

Care 24-7 Limited







Care 24-7 Limited

Inspection report

The School House
29 Snowden Road
ShIPLEY
Bradford
BD18 1JD
Tel: 01274 597711
Website: www.care247.ltd.uk

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Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

Care 24-7 Limited provides home care services in the Bradford and Leeds areas of West Yorkshire from spacious office premises in Shipley.

We inspected the main offices of Care 24-7 Limited on the 11 February 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service. Our last inspection of the service took place in February 2014 and at that time we found the agency was meeting all the regulations we looked at.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The organisation's staff recruitment and selection procedures were robust which helped to ensure people were supported by staff suitable to work in the caring

Summary of findings

profession. In addition, all the staff we spoke with were aware of signs and symptoms which may indicate people were possibly being abused and the action they needed to take.

The registered manager told us that sufficient care staff were employed for operational purposes. However, they confirmed that in line with other services in the care sector they were experiencing some difficulty recruiting and retaining staff, therefore staff recruitment was on going.

The staff training matrix was up to date and we saw one to one supervision meetings took place to support staff to carry out their roles effectively.

We saw the agency had recently introduced a new care planning system and that care/support plans were person centred and were reviewed on a regular basis to make sure they provided accurate and up to date information and were fit for purpose.

The staff we spoke with were able to describe how individual people preferred their care and support to be delivered and the importance of treating people with

respect in their own homes. People who used the service and their relatives told us staff were very caring and always provided care and support in line with their agreed support plan.

The provider had policies and procedures relating to the safe administration of medication in people's own homes which gave guidance to staff on their roles and responsibilities.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or treatment they received. The majority of people we spoke with spoke told us they were aware of the complaints procedure and would have no hesitation in making a formal complaint if they had any concerns about the standard of care provided.

There was a quality assurance monitoring system in place that continually monitored and identified shortfalls in service provision. Audit results were analysed for themes and trends and there was evidence that learning from incidents/investigations took place and appropriate changes were made to procedures or work practices if required.

Summary of findings

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 safe.

The staff recruitment and selection procedure was robust and newly appointed staff were not allowed to work until all relevant checks had been completed and references received.

The staff we spoke with knew how to recognise and respond to allegations of possible abuse correctly and were aware of the organisation's whistleblowing policy.

Medication policies and procedures were in place to ensure medicines were prompted and administered safely.

Good



Is the service effective?

The service was effective.

People who used the service and/or their relatives told us the initial assessment process was thorough and staff listened to them regarding how they wanted their care and support to be delivered.

The registered manager told us that all new staff completed induction training on employment and always shadowed a more experienced member of staff on at least three occasions or until they felt confident and competent to carry out their roles effectively and unsupervised. This was confirmed by the staff we spoke with.

Staff told us they respected people's rights to make choices and decisions about the way they wanted their care and support to be delivered and always acted in line with their wishes.

Good



Is the service caring?

The service was caring.

People who used the service and their relatives told us staff were very caring and always provided care and support in line with their agreed support plan.

The staff we spoke with were able to describe how individual people preferred their care and support to be delivered and the importance of treating people with respect in their own homes.

Good



Is the service responsive?

The service was responsive.

People who used the service and/or their relatives told us they were involved in planning their care and support and were pleased with the standard of care they received.

We looked at four support plans and found they provided staff with the information they required to make sure people received appropriate care and support.

The provider had a complaints procedure which highlighted how a complaint would be dealt with and by whom.

Good



Summary of findings

Is the service well-led?

The service was well led.

There was a quality assurance monitoring system in place that continually monitored and identified shortfalls in service provision.

Audit results were reviewed and analysed for themes and trends which might lead to changes in established procedures or work practices. There was evidence that learning from incidents/ investigations took place and appropriate changes were implemented.

People who used the service were asked about their views and opinions of the service and knew who to contact if they had a problem.

The majority of staff we spoke with told us there were clear lines of communication and accountability within the agency and they were supported through a planned programme of supervision and training.

Good



Care 24-7 Limited

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 carried out 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.

The provider was given 48 hours' notice because the location provides a domiciliary care service.

The inspection was carried by one inspector. On the first day of inspection we visited the office premises and spoke with the registered manager and the nominated individual for the service. We also looked at four people's support plans and risk assessments and other records relating to the management of the service such as training records, staff recruitment records, quality assurance audits and policies and procedures.

In a two week period following the inspection we also spoke with fifteen people who used the service and fourteen staff by telephone to ask them about their views and opinions of the service provided.

As part of the inspection process we also reviewed the information we held about the service. This included information from the provider, notifications and speaking with representatives from the local authority contracts and commissioning service in both Bradford and Leeds.

Before our inspections we usually ask the provider to send us a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not ask the provider to complete a PIR on this occasion.

Is the service safe?

Our findings

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included ensuring a Disclosure and Barring Service (DBS) check was made and at least two written references were obtained before new employees started work.

We spoke with two recently employed members of staff who told us the recruitment process was thorough and they had not been allowed to start work before all the relevant checks had been completed.

Staff disciplinary procedures were in place and the registered manager gave examples of how the disciplinary process had been followed where poor working practice had been identified. This helped to ensure standards were maintained and people were kept safe.

The registered manager told us that sufficient care staff were employed for operational purposes although they said in line with other services in the home care sector they were experiencing some difficulty recruiting and retaining staff and staff recruitment was on going. However, while the majority people who used the service told us they were supported by a regular carer or team others felt that this was not the case and they did not always receive continuity of care. For example one person told us recently over an eighteen day period they had received care and support from eight different staff and never knew from day to day who would arrive. They were however still pleased with the quality and standard of care provided. This was discussed with the registered manager who told us the service tried hard to provide people with continuity of care but acknowledged this was not always possible due to staff sickness and leave and the operational needs of the service.

The provider had a policy in place for safeguarding people from abuse. This policy provided guidance for staff on how to detect different types of abuse and how to report abuse. There was also a whistle blowing policy in place for staff to report matters of concern. In addition, the registered manager told us they operated an open door policy and people who used the service, their relatives and staff were aware that they could contact them at any time if they had concerns.

The people we spoke with told us they felt confident that the staff were trustworthy and had no concerns about their safety. Comments included, "The care workers without exception are caring people and never let me down." And, "I have never had any concerns about the honesty and integrity of the staff providing my care and support." They also told us they had a telephone number for the service which they could use both during and out of normal office hours if they required assistance or needed to cancel or rearrange a visit.

The staff we spoke with told us they were aware of how to detect signs of abuse and were aware of external agencies they could contact. They told us they knew how to contact the local authority Adult Protection Unit and the Care Quality Commission (CQC) if they had any concerns. They also told us they were aware of the whistle blowing policy and felt able to raise any concerns with the registered manager knowing that they would be taken seriously. These safety measures meant the likelihood of abuse occurring or going unnoticed were reduced.

However, we found that CQC had not been notified of one incident that had been reported to the Local Authority Safeguarding Unit as required. This was discussed with the registered manager who told us it was an oversight on their behalf and in future they would ensure the correct procedures were followed. We saw the incident had been dealt with appropriately and the allegations made were found to be unsubstantiated.

The provider had policies and procedures relating to the safe administration of medication in people's own homes which gave guidance to staff on their roles and responsibilities. The policy we looked at made it clear to staff they must seek people's consent before they administered medication and complete the appropriate documentation once medication had been given. The registered manager told us staff were not allowed to administer medicines until they had completed appropriate training and felt confident and competent to do so. We were unable to look at the Medication Administration Record (MAR) charts signed by staff after they administered people's medicines as they were not returned to the office for audit purpose. They confirmed that the senior care assistants did review them when they visited people to ensure medication was being administered as required. However, following the

Is the service safe?

inspection the registered manager confirmed the MAR would now be returned to the office once completed and audited as part of the quality assurance monitoring process.

The staff we spoke with confirmed they were not allowed to administer medication unless they had completed an appropriate medication course and always administered

medication as prescribed. They told us they always encouraged people to take their own medication if at all possible but said as people became older they sometimes became increasingly dependent on staff assisting them.

Risk assessments were also in place where areas of potential risks to people's general health and welfare had been identified. These included assessments relating to people's mobility, nutrition, medication and the environment.

Is the service effective?

Our findings

The registered manager told us that all new staff completed induction training on employment and always shadowed a more experienced member of staff on at least three occasions or until they felt confident and competent to carry out their roles effectively and unsupervised.

The registered manager told us the majority of training courses made available to staff were provided by an external training organisation and staff were required to attend mandatory training in line with the training plan in place. We looked at the training matrix and saw staff training was up to date.

We saw individual staff training and personal development needs were identified during their formal one to one supervision meetings. Supervision meetings are important as they support staff to carry out their roles effectively, plan for their future professional and personal development and give them the opportunity to discuss areas of concern.

The staff we spoke with told us the training provided by the service was very good and provided them with the skills, knowledge and understanding to carry out their roles effectively. Staff also told us they were also able to request specific training to be provided if they required it to meet a person's needs.

We saw that as part of their care package some people had a meal prepared during the day. However, it was apparent when talking to people who used the service and staff that at times only fifteen minutes was allowed for this type of visit which might also include assisting someone to the toilet. This meant that meals prepared mainly consisted of micro-wave meals or sandwiches. The staff told us they did not have time to cook fresh produce unless the visit was at least thirty minutes which for some people it was. Both people who used the service and staff felt that fifteen

minute was not sufficient to prepare and serve someone a meal but acknowledged that this was not the fault of the agency but the way care and support was being commissioned.

The staff we spoke with told us they respected people's rights to make choices and decisions about the way they wanted their care and support to be delivered and showed a good understanding of people's different needs and preferences.

The relatives we spoke with told us the staff were very pro-active in calling other healthcare professionals such as general practitioners or the district nursing service if they felt people were unwell. One person told us, "It is very reassuring to know that if my relative is ill the staff will seek immediate medical attention for them. I am sure their quick actions has prevented more than one possible hospital admission." This showed to us that the policies and procedures in place to support people in such emergencies were effective and the service and staff acted in people's best interest.

We asked the staff what they did to make sure people were in agreement with any care and treatment they provided on a day to day basis. They told us they always asked people's consent before they provided any care or treatment and continued to talk to people while they assisted them so they understood what was happening. The staff told us they respected people's right to refuse care and support and never insisted they accepted assistance against their wishes. The people we spoke with confirmed this.

There was evidence within the care documentation we looked at which showed where people were unable to consent to care and treatment their preferences were discussed and reviewed and a best interest decision made. This demonstrated to us that before people received any care or treatment they were asked for their consent and the provider acted in line with people's wishes.

Is the service caring?

Our findings

People who used the service and their relatives told us staff were very caring and always provided care and support in line with their support plan. People told us that the staff were always pleasant and cheerful when they visited and had never failed to arrive even when it was snowing and driving conditions were very difficult.

One person said, "I could not have chosen a better agency to provide my care, all the staff are very good and look after me very well. I have no doubt that without their help I would have to live in a residential home which is something I don't even want to contemplate." Another person said, "I found having to ask for and accept help was very difficult for me. However, it was made easier by the attitude of the manager and staff who made it clear they were not there to take away my independence but to assist me to have a better quality of life."

Another person told us that based on their own experience they felt the service had a flexible approach to providing care and support and had acted on their request to change their support package at short notice.

People told us staff usually arrived on time but generally accepted that there were times when due to unforeseen circumstances they did arrive late. In the majority of cases people said they were kept informed if staff were running late or they contacted the office to enquire what time staff would be arriving. However, one person told us that their visit was time critical and they found it difficult and frustrating if staff did not arrive on time. This was discussed with the registered manager who told us they would take steps to address this matter.

At the time of the inspection the service did not have a system in place which ensured staff had reached their destination on time and had to rely on people contacting them if staff did not arrive. However, the registered manager confirmed that they were looking at the feasibility of introducing a call monitoring system which would identify if staff had been held up and were running late. This information would then be used to keep people better informed.

People told us that staff never discussed confidential information about other people who used the service with them. They said that maintaining confidentiality at all time was very important part of establishing a trusting relationship with staff. One person said, "It takes me a long time to trust people and if I found staff had repeated something I had said in confidence my trust in them and the agency would have gone forever."

The staff we spoke with were able to describe how individual people preferred their care and support to be delivered and the importance of treating people with respect in their own homes. They told us they encouraged people to remain as independent as possible and always provided care and support in line with the agreed care plan. One member of staff made the following comment; "I am always aware that I am working in someone's home and always treat both the person and their belongings with respect. It is very important people feel comfortable with how their care and support is delivered and are encouraged to remain in control of their daily lives."

Is the service responsive?

Our findings

The registered manager told us when a person was initially referred to the agency they were always visited by the registered manager or a senior member of the management team before a service started. During this visit a full assessment of their needs was carried out. We were told the process took into account any cultural, religious, physical or complex needs the person had.

People who used the service and/or their relatives told us the assessment process was thorough and the registered manager listened to them regarding how they wanted their care and support to be delivered. People told us they were encouraged to ask questions during the initial assessment visit and this had helped them to make an informed decision about whether or not the agency could meet their needs.

People who used the service and/or their relatives told us they were involved in planning their care and support and were pleased with the standard of care they received. Comments included, "I agreed the initial support plan with the agency and they have delivered the care package,." And, "I am very pleased with the service we receive." This demonstrated to us that people had been involved in the care planning process and their support plan had been discussed and explained to them.

However, one person told us that they felt that their support plan was not always amended to reflect their changing needs. They said they had discussed this with the registered manager who had agreed that they could take implement their own care and support plan for staff to follow. They said staff now provided care and support in line with their needs and preferences. We looked at four support plans and found they provided staff with the information they required to make sure people received appropriate care and support. We saw support plans were reviewed at least annually or sooner if there were significant changes in people's needs or circumstances. We were told a copy of the support plan was kept both in the home of the person who used the service and agency's main office.

The staff we spoke with told us they used the support plans as working documents and had sufficient time to read

them during their visit. They told since the introduction of the new care planning system the information in the support plans had improved significantly and they were now more person centred.

Staff told us they completed and read the daily reports at each visit and if they had any issues or concerns, these were reported to the registered manager or a member of the senior management team. Staff felt any issues were responded to quickly by the registered manager and said a member of the management team was always on call outside of normal office hours to provide support in case of any unforeseeable events or emergencies. People who used the service and/or their relatives confirmed that staff always read the care documentation when they visited and completed the daily report sheets.

The provider had a complaints procedure in place and the registered manager told us all complaints were acknowledged and responded to within set timescales and a thorough investigation was always carried out. We looked at the two complaints received since the last inspection and found they had been dealt with appropriately.

The registered manager told us they had a proactive approach to managing complaints and they were always available to talk to people and deal with any concerns as soon as they arose. They also told us that as part of the annual review of the care package people who used the service and/or their relatives were always asked if they felt any part of the service provision was not working for the individual. This gave people the opportunity to discuss any concerns they might have without having to raise the matter as a formal complaint.

We looked at the complaints received by the agency since the last inspection and found they had been dealt with correctly and in line with the procedure in place.

We spoke with fifteen people who used the service and/or their relatives and the majority of people told us they were aware of the complaints procedure and would have no hesitation in making a formal complaint if they had any concerns about the standard of care provided. Comments included, "I know how to make a complaint but thankfully I have never had to use it," And, "I am aware of the complaint procedure but would only make a formal complaint if I felt staff were not listening to my concerns."

However, two people told us they had made complaints and they had not been satisfied with the way their concerns

Is the service responsive?

had been dealt. One person told us two occasions they had contacted the agency to complain about the service they received and were told someone would phone back but they never received a phone call. Another person said, "I contacted the agency about a concern I had but nothing was done and little changed which was disappointing."

This was discussed with the registered manager who confirmed the matter would be taken up with the senior management team to ensure that in future all concerns/complaints were dealt with correctly and in a timely manner.

Is the service well-led?

Our findings

We saw there was a quality assurance monitoring system in place that continually monitored and identified shortfalls in service provision.

The registered manager told us they audited people's support plans and risk assessments, the complaints registered and the accident and incident log on a regular basis so that action could be taken quickly to address any areas of concern. We saw the registered manager also audited the staff files and checked the staff training matrix on a routine basis to make sure they provided accurate and up to date information.

However, although we saw the daily record books completed by staff following every visit were returned to the office for audit purposes when full they were not stored in date order and therefore it was very difficult to establish an audit trail. This was discussed with the registered manager who confirmed the matter would be addressed immediately.

The registered manager told us the audit results were reviewed and analysed for themes and trends which might lead to changes in established procedures or work practices. There was evidence that learning from incidents/ investigations took place and appropriate changes were implemented.

The registered manager told us as part of the quality assurance monitoring process the service sent out annual survey questionnaires to people who used the service to seek their views and opinions of the care and support they receive. They confirmed the information provided was collated and an action plan formulated to address any concerns raised.

We looked at the last survey completed in April 2014 and saw the overall satisfaction level was 96%. This was based on information provided by the forty five people who returned their questionnaires out of a total of ninety two

people who were invited to take part in the survey. However, the registered manager told us the survey had highlighted some areas for improvements which the service had acknowledged and taken steps to address.

The registered manager told us senior staff also carried out random spot checks on staff as they worked in people's homes to make sure care and support was being delivered in line with their agreed support plan. The registered manager confirmed the frequency of the spot checks were determined by several factors including the complexity of the service provided, potential issues with the working environment and people not having ready access to family or advocate support. The registered manager also told us the senior care assistants worked alongside the staff on a regular basis. This meant they were able to talk with people who used the service and/or their relatives and observe the standard of care and support being provided.

We saw that staff meetings were held so staff were kept up to date with any changes in policies and procedures and any issues that might affect the running of the service or the care and support people received. We also saw the service published a newsletter which kept staff up to date with the any changes which might affect the day to day management of the service.

The majority of staff we spoke with told us there were clear lines of communication and accountability within the agency and they were supported through a planned programme of supervision and training.

However, two members of staff felt there was at times a lack of communication between the office staff and front line staff which resulted in information not always being passed on in a timely manner. This was discussed with the registered manager who confirmed it would be a topic for discussion at the next staff meeting.

People who used the service told us they were contacted by the registered manager or a senior member of staff on a regular basis and some confirmed they had taken part in the last quality assurance survey conducted by the service.