

24hr Care Services Limited

# 24hr Care Services Limited

## Inspection report

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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 ●

# Summary of findings

## Overall summary

About the service:

24hr Care Services Limited is a domiciliary care agency. It provides personal care to older people, including people living with dementia, and people with sensory needs and physical disabilities living in their own homes. Not everyone using the service received the regulated activity of personal care. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection five people were receiving personal care as part of their care package.

People's experience of using this service:

People were protected from abuse and avoidable harm. Staff understood their role and responsibilities in keeping people safe, they had received safeguarding training and had a safeguarding policy and procedure to inform their practice. Robust staff recruitment checks were completed before staff commenced. Risks associated with people's needs including the environment had been assessed and staff had guidance of the care people required to reduce any risks.

Where people required support with their prescribed medicines, staff provided safe care by following nationally recognised best practice guidance. This included receiving medicines training and the registered manager completed competency assessments, to check people received safe support. People were protected from the risk of cross contamination because staff followed nationally recognised infection control practice. This included using disposable gloves and aprons and they had completed relevant infection control training, including food hygiene.

Staff received an induction on commencement of their employment, this included shadowing the registered manager in the delivery of care. This gave people the opportunity to meet staff before they provided care independently. Staff received ongoing training and support from the registered manager, this included competency assessments to ensure staff provided safe and effective care.

People told us staff arrived on time and stayed for the duration of the call, if staff were running late they were informed of this. People had not experienced any missed or calls later than the timeframe staff were expected.

People were very complimentary of the staff who supported them, they felt staff were unrushed and provided care in a way that met their individual needs, routines and preferences. People were fully involved in decisions about how they received their care. Staff treated people with respect, dignity and encouraged independence.

People were protected from the risk of discrimination because their diverse needs had been discussed with them. Staff had guidance on how to meet people's needs and achieve positive outcomes. People had been provided with advocacy information and how to make a complaint.

The registered manager had policies and procedures that reflected current legislation and this supported staff in providing effective care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The registered manager had developed positive links with external professionals and strived to continually develop the service, based on best practice guidance. People who used the service, relatives and staff received opportunities to be involved in the development of the service by receiving opportunities to share their views and experience. Feedback from people, relatives and an external professional was very positive and complimentary about the care provided.

The service met the characteristics of Good for all key questions.  
Rating at last inspection:

This is the provider's first rated inspection since registration.

Why we inspected:

This is a scheduled inspection based on the provider's registration date.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit at the next scheduled inspection. If any concerning information is received 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?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# 24hr Care Services 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

24hr Care Services Limited is a domiciliary care service and provides personal care to people living in the community.

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 visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Telephone calls to people who used the service and their relatives were completed on 20 February. We visited the office location on 21 February 2019.

#### What we did:

Before the inspection we asked the provider to send us their Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about.

At the provider's office we spoke with the registered manager who was also the registered provider and two care staff. We reviewed the care records for three people who used the service. We also looked at a range of other records relating to the running of the service such as policies and procedures, complaints, staff files and the staff training plan. We also spoke with the registered manager about the action they took to check on quality and safety.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise abuse and protect people from the risk of abuse. The provider also had a whistleblowing policy and procedure to support staff to report any concerns of unsafe care. Staff were knowledgeable about their responsibilities to respond to any safeguarding concerns.
- A staff member said, "Safeguarding means it's my duty to ensure people in my care are safe. I would report anything unusual, for example, unexplained bruising or a change of personality that couldn't be explained." The registered manager was also clear of the action required by them, should a person experience abuse or if they suspected abuse may have occurred.
- People were supported to understand how to keep safe and to raise concerns when abuse occurred. A relative said, "The staff are trustworthy, I rely on the staff to care for my relation, they've not let me down, I feel they are in safe hands with the staff." People confirmed they would not hesitate to speak with the registered manager if they had any concerns about safety.

Assessing risk, safety monitoring and management

- Risks associated with people's needs had been assessed. Staff had guidance to support them to manage any known risks and this information was regularly reviewed to ensure it was up to date.
- Staff gave examples of how they supported people with risks, demonstrating they understood and followed recorded guidance. For example, a staff member told us how they encouraged a person to be mobile to relieve the pressure on their skin and reduce this risk of skin damage. Some people wore life line pendants and staff told us how they ensured these were in easy reach before leaving a person. This is a means of a person calling for urgent assistance.
- Risks associated with the environment had been assessed and staff had guidance of how to protect the person and themselves.
- Relatives confirmed risks had been discussed with them and their relation, about how staff managed any risks. An example was given how a person's needs had become greater, resulting in an increase in their care. This person's relative told us the registered manager was quick to respond to ensure the person's safety.

Staffing and recruitment

- There were sufficient staff employed to meet people's needs and staff experience, skill mix and competency was considered. The registered manager initially provided care to new people using the service and then introduced care staff. This enabled them to lead by example and they were able to ensure care standards and safety were maintained.
- People told us staff generally arrived on time and stayed for the duration of the call. However, examples were given on how staff stayed longer than expected, to ensure people's health, safety and well-being. People told us if staff were running late, they received a call to inform them. A person said, "Nothing is ever too much trouble, I never feel rushed."

- Safe recruitment processes were used to ensure only staff suitable for their role were employed at the service. Staff had received training in health and safety and their understanding and competency was discussed in one to one supervision meetings and in spot checks. This is where the registered manager completed an unannounced visit to observe staff's practice to ensure people received safe care.

#### Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the administration of medicines.
- Staff confirmed they had completed medicines management training and competency assessments. The provider's medicines policy and procedure provided staff with additional support and guidance.
- The registered manager completed checks of people's care records to confirm people had received support with their medicines as required. Independence was promoted always and reflected in the level of support staff provided.
- People told us about the support they received from staff and were positive their medicines were managed safely.

#### Preventing and controlling infection

- People were protected as far as possible from the risks associated with cross contamination. Staff had received training on infection control and told us how they managed infection control risks. This included the use of disposable gloves and aprons. The provider had a policy and procedure that provided staff with guidance on infection control.
- People confirmed staff wore aprons and gloves as described to us.

#### Learning lessons when things go wrong

- At the time of our inspection there had been no accidents or incidents. However, the registered manager had processes in place that ensured lessons would be learned when any accidents or incidents occurred.



# 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.

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

- The provider's policies and procedures reflected best practice guidance and current legislation, this supported staff to provide effective care. Recognised assessment tools were used to assess people's needs. For example, in the management of falls, skin care and nutritional needs. Staff confirmed they had access to policies and procedures and told us the registered manager gave clear direction and guidance.
- Assessment of people's needs, included the protected characteristics under the Equality Act 2010 and these were considered in people's care plans. For example, people's needs in relation to their age, gender, religion and disability were identified. The registered manager told us they recognised and respected people's diverse needs were important to understand and these were discussed at the pre- assessment stage. The registered manager said, "I have a commitment to ensure people do not experience any form of discrimination."

Staff support: induction, training, skills and experience

- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. A staff member told us the induction was supportive and included shadowing the registered manager to familiar with people's care before they worked independently. The registered manager told us how new staff with no previous experience of working in care were expected to complete the care certificate. This is a set of standards that health and social care workers are expected to adhere to.
- People were supported by staff who had ongoing training. Staff were positive about the training opportunities they received. The registered manager assured themselves staff had understood training completed, by undertaking competency observations of staff's practice.
- Staff were given opportunities to review their individual work and development needs. A staff member said, "I have regular contact with the manager where we discuss and learning needs, I feel very well supported."
- People told us they found staff to be competent and understood their needs and what was important to them. A relative said, "The staff are very professional, very knowledgeable."

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

- People's needs associated with any dietary needs had been assessed and staff had guidance of the support required. Consideration included any specific needs and preferences with religious and cultural needs.
- Staff told us how they checked food use by dates and left people with drinks and snacks when leaving. People confirmed what we were told.
- Some people told us staff assisted them with food shopping and meal preparation and how they were happy with this support. A person said, "They (staff) will get my meal for me, and ask what I want. They also

leave me a sandwich or something and a drink before they go."

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager gave examples of multi-agency working in meeting people's needs. This was confirmed by an external professional who was complimentary of the registered manager in how they had worked with them, to achieve positive outcomes for people. This included having good communication and the registered manager implementing recommendations made.
- Emergency Grab forms were used to share information with external agencies such as ambulance staff and hospital admission teams, to assist people to receive ongoing effective care.

Supporting people to live healthier lives, access healthcare services and support

- Care plans provided staff with guidance about the support required with a person's health conditions. Staff told us how they monitored people's health needs and reported any concerns, with the person's permission, to relatives and or health professionals. Staff gave examples of calling paramedics when people required urgent medical assistance and how they stayed with the person to provide reassurance.
- People were positive about the support they received from staff in managing their health needs. A relative said, "If [relation] is not well, the staff are really good and will contact me or the GP or even the ambulance. It's a support for me and I don't have to worry so much."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

- Where people had mental capacity to consent to their care, written consent had been sought to confirm people had consented to the care they received. Staff also told us how they gained people's consent before day to day care was provided and showed a good understanding of the importance of involving people in all aspects of their care. The registered manager told us how they sought confirmation if a person had a lasting power of attorney (LPA). This allows another person to give consent.
- The registered manager and staff were aware of the principles of the MCA and had considered people's mental capacity to consent to their care. At the time of our inspection, people using the service had mental capacity to consent to their care. However, the registered manager demonstrated they were aware of the action required should a person lack capacity. A MCA policy and procedure was available to support staff's understanding and responsibilities.
- People living in the community can only be restricted of their freedom and liberty by an application made to the court of protection. At the time of our inspection no person using the service had any restrictions in place.

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were cared for by staff who were compassionate, kind, caring and understood their needs and preferences. A person said, "The staff are very friendly, I'm very happy with them." Another person told us due to their mobility needs they had not left the house for 12 months. However, they said, "The other day when the weather was good (name of staff member) helped me get outside for a while, we had a sit in the garden, I really enjoyed it." A relative said, "The staff are very caring they adore my relation and it's evident in the care they give. Very respectful and thoughtful. They will make sure they are dressed really well and colour coordinated and they put some perfume on - just as they like it."
- Staff were very positive about their work and showed a good understanding of people's needs, routines and preferences. A staff member said, "I love older people and want to make a difference." Another staff member told us how they were aware a person liked to talk about politics and football, and how they included these subjects in conversations with the person.

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

- People received regular opportunities to discuss the care they received, this enabled any required changes to be discussed and made. A person told us how they had requested some changes in their care and how the registered manager responded. This person said, "The manager changed the times to suit me – no bother."
- People had been provided with information about independent advocacy services, this is information on services that help represent people's views.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was upheld by staff who were sensitive and caring in their approach. People gave positive feedback about how staff cared for them, who they described as, "Polite" "Respectful" and "sensitive."
- Independence was promoted. A person told us how staff encouraged them to do as much as possible for themselves and how was important to them.
- Through discussion with staff they showed a good understanding of the importance of respecting people's privacy, dignity and independence. A staff member said, "I always encourage people to maintain their daily living skills and to participate in activities. I will support people to think about going to social activities - I made some enquiries about a community group for a person."
- People's confidentiality and privacy was protected. Records were stored securely. The registered manager told us they had the processes in place that ensured all records were managed in line the General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The registered manager developed care plans with people, which provided staff with guidance of the care and support they needed. We found information was individual to the person and included information about their diverse needs, preferences and routines. This enabled staff to have a person centred approach in the delivery of care. Care plans were regularly reviewed to ensure people's needs and wishes were accurately reflected in the guidance available for staff.
- People confirmed staff provided care that was met their individual needs and preferences. A person said, "(Name of staff member) cares for me, just the way I want, we get on well, we've got to know each other, they know what's important to me, what I like."
- People were supported by regular care staff and people told us this was important to them. A relative said, "Best thing is, it's a small service, so staff can provide consistency and really understand and know my relation."
- The Accessible Information Standard was being met. This standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss. Staff had guidance about people's communication and sensory needs. The registered manager told us they would provide information in alternative formats such as large print or alternative languages if required.

Improving care quality in response to complaints or concerns

- People had access to the complaint procedure. The registered manager told us they had not received any complaints about the service, but we saw they had a detailed complaint policy and procedure to respond to any complaint received.
- People confirmed they had not had cause to make a complaint, but felt assured the registered manager would respond positively to any concerns raised.

End of life care and support

- At the time of our inspection, no person was receiving end of life care. The registered manager was aware of the importance of developing end of life care plans with people, when they were requiring end of life care. The registered manager had plans to deliver end of life care training.

# 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.

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager was motivated and highly committed in wanting to provide consistent high standards of care that was tailored to people's individual needs. The registered manager said, "My values are to provide person centred care, where people are at the forefront of their care. We are a caring and responsive, flexible service."
- Relatives told us they valued the care provided and this enabled their relation to remain living in the community. People who used the service and their relatives, and an external professional spoke very positively about their experience of the service.
- There was an open and transparent culture at the service. Staff spoke highly of the registered manager and told us they felt involved and valued in the development of the service. Staff also told us the registered manager was supportive and approachable.
- The registered manager had a good understanding of their role and ensured the CQC were notified of all reportable incidents.

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

- A registered manager was in post and they were clear about their role and responsibilities, they had clear oversight of the service and a plan to further develop the service.
- The staff team told us the registered manager was very clear with them about their roles, responsibilities and the standards and expectations required of them. We found staff held the same vision and values for the service as the registered manager.
- The registered manager was supportive to the staff and had regular contact with them to share information. The registered manager led by example and encouraged staff to share ideas and staff told us they felt involved and valued.
- The registered manager used a range of audits and checks to review the service and these were found to be up to date and effective.

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

- The registered manager used quality assurance processes, to engage with people and relatives about their experience of the service. For example, a satisfaction survey had been sent to people in 2018 inviting them to feedback their experience about the service. Results from this was found to be positive with no action required.

#### Continuous learning and improving care

- The registered manager had high standards and sought ways to further develop their knowledge in best practice guidance and legislative requirements.
- Systems and processes were in place that enabled the registered manager to consider lessons learnt. They were open and transparent and because they also provided care, they were a role model for staff because they led by example.

#### Working in partnership with others

- The registered manager had developed positive links with external health and social care professionals.