

Care 24/7 Solutions Limited

CARE 24/7 SOLUTIONS LIMITED

Inspection report

The Shaftesbury Centre
Percy Street
Swindon
Wiltshire
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Tel: 07447487485

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08 April 2022

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Care 24/7 Solutions is a domiciliary care service, providing personal care to people living in and around Swindon. At the time of our inspection there were two people using the service.

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

The quality assurance processes in place were informal, irregular and not documented. The provider and registered manager had not carried out any formal reviews of care provision. Formal feedback had not been sought from people, their relatives or staff. At the time of the inspection, there was no improvement plan in place.

The provider's recruitment policy was not always being followed.

People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. There were enough staff available to meet people's needs. People were supported to take their medicines safely. There was a process in place to report and investigate incidents and accidents.

People's needs were assessed, and care plans were in place. People were cared for by staff who had been trained to carry out their roles and who were knowledgeable about the support people needed. 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.

People's relatives told us they were cared for by kind and compassionate staff. Staff understood the need to respect people's privacy and dignity.

Staff were knowledgeable about people's support needs as well as people's preferences for how they were cared for. People's communication needs were met. There was a complaints procedure in place and people knew how to complain if they needed to.

Staff spoke highly of the management team and said the service was a good place to work. One staff member said, "I can talk to [Nominated individual] about anything. She always listens and always helps and gives advice."

Rating at last inspection

This service was registered with us on 08 February 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service. You can see what action we have asked the provider to take at the end of this full report.

Recommendations

We have recommended the provider implements a robust check process to ensure all recruitment steps are followed and that the provider reviews their systems and processes for the safe management of medicines and updates their oversight accordingly.

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?

The service was not always safe.

Details are in our effective findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring 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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

CARE 24/7 SOLUTIONS LIMITED

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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 carried out by one inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 08 April 2022 and ended on 14 April 2022. We visited the location's office on 08

April 2022.

What we did before the 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

None of the people using the service were able to speak with us. We spoke with one person's relative. We spoke with three members of staff, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records. We looked at four 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 continued to seek clarification from the provider to validate evidence found. We looked at training data and policies. We sought feedback from one professional who worked with the service.



Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement. 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.

Staffing and recruitment

- The provider's recruitment policy was not being followed.
- Not all applicants had provided a full employment history. This meant gaps in employment could not be fully explored during the interview process.
- There were no records of interviews despite the providers policy stating, "The assessments made by interviewers must be formally recorded on an interview assessment form."
- Written references had not always been received which meant evidence of good character had not always been sought. When telephone references had been sought, the notes were informal, and did not specify who had been spoken to, who had called from the service or the date of the call.
- There were no documents in place to show that staff had received an induction into the service.
- After the inspection, the provider put in place a check list for all staff recruitment files to ensure that all aspects of the recruitment policy were being followed.

We recommend the provider implements a robust check process to ensure all recruitment steps are followed.

- Other employment checks had been carried out such as Right to Work and DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions
- There were enough staff to meet people's needs.
- Although staff had not completed a formal documented induction, they said they had been given enough information at the start of their employment to carry out their role.

Using medicines safely

- Staff completed training to administer medicines but had not had their competence assessed before working unsupervised. The nominated individual said they carried out spot checks of staff, including medicines administration, but these had not been documented.
- No documented checks had been carried out to show medicines had been administered as prescribed.
- No stock checks of medicines were carried out.
- Staff knew people's preferences around medication. One staff member said, "[Name] has one tablet that tastes funny, so they like us to give them some yoghurt straight after to take away the taste."

We recommend the provider reviews their systems and processes for the safe management of medicines

and updates their oversight accordingly.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure people were safeguarded from the risk of abuse.
- Staff had received training in safeguarding people and knew how to report concerns. One member of staff said, "Any abuse has to be reported. I know that. We must be alert to abuse."
- Staff said they felt confident to raise concerns about poor standards of care. One member of staff said, "I would call the office and raise any concerns. If it was about one of them [management team], I would call CQC."

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health, safety and wellbeing, including the home environment, skin care and moving and handling.
- Risk assessments outlined measures to help reduce the likelihood of people being harmed and care plans contained detailed guidance for staff to follow to keep people safe.
- Through conversations with staff, they demonstrated a good understanding of how to manage risks.

Preventing and controlling infection

- There were suitable systems to help prevent and control infection.
- Staff received training in infection prevention and control and COVID-19. One staff member said, "I do a lateral flow test every morning before work. I wear a mask all the time and gloves and apron for personal care. Plus, I constantly wash my hands throughout the day."
- We were assured that the provider's infection prevention and control policy was up to date. Staff we spoke with were clear on procedures to follow. However, one person's relative said, "The staff don't tend to wear face masks. On arrival they do, but they take them off." We discussed this with the nominated individual, and they assured us they would investigate.

Learning lessons when things go wrong

- The registered manager said no incidents or accidents had occurred since the service had started operating. They confirmed that any accident or incident would be reviewed and monitored for lessons learnt to be considered

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed, and these formed the basis of care plans.
- One person's relative said, "[Nominated individual] came here to the house and we chatted about [relative's] support needs."

Staff support: induction, training, skills and experience

- Staff had not had formal supervision sessions. The nominated individual said they had spent one to one time with staff offering support, but this had not been documented. Despite this, all staff said they felt supported in their role. Comments included, "I can contact [nominated individual] about anything" and, "[Nominated individual] will always give advice and support."
- Records showed staff were provided with a wide range of training and had regular updates. One staff member said, "When I started, I did my training, manual handling and some online training too. There are no short cuts on training. You have to do it all before you can work, plus refresher training."

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

- Where required, people were supported to eat and drink well. People's meals, drinks and snacks were prepared in line with their choices or known preferences.
- When people had specific dietary needs, these were documented in care plans. Staff understood people's needs and choices.

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

- The service worked in partnership with other health professionals.
- The registered manager said, "The staff will contact people's GP for any concerns or queries or the district nurses."

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.

- People's capacity had been considered and assessed as required. Although people had signed the initial assessment document, there was no formal consent to care recorded. The provider said they would rectify this as part of their action plan.
- Staff understood the principles of the Mental Capacity Act (MCA) 2005. People's choices and wishes were promoted and respected at all times. One member of staff said, "I always ask, 'Are you having a shower today?' And always give people a choice of what they want to do, what to wear."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Relatives of people using the service gave positive feedback about the staff who supported them. Comments included said, "The staff are all definitely kind and caring. They've all done their best" and, "They [staff] are amazing people. We are happy with the level of care [relative] gets."
- People's individuality was respected. People were supported to maintain their interests. For example, staff said they supported one person to go to church every week.
- All the staff we spoke with said they enjoyed their roles. One staff member said, "I love my job, I think it's a good place to work. I've been offered jobs elsewhere for better pay, but my experience here is the best." Another staff member said, "I enjoy my job. I've worked for a long time at [name's] home and I know what makes [name] happy."

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

- Staff said people were fully involved in decisions about their care. One member of staff said, "We do whatever [name] wants every day."
- Relatives told us they felt involved in their family member's care and had been involved in care planning.

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to uphold people's privacy and dignity. One member of staff said, "I close the curtains and the doors, cover people with towels. I always monitor their dignity."
- One member of staff said, "When getting people washed and dressed, I show people two tops for example and ask which one they want to wear."
- People's preferences in relation to male or female staff was recorded.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Care plans were person centred and provided information for staff on people's preferences and choices about how they wanted to be supported.
- Staff told us they had read the plans. One staff member said, "The first time I went to see [name], I shadowed someone else. I read the care plan first and was introduced to [name] and told how they wanted us to do things."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff understood how to meet people's communication needs. Communication aids were used when required. One member of staff said, "[Name] has an alphabet board. We spell out words, but I know [them] really well now, so I understand what [they're] trying to say a lot of the time."

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

- People were supported to maintain relationships. Staff supported one person to access the local community on a regular basis.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place.
- No complaints had been received in the past 12 months.
- People's relatives said they knew how to complain. One person's relative said, "[Nominated individual] is on it. Any issue I raise, she sorts it."

End of life care and support

- The service supported people at end of life, working along side other end of life service providers such as hospice teams and district nurses.

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

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

- Systems were not in place to monitor, review and improve the quality of the service.
- No formal audits of care provision, medicines, staff records, or care plans had been carried out.
- Because no formal audits had been carried out, the provider was not aware of any of the shortfalls we identified.
- The lack of oversight meant people were at risk of harm because the provider had not assured themselves of the quality of recruitment processes, and care provision.
- Staff had not been given opportunities for formal, documented, one to one supervision with a line manager to discuss their performance, training and any other concerns they might have.

The failure to have effective systems in place to assess, monitor and improve the quality and safety of the service was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The nominated individual and registered manager were responsive to our feedback throughout the inspection. They either acted promptly to make improvements or told us of their plans to address the concerns we found following the inspection.

The provider and registered manager were aware of notifications that needed to be submitted as required. A notification is information about an event or person which the service is required to submit to CQC. Notifications help CQC to monitor services we regulate.

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

- No formal feedback through reviews was sought from people using the service or their relatives. Informal telephone conversations took place, but these were not documented.
- Staff surveys had been carried out. However, these had not been analysed or used to improve the service. When staff had given negative feedback, there was nothing documented to show how this had been investigated or addressed.
- Regular formal, recorded staff meetings had not taken place.
- People's relatives told us they were able to give feedback to the provider. One person's relative said, "[Nominated individual] is 100% easy to get hold of. We have worked collaboratively to make this work for

my family."

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

- The provider had a mission statement which described a person-centred aim of providing good quality care in the community. The registered manager said, "We are responsive and provide care where it's needed."
- Staff spoke highly of the nominated individual. Comments included, "[Nominated individual] is great. She acts like my mentor; she is very supportive. She makes us all feel like a big family and will always give advice and support."
- Another member of staff said, "[Nominated individual] is great. She tells me when I've done a good job. Any positive feedback that comes in, she tells us. I feel proud and motivated when she gives me feedback."
- The service was trying to recruit drivers to help staff who did not drive. The registered manager said, "Transport is a huge challenge, when staff don't drive. We are thinking about recruiting drivers in the future. Some staff use public transport, so we need to make it easier for them."

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 nominated individual and registered manager were open and honest throughout the inspection and were keen to address any issues raised.
- The provider understood their responsibility to be open and honest when things went wrong.

Working in partnership with others

- The service was working in partnership with a number of organisations and health professionals. This included the local authority, social workers and specialist nurses.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Formal quality assurance and governance systems were not in place.