

24hr Swift Care Services Ltd

24hr Swift Care Services

Inspection report

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Tel: 01908824424

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

24hr Swift Care Services is a domiciliary care provider registered to provide personal care to people living in the community. It specialises in providing palliative and end of life care to people with a life limiting illness. 11 people were receiving personal care at the time of our inspection.

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

There was a lack of effective quality assurance systems and processes in place to enable the registered manager to assess, monitor and improve the quality and safety of the service. The registered manager had not consistently followed safe recruitment procedures; they had not ensured that all necessary recruitment checks had been completed as part of the staff selection process.

Not all staff had received mandatory training from the provider. Where staff had received training relevant to their role in previous employment their knowledge and competency was not checked. We have made a recommendation about staff training.

The process in place to ensure staff who administered medicines had sufficient knowledge and understanding required strengthening. Medicines procedures were not followed to ensure the application of people's creams was recorded. We have made a recommendation about medicines management.

Pre assessments were completed with people but records did not fully reflect people's cultural or religious needs or any protected characteristics. We have made a recommendation about pre assessments.

End of life care plans were not in place for all people. We made a recommendation about end of life care.

Risk assessments addressed people's individual risks but did not consider the risks posed by the environment to people and staff. The registered manager had not followed their complaints policy and complaints had not been recorded. People and their relatives knew how to complain and felt confident any concerns would be addressed to their satisfaction.

People were supported by staff that knew how to recognise abuse and report concerns. Staff had a good knowledge of infection control and had access to gloves and aprons.

People were supported to eat and drink enough and to access healthcare as 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 received support from a small and consistent team of care staff who knew them well and their care was personalised. People and staff had developed caring relationships. People's privacy and dignity was respected, and their independence promoted.

People's feedback on their care was sought and they told us they would recommend the service. Staff felt valued by the registered manager. Staff regularly worked with the registered manager and felt supported in their role.

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

Rating at last inspection

This service was registered with us on 4 July 2018, and this is the first inspection.

Why we inspected

This was a planned inspection.

Enforcement

We have identified breaches in relation to Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 19 of the HSCA 2008 (Regulated Activities) Regulations 2014, Fit and proper persons employed.

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

Follow up

We will request an action plan for 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 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

24hr Swift Care Services

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.

Service and service type

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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 July 2019 and ended on 2 August 2019. We visited the office location to speak with the registered manager and review records on 24 July 2019 and 2 August 2019. We visited people at home on the 25 July. We also spoke with people and staff on the telephone.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this

information to plan our inspection.

During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff including care staff, administrative staff and the registered manager, who was also the provider. We also spoke with a healthcare professional who worked with the provider to commission care for people.

We reviewed a range of records. This included four people's care records and medicines records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed including training records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures and further records relating to staff recruitment and training.

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 for 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

- People were not protected from the risk of being supported by unsuitable staff. The registered manager had relied on DBS checks that had been completed by previous employers for some staff. The Disclosure and Barring Service (DBS) carry out criminal record and barring checks on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions. It is a requirement that where staff are not registered on the DBS update service, employers request a new criminal records check. The registered manager confirmed they had not applied for a new DBS check for three staff who were not registered on the update service. They agreed to make the required applications immediately.
- One member of staff had gaps in their employment history with no reason given and there were no records of interviews with staff. The registered manager told us they asked staff to complete a questionnaire instead of recording the interview. People were at risk of receiving care from staff that were not suitable to carry out their role.

This is a breach of Regulation 19 of the HSCA 2008 (Regulated Activities) Regulations 2014, Fit and proper persons employed.

- Most people told us, they received care when they needed it and staff were always on time. A relative told us, "They always come within the timeframe and they are flexible if we need to change for any reason." People told us staff usually contacted them if their call was delayed.
- Staff told us they sometimes had to travel long distances between people's homes and this made it difficult to arrive at the call at the correct time. We discussed this with the registered manager who said they had realised some care calls were not possible for the organisation to continue to provide due to the distance and issues with travelling. They discussed this with commissioners and arrangements had been made for another care provider to deliver the care.
- The registered manager had recently implemented an electronic call management system to monitor staff attendance at care calls. Staff were receiving support to use this new system at the time of inspection.

Using medicines safely

- Systems to ensure the safe administration of medicines were not consistently followed.
- Some information regarding medicines awareness was provided to staff by the registered manager during induction and competency checks were carried out with staff who administered medicines. However, the training provided was not of sufficient depth to ensure staff with responsibility for administering medicines had the knowledge and skills required. There was a risk that staff administering people's medicines would not have the knowledge required to undertake all aspects of this safely.

We recommend that the registered manager consults current guidance on training for staff who administer medicines.

- The Medicines administration records did not instruct staff where to apply prescribed creams and lotions, and care plans did not always provide this detail. People told us that staff applied their creams correctly and staff we spoke with knew where to apply creams. However, there was a risk new staff would not have this knowledge. This put people at risk of creams and lotions not being applied correctly, which may result in a deterioration of their skin.
- People were confident in the staff who administered their medicines, one person said, "I'd know if they got it wrong, they're all in a [medicines administration aid] apart from [name of medicine], I've never had an issues with any of my meds."
- The registered manager carried out regular audits of people's medicines, however these had not identified the concerns with the recording of cream application identified at this inspection.

Assessing risk, safety monitoring and management

- Improvements were required to the measures in place to assess the safety of people's home environment. The registered manager had not carried out risk assessments of environmental hazards in some people's homes. There was a risk that hazards would not be recognised or addressed.
- Where people required support to change position regularly we saw that records did not always reflect that they were supported to reposition as detailed in their care plan. We discussed this with the registered manager, who recognised the need for records to accurately reflect that people's assessed needs were met. People we spoke with were happy with how staff supported them to minimise the risk of their skin breaking down. One person said, "They [staff] always check my skin, they noticed [area of body] was a little pink and they've been moving me on to my side. They also noticed when my [area of body] were red and got me a pad from the district nurses."
- People and staff told us they knew how to safely use people's equipment. One relative told us, "They [staff] know how to use the equipment, they're always thinking about safety when using the [manual handling equipment]."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who provided their care. One person's relative told us, "We trust them completely, I have left them alone in the house with [person's name], they are very trustworthy and proud of the work they do."
- Systems and processes were in place to safeguard people from abuse and staff knew the potential signs to look for that could indicate abuse. Staff told us they would immediately report any safeguarding concerns and were confident they would be acted on by the registered manager to keep people safe. They also understood how to raise any safeguarding concerns with external agencies.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Staff had the appropriate personal protective equipment to prevent the spread of infection. For example, staff wore disposable gloves and aprons when providing support with personal care.
- There was an infection control policy and procedure in place which staff could access.

Learning lessons when things go wrong

- Staff knew how to report accidents and incidents. The registered manager told us they would review these to identify themes, trends, learning and actions required to reduce risk to people. There had been no accidents at the time of inspection.

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 Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff told us they received an induction when they commenced employment. One new staff member told us, "I'm working with experienced staff at the moment. I've worked with [registered manager] and [deputy manager] they've been checking on me, for example my manual handling." We saw the registered manager worked through an internal induction process with staff and checked their understanding of key areas.
- Some staff had not undertaken mandatory training whilst in the employment of the provider as the registered manager relied on obtaining places on training with an external training provider. In place of this training the registered manager had sought assurance of the knowledge and skills of staff by taking certificates of training from their previous employment. However, where they had relied on previous training they had not checked the continued competency of staff.
- Training was not recorded to identify when staff needed to refresh their skills. This meant the registered manager was unable to assure themselves staff had the correct qualifications, competence and skills required for their duties. We saw that training for one member of staff was overdue to be refreshed; the registered manager had not realised as records did not provide this information. We discussed this with the registered manager, who told us mandatory training would be completed for all staff who needed it.
- Staff had not always received training on the needs of people who used the service, such as catheter care and people at risk of seizures. Most people told us they thought that staff were competent to meet all areas of their needs and gave us examples of specialist nurses providing practical training to staff. However, one person who used a specific continence aid told us that staff did not always apply it effectively; this was addressed by the registered manager at the time of inspection.

We recommend the provider consider current guidance on staff training and develop a training plan for all staff.

- Staff told us they felt supported by the registered manager and could approach them at any time should they need support. One staff member told us, "I can call [registered manager] or [deputy manager] anytime and they always answer. Sometimes they work with us and we get feedback."

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

- Most people using the service received support required with eating and drinking from family members.
- People's care plans reflected the support they needed with eating and drinking, and any risks involved. For example, one person's care plan referred to swallowing difficulties and provided information about the way in which food should be served.

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

- People's needs were assessed before receiving care. This assessment informed the development of people's care plans and included information such as physical, social and emotional needs. One person's relative said, "They [registered manager] was good at discussing things with us, they explained how the service worked. The assessment was about [person's name] and led by [person's name]."
- We reviewed records of assessments; these would benefit from more information about people's cultural and religious needs.

We recommend the registered manager develops the assessment process in line with current guidance.

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

- Staff did not always have access to information about people's health needs. One person's care plan contained no information about their medical history. There was a risk that staff would not have access to the information they required to support the person.
- Staff knew people well and recognised when people needed healthcare support.
- One person with a life limiting health condition told us that staff often noticed before they did when there was a need to adjust their ongoing treatment. Another person's relative said, "They stayed with [family member] when they were unwell. Staff recognised what was happening and called an ambulance."
- The registered manager and staff communicated with specialist nurses and healthcare professionals to ensure people's needs were met. One person's relative told us, "The physiotherapist trained the staff to do exercises with [person's name] and they do them every day."

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.

- At the time of inspection all people receiving support from the service had the capacity to make decisions about their care and treatment.
- People were supported by staff to have maximum choice and control of their lives and were supported in the least restrictive way possible. One person told us that their relative had changed the time they wished to go to bed and that staff worked flexibly to accommodate this.

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

- People were supported by a small team of staff that were kind and caring. People and staff enjoyed each other's company. One person told us, "The staff are very friendly, we chat all the time." A relative told us, "They [staff] really seem to love their work, it just shines through. They chat and joke with [person's name] and the rest of us."
- People told us care was not rushed and staff had time to provide emotional support to people and their relatives. One person's relative said, "[Staff member] is very caring, they said to me, 'we look after the whole family, not just the person.' One day I was very upset, and they were so caring."
- Care plans detailed people's preferences as to how they liked their care to be delivered. However, would benefit from more detail regarding people's social, cultural and religious needs.

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

- People and relatives said they were involved in the planning of their care. One person said, "They did an assessment, they came and met me, and my family and we discussed my needs." This person also said, "They [staff] always ask me what I want doing and whether there is anything else they can do before they leave."
- The registered manager and staff understood the importance of involving people in decision making. We saw that the registered manager met with people regularly to discuss any changes to their needs.
- No one currently required the support of an advocate. However, the registered manager was able to support people to access advocacy services should they need to.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person's relative told us, "They [staff] are very good at preserving dignity. They are aware of not doing personal things in front of other people and always take [person's name] into the bathroom."
- Staff recognised the importance of confidentiality and records were stored securely.
- People's independence was promoted. One person told us that they were still able to shower themselves but worried about falling. Staff respected their wish to shower independently and waited outside the door knowing the person would call them if they had any difficulty.

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 Requires Improvement. This meant people's needs were not always met.

End of life care and support

- The registered manager was a registered general nurse and was working with staff to develop their knowledge and skills in end of life care. However, most staff had not received specific training in end of life care.
- There was an end of life policy in place and this reflected best practice guidance in end of life care. However, the registered manager had not fully implemented this policy as most people did not have an end of life care plan in place to ensure that staff were aware of their preferences for the end of their life. We saw that where people had made advanced decisions and had an advanced care plan in place this information was available to staff.
- Do not attempt cardio-pulmonary resuscitation orders (DNACPR) were in place for people that had decided they did not wish to have resuscitation in the event of a medical emergency. This information was in people's care plans.
- The registered manager worked with specialist end of life care professionals to ensure people's end of life care needs were met appropriately. They were developing tools to enable the service to ensure staff had access to the information they needed to provide people's end of life care appropriately.

We recommend the provider consider current guidance on 'end of life care' and develop an end of life care plan for all people receiving care.

Improving care quality in response to complaints or concerns

- There was a policy and procedure in place to manage complaints, however this had not been consistently followed. The service had received two complaints, these had not been logged and there was no written record of the investigation or outcome of the complaints. The registered manager assured us they had investigated the complaints, however we were unable to verify this.
- People and relatives told us if they had any concerns they would contact the registered manager. The registered manager had regular contact with people and their relatives. This meant concerns were addressed promptly. People told us they had confidence any concerns would be resolved to their satisfaction. One person told us, "I see [registered manager] quite often, about three times a week. I don't have any complaints but did have a moan to her about [staff competency with continence aid]." We discussed this with the registered manager and they had investigated and resolved this concern.
- Complaints information was provided to people and included in the service user guide.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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's care plans did not always contain information about their cultural needs. For example, the registered manager told us that one person had specific requirements regarding how their personal care was provided and the gender of the staff who provided support. This was respected by staff, but the information was not in the person's care plan.
- People told us they received personalised care from staff that knew them well and responded to their needs. One person said, "They shave me every third day because that's what I want, but if I want a shave any other time I just let them know." A member of staff told us, "We first look in the care plan to find out people's needs and information. But we also speak to the person and their family."
- People told us the service worked flexibly to meet their choices and needs. One person told us, "They [staff] are flexible, they work round what we're doing. I had the chiropodist coming so the staff came to see me early."
- Staff were respectful of people's homes, and supported people to maintain relationships with their family members. One person's relative told us that staff adjusted their visit times to enable them to go out when they needed to.
- At the time of inspection, the service was not supporting people with social needs.

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 detailed in their care plans, and staff knew how to communicate effectively with people. Information about people's communication needs were detailed in their care plans.

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

- The registered manager was also the provider, they regularly delivered care to people and had a good overview of people's needs. However, we found this impacted on their ability to maintain oversight of the service. There were limited quality assurance systems in place to review staff files and recruitment, people's care records, medicines records, people's care visits and complaints.
- The registered manager had not ensured all staff undertook mandatory training when they commenced employment with the company. When previous training was relied upon the registered manager had not checked staff competency or retained a copy of all previous certificates. This meant they could not be assured of the quality of training staff had received.
- There was no system in place to provide an overview of staff training; this was contrary to the provider's policy which stated a training matrix should be in place. Records did not provide the date staff had completed mandatory training or the date when training was due to be refreshed. The registered manager had to ask an external training provider for some of this information. This meant the registered manager was unable to identify when staff needed training to update their skills.
- The registered manager explained the service had recently grown as they had been commissioned to provide care to more people and had taken on several new staff. This had affected their ability to ensure the systems to ensure the quality and safety of the service were implemented.

This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to by the registered manager. They received regular support and regularly worked with the registered manager, which ensured they provided the care and support at the standards required.

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

- The registered manager was committed to providing a responsive, personalised service to people living with life limiting conditions or at the end of their life. We saw that many compliments had been received from people and relatives who had received support from the service. The feedback we received during the inspection was mostly positive.
- People commented on the culture of openness and transparency within the service. One relative told us

their loved one had originally required four calls a day, but when the registered manager felt one of these calls was no longer needed they had discussed reducing this with the person and their family. They said, "There is a real honesty from [registered manager], they are putting in maximum effort and it is working for people."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the requirements under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The registered manager notified CQC and other agencies of any incidents which took place that affected people who used the service.
- Staff knew how to 'whistle-blow' and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- People using the service at the time of inspection had not been receiving care for long enough to enable a survey to be completed. The registered manager was developing appropriate ways to gather feedback from people. They told us they and the deputy manager regularly asked for feedback from people, when providing their care. A relative told us, "[Deputy manager] often asks how things are going and whether we have any feedback about the team."
- Staff feedback was collated during supervisions and meetings. Staff told us, the registered manager was responsive to staff feedback.
- Staff felt valued and cared for by the registered manager. One staff member said, "I would recommend this as a company to work for."

Continuous learning and improving care

- The registered manager recognised that improvements were needed and had begun to take the action needed to improve the service. For example, in relation to end of life care planning.
- The service had recently begun using an electronic call monitoring system to monitor the timing of people's care calls.

Working in partnership with others

- The registered manager worked closely with local healthcare commissioners to ensure the service developed and people received safe appropriate care. We received positive feedback from the healthcare professionals who commissioned people's care.
- Staff worked closely with other health professionals such as district nurses, GP's and community nurses. The registered manager told us, and records showed, they contacted health professionals if they had any concerns about people's health or wellbeing.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered manager did not have sufficient arrangements in place to monitor the quality and safety of the care and support provided to people.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered manager had not consistently followed safe recruitment procedures; they had not ensured that all necessary recruitment checks had been completed as part of the staff selection process.</p>