, required mobility equipment or had specific dietary needs.

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.

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.

- People told us they were consulted about their care, and their choices were respected. One person stated, "I choose what time I go to bed and what I eat." A relative told us the care workers were 'excellent'.
- People's capacity was assessed before they started using the service and this was regularly reviewed. People's choices in relation to their care were recorded in their care plans. For example, one person stated they wanted their relative present when making any decisions to ensure they understood the impact of these.
- Staff received training on the principles of the MCA and demonstrated an understanding of this.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's needs were met through good organisation and delivery.

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

At our last inspection on 13 and 14 February 2020, we found people's needs were not always reviewed and records were not always updated according to their needs. This was a breach of regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Care plans were in place and included all aspects of a person's life such as daily routine, mobility, continence, nutrition and hydration, skin integrity, communication and religious and cultural needs. However, at times, these lacked detail and information. For example, in the section entitled 'goals and targets', the answer was 'no', rather than having an explanation in the person's words. We discussed this with the registered manager who explained the electronic system they were using did not let them elaborate on some areas where there were no issues. They told us they would review this and find a way to improve the system.
- Care plans were developed from the initial assessments and contained guidelines for staff on how people wanted their care and support. These were regularly reviewed and updated. There were detailed guidelines for staff about how people required specific aspects of their care. For example one person's care plan stated how the person wanted to be assisted in the shower and where they preferred to get dressed.
- Care workers recorded notes following each visit. We saw these were recorded in a person-centred and respectful manner, including any tasks undertaken and taking into account any social interaction they had with the person. For example, "[Person] sat watching TV and chatted for a while. All well."
- People were consulted about the gender of their care workers and told us this was respected.

Improving care quality in response to complaints or concerns

At our last inspection on 13 and 14 February 2020, we made a recommendation because the provider had not always addressed complaints in line with their policy and procedures. At this inspection, we found improvements had been made.

- All but one person we spoke with told us they felt listened to when they made a complaint. Relatives found the office staff responsive to their comments and when they raised concerns. One relative told us, "They are responsive to issues. When I mentioned a carer's behaviour was inappropriate, they changed [them]" and another said, "I haven't ever had to complain but I have the office number and would get in contact if my [family member] was unhappy or worried." One person however told us, "I have complained, and they don't seem to get back to me. There is a lack of engagement and they don't appear to deal with issues." We fed this back to the registered manager who provided us with evidence they had engaged with the person and had addressed issues they had raised appropriately.
- There was a complaints policy and procedure in place and people were aware of these. The provider kept a log of complaints and concerns they received. We viewed past complaints and saw these were addressed appropriately and responded to in a timely manner.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded in their care plans. For example, one person was unable to communicate verbally, but used facial expressions and sounds to express their needs. Their care plan stated staff needed to maintain visual contact at all times.
- However, there was no explanation as to what the sounds or facial expressions meant and how to interpret these. The registered manager explained that consistency of staff meant they got to know the person well and knew how to meet their needs, so they ensured the person was always supported by the same small group of staff. They told us they would make this clearer in the care plan.
- Following the inspection, the registered manager sent us an updated care plan clearly stating how the person communicated their needs.

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

- Some people were supported to access and follow their interests in the community, such as visiting shopping centres, parks and areas of interest. Many people were living with relatives who were able to support them to meet their cultural and religious needs. However, staff were able to support people with accessing places of worship if this was part of their expressed needs.

End of life care and support

- Care plans included a section about end of life care. However, the registered manager told us people were reluctant to discuss this with them. Nobody was receiving end of life care at the time of our inspection.
- The registered manager told us they consulted the relative of one person who used the service, as they were living with complex health needs and there was a risk they might become unwell. They had obtained relevant information in relation to the person and how they could meet their needs when these increased.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection on 13 and 14 February 2020, we found the provider did not have effective arrangements to assess, monitor and improve the quality of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had an electronic monitoring system which enabled staff to log in and out of people's homes, record what support they had given to a person, and any concerns they might have. The provider was able to see this in real time, which meant they could address any issues without delay. For example, if a care worker had not arrived on time for a visit, or medicines administration had not been recorded.
- The provider had effective auditing systems in place which included audits about recruitment, care plans, accidents and incidents, health and safety and medicines.
- The senior staff undertook regular spot checks of the care workers, so they could help ensure people received the support they needed. Checks included punctuality, ability to carry out care in line with the person's choices and wishes, knowledge and skills. They also checked if the care worker was wearing PPE appropriately, and if the person using the service was satisfied.

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

- People and relatives were happy with the way the agency was run and knew the registered manager well. Their comments included, "I would recommend them", "I have no problems with Care24Seven at all. We have used the service for a long time", "The service we get from the carers is excellent. The people are super" and "It's an excellent service, it's tip top."
- Staff told us they felt supported by the management and could contact them at any time. Their comments included, "Yes I do feel supported. I am able to communicate with my managers when I am facing an issue and I am also given training when needed in order to make sure I am prepared to do my job as best as I can" and "Just to thank my management for all their efforts/support."

- The senior team worked well together to deliver a good service to people. The director told us, "I have invested a lot to make sure we have a good service. We have to cover every angle to meet people's needs. My [relative] and I started the company and thought 'how would we want our [family members] to be treated'?" 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
- The registered manager understood their duty to report any accident or incident, to take appropriate action and to offer an apology if necessary. They demonstrated they knew they had a legal requirement to notify the CQC and did so as required.

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

- People were consulted and able to voice their views by regular phone conversations. Face to face contact had been more difficult during the pandemic as people did not want to see staff unnecessarily. However, people confirmed there was a good level of communication with the registered manager and office staff, and they spoke with them weekly at least. They also communicate with them by email and texts.
- People and relatives had completed online reviews of the agency and we saw these were positive. Comments included, "Very well trained, polite, caring carers, very well organised teamwork", "The company is blessed with a hardcore of capable, competent carers who often take a step beyond their laid down duties" and "The manager and [their] team at Care24Seven have been outstanding."
- The staff confirmed they had received support to undertake their duties safely during the pandemic and had felt valued. For example, the director had offered to drive care workers or provided taxis to help them get to people's homes without using public transport. The provider had also increased staff's salaries to show their appreciation. In addition, staff were sent 'wellbeing' gifts to thank them for their hard work.

Continuous learning and improving care

- The registered manager had achieved a 'train the trainer' qualification in all the subjects they identified as mandatory, such as health and safety, moving and handling and safeguarding. This meant they were able to deliver training to staff as and when they needed this.
- The provider carried out regular spot checks on the care workers when they were providing care to people. These were recorded. We viewed a sample of these and saw people were receiving support from staff who knew how to meet their needs in line with their care plan.
- The provider kept a log of compliments they received from people and relatives. We viewed a range of these which included comments such as, "[Care worker] is a wonderful carer who [Person] feels safe and comfortable with" and "[Care worker] is one of the best carers."
- During the pandemic, the senior staff made regular telephone calls to care workers to check how they were, how they felt about caring for people, if they were anxious and if they needed support with this. The registered manager told us, "Just this communication really helped them, and they were fine."

Working in partnership with others

- The registered manager told us the local authority had been supportive during the pandemic. For example, they organised collection points for PPE, and later delivered stock to the office location.
- There were regular staff meetings although these had been virtual during the pandemic. Newly recruited staff had a contact point so they would feel supported. They also shadowed more experienced care workers so they would not feel isolated.
- The office staff met every morning to talk about the plan for the day. They also had other regular meetings where they discussed a range of subjects and considered each other's views and opinions. The registered manager told us, "Everybody has a view and this is listened to."

