24/7 Assured Care Services Limited

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Inspection report

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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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service:

24/7 Assured Care Services Limited is a domiciliary care agency which provides care to people in their homes. There were 20 people using the service at the time of our inspection. However, 16 people did not receive support with personal care. CQC does not regulate this part of the service. Therefore, our inspection only focussed on the four people receiving personal care. The four people receiving personal care were older adults (over 65 years of age), although some younger adults with physical disabilities received a service. They all lived within the London Borough of Brent and had their service commissioned by the local authority.

People's experience of using this service:

The service was not always well-led. There were some systems and processes to monitor the quality of care. However, we found the monitoring system for late or missed calls to be ineffective. We noted no late or missed calls had been recorded even though we had been notified by people of recent occurrences.

People did not always receive personalised care. Their needs had been assessed by the service prior to receiving services. Care plans included guidance about meeting these needs. However, we found this to be not detailed. Furthermore, some people had missed calls, which meant they may not have received care that met their needs.

People felt safe in the care they received from care workers. There were safeguarding systems and processes to support care workers to protect people from avoidable harm. Risk assessments were in place, with guidance for care workers on how to reduce risks.

Safe recruitment procedures were now in place. This ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment.

The requirements of the Mental Capacity Act (MCA) 2005 were met. People were involved in making decisions about their care and support. People, or where necessary, their relatives had signed their plans to show that they consented to the care provided by the service.

People, relatives and staff spoke positively about the registered manager and felt able to raise concerns and were confident that these would be addressed.

Care workers had received a range of training and support to enable them to carry out their role safely. People told us they received the right care and support from care workers who were well trained and competent at what they did.

Records relating to consent for care were accurately completed and people told us they were always offered choice and control over the care they received.
People were very positive about the staff and told us that their privacy and dignity was promoted.

More information is in the full report.

We identified one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to good governance. Details of action we have asked the provider to take can be found at the end of this report. We also made two recommendations.

Rating at last inspection:

This was the service's first inspection since registering with CQC.

Follow up:

We have asked the provider to send us an action plan telling us what steps they are to take to make the improvements needed. We will continue to monitor information and intelligence we receive about the service to ensure good quality is provided to people. We will return to re-inspect in line with our inspection timescales for Requires Improvement services.

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.	**Requires Improvement**
Is the service effective? The service was effective.	**Good**
Is the service caring? The service was caring.	**Good**
Is the service responsive? The service was not always responsive.	**Requires Improvement**
Is the service well-led? The service was not always well-led.	**Requires Improvement**

24/7 Assured Care Services Limited

Detailed findings

Background to this 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 adult social care inspector.

Service and service type:

24/7 Assured Care Services Limited is a domiciliary care agency which is registered to provide personal care and support to people living in their own home.

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 manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

Our inspection was informed by evidence we already held about the service. We asked the service to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with three relatives of three people. We were not able to speak with people using the service because they had complex needs and were not able to share their experiences of using the service with us. We spoke with the registered manager and three care workers. We reviewed four care records of people using the service, seven personnel files of care workers, audits and other records about the management of the service. We requested additional evidence to be sent to us after our inspection. This was received, and the information was used as part of our inspection.

Requires Improvement

Our findings

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

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.

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Staffing and recruitment:

• Care workers had been recruited safely. They underwent appropriate recruitment checks prior to employment. Checks included, at least two references, proof of identity and Disclosure and Barring checks (DBS).
• There were sufficient care workers deployed to keep people safe. Several of the care workers had been in employment with the agency many years.
• Generally, people's relatives told us care workers were always on time. We asked if care workers arrived on time and if they stayed for the allotted time. One relative said, "I have never seen anyone so dedicated to their work. The care workers are always on time." Another relative said, "They are on time. They do stay longer if necessary."
• However, some raised concerns regarding staff punctuality. A relative told us, "I would like them to be mindful of time. They are not very good at keeping time."
• We found the monitoring system for calls to be ineffective as no late or missed calls had been recorded even though we had been notified by people of recent occurrences. The current system left the onus on care workers to report on their whereabouts from their own mobile phones. This was not reliable as there were no other checks in place to verify. We spoke with the registered manager regarding this and she told us that the service had reviewed the use of an automated monitoring system, however, this was costly considering they only supported four people. At the time of this inspection the service was still checking alternative systems they could use.

Learning lessons when things go wrong:

• The registered manager was aware that some people had experienced missed or late calls. Despite this, the system for monitoring calls had not been developed further.
• No incident reports had been recorded regarding late or missed calls even though we had been notified of recent occurrences. This meant the provider did not learn when things go wrong.

We recommend that the provider takes advice from a reputable source regarding the implementation of a system for monitoring calls.

Systems and processes to safeguard people from the risk of abuse:

• People's relatives told us that people felt safe when receiving personal care from care workers. A relative of one person told us, "I have a lot of experience looking after my relative. I know what 'good' looks like. My relative is safe and is receiving excellent care." This view was shared with all people's relatives spoken with.
• Care workers understood their responsibilities to keep people safe. They knew the different types of abuse.
• There were safeguarding policies in place. Care workers knew how to raise concerns and were confident any concerns raised would be dealt with effectively to make sure people were protected. They were also aware they could report allegations of abuse to the local authority safeguarding team and the Care Quality Commission (CQC) if management had taken no action.

Assessing risk, safety monitoring and management:

• There were systems and processes in place to minimise risks to people. Care plans included risk assessments covering a range of areas, such as risks arising from the environment and medical conditions.
• In one example, a person was at risk of developing pressure ulcers and we saw that early warning signs had been identified, including a management plan.

Using medicines safely:

• There were suitable arrangements to ensure people were protected against the risks associated with the inappropriate medicines support.
• One relative told us, "The care workers occasionally administer medicines and they do it so well." Another person said, "There has never been any concerns. My [relative] is supported to take medicines on time."
• However, one relative expressed some concerns, citing staff punctuality. The relative told us, "The medicines are being administered, my worry is about the timing, given on occasions care workers are late or are not staying for the duration of call."
• All care workers had received training in the administration of medicines which was regularly refreshed.

Preventing and controlling infection:

• People were protected from the risks associated with poor infection control. The service had processes in place to reduce the risk of infection and cross contamination.
• Care workers were trained in infection prevention and control and were supplied with appropriate personal protective equipment (PPE), including gloves and aprons, when they supported people.

Good

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:

• People's needs were assessed before they started to use the service. The assessments covered areas such as nutrition, medicines, mobility, health and safety, and relevant medical conditions.
• Care plans included local authority contracts and agreements, consent forms, information about the care package and support provided.
• People's relatives gave us consistently positive feedback about how the service met people's needs. One relative told us, "They turn up each day and they look after my relative very well. There is no worry about that. My relative's needs are met." Another person said, "The care workers and the manager are extremely professional. I can rely on them in meeting my relative's needs."

Staff support: induction, training, skills and experience:

• Care workers were supported to have the skills and knowledge to carry out their role. They had completed an induction programme according to the Care Certificate framework. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. They had also completed essential training, which covered a range of areas, including, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), safeguarding, first aid, health and safety, equality and diversity and infection control.
• Care workers had also completed training that was tailored to the specific needs of people, including, challenging behaviour, diabetes and epilepsy.
• Care workers received regular supervision and appraisals. Regular spot checks of competence and practice were also undertaken.
• Care workers spoke positively about their line management. One care worker told us, "The registered manager is very supportive. You could speak with her any time for support."

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

• People's rights were protected because the scheme ensured that the requirements of the Mental Capacity Act 2005 (MCA) were met.
• 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.
• People's care plans identified if they had capacity. One person was identified not to have capacity to make specific decisions. Their care plan highlighted their next of kin as having the Lasting Power of Attorney and this had been verified by the service.
• Where possible, people, or their next of kin, had signed the care records to show that they had consented to their planned care, and terms and conditions of using the service.

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

• People were supported to eat and drink to maintain a balanced diet. People, who required assistance and support to prepare food and drink due to their assessed needs, had a care plan which stated this. One relative told us, "My relative's needs are met. Care workers provide support with meals."
• Care workers supported people with shopping and meal preparation. One relative told us, "We normally prepare meals but occasionally, care workers support us with this and they do it so well."

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

• People were supported to access healthcare professionals. Care workers supported people as needed to attend appointments with GPs.
• The registered manager told us that they liaised with social workers, or other health care professionals such as district nurses when they have concerns with people's medical needs. One care plan advised care workers to contact GP and district nurse to assess any early warning signs for pressure ulcers.

Good

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:

• The service treated people's values, beliefs and cultures with respect. One relative told us, "My [relative] is Muslim. The service respects our wishes. My [relative] is always supported with a halal or vegetable meal." The same relative told us, "The service is aware of key religions celebrations throughout the year. They support my [relative] to observe them." The other relatives spoken with told us that the service had enquired about their relatives' beliefs but there were no requirements.
• The registered manager understood the importance of protecting and respecting people's human rights. For example, care workers had been assigned to work with people where they were able to communicate with them in their first language. A Guajarati speaking person had been matched with someone who spoke the same language.
• People had been asked if they had any preferences for male or female care workers. Where a preference had been identified this was respected. One relative told us, "We have had the same care worker for a number of years and we are happy with that."
• New staff members, or those new to the person receiving care shadowed established staff members to understand the person's needs and establish a relationship with them.

Respecting and promoting people's privacy, dignity and independence:

• People told us care workers respected their privacy. One person told us, "Care workers always checked if it was okay to enter my [relative's] home" Another relative told us, "Dignity and privacy is always respected."
• The service recognised people's rights to privacy and confidentiality. Care records were stored securely in locked cabinets in the office and electronically.
• Confidentiality policies had been updated to comply with the General Data Protection Regulation (GDPR) law.

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

• Care workers were aware of the importance of seeking consent from the people they supported. People were supported to have choice and control of their lives. One person told us, "Care workers always ask to proceed before providing care."
• Staff were knowledgeable about people's preferences. The care plans had a section called, 'important information about me'. This provided background information for care workers about the person.

Requires Improvement

Our findings

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

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

• People's relatives told us that people received personalised care that met their needs. One relative told us, "My relative's needs are met. I do not have any complaints." Another relative said, "My relative's needs are met. Prior to receiving care from 24/7 Assured Care Services Limited, I had tried many other agencies who all fell short. I have never come across any agency as dedicated as they are. The staff and the manager have been responsive to my relative's needs. We can rely on them."
• People's care needs had been fully assessed and documented prior to receiving care. One relative told us that they had been involved. The relative said, "We shared ideas about how to do things well for my relative." The care plans recorded people who had been involved, and we saw this included relatives and professionals.
• Despite the positive feedback, we found the care plans were generic. They did not always contain sufficient information and guidance to make sure that care was provided in a consistent way, that met people's individual needs. One care plan stated, 'support with morning personal care, breakfast, medicines, outreach' and in the same way another care plan recorded, 'wash and dress to get ready for bed' and 'snack preparation with hot or cold drink and prompt client to eat or drink.' In both examples, the level of input or actions needed to achieve the goals were not clearly outlined. Thus, there was a risk of people receiving inconsistent care, and therefore not person centred.
• All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet.
• A relative told us, "At times my relative displays behaviours that challenge. Most of this arises from communication difficulties. The agency understands this well. They use different strategies to communicate effectively with my relative. The registered manager is an excellent communicator."
• However, the service had not taken all steps to meet the AIS requirements. The care plans were generic. They were not presented in different ways to reflect differences in people's abilities, for example, font size, symbols or pictures.

We recommend that the provider takes advice from a reputable source about developing person centred

care plans.

End of life care:

• The agency did not provide end of life care. However, care workers had completed training in 'death and bereavement counselling'.
• One relative told us, "When one of relatives died, the service was excellent with my relative who is receiving support from them. The service went out of its way to give my relative all the attention. This was very helpful to us."
• The registered manager explained that she would ensure that all care workers received the training and support that they needed to provide people with personalised care if they needed end of life care.

Improving care quality in response to complaints or concerns:

• The service had a complaints procedure which people and their relatives were aware of. The procedure explained the process for reporting a complaint.
• People's relatives felt they would be listened to if they needed to complain or raise concerns. They told us they could discuss any concerns they had with the registered manager and were confident any issues raised would be dealt with.
• One relative told us, "The service has quickly implemented changes when we have complained." Another relative said, "The service is very good. Staff work very hard and are always contactable, if we ever wanted to talk."

Requires Improvement

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care:

• The service had checks in place but these we not sufficiently robust to have identified the shortfalls that we found during the inspection in relation to care records. The service did not always maintain clear guidelines relating to care delivery.
• There was a lack of systems in place to enable learning and improvement of performance. For example, whilst people's experience had highlighted some areas for improvement, no action had been taken. Even though people's responses to the June 2018 survey were largely positive, no action had been taken to address a few concerns that had been raised.
• Concerns had been raised of care workers arriving late or at times not staying for the allotted time. We saw no steps being taken to address this.

The above evidence shows a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

• Generally, people's relatives told us that people received personalised care that met their needs. This was consistent with responses from a survey that was carried out in June 2018. Most respondents had given positive feedback.
• The leadership complied with the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We had been notified of significant events.

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

• We asked people's relatives if they knew the managers at the service and what they thought about how the service was managed. One relative told us, "The manager is very good. She works hard and is always contactable. She is very efficient." Another relative said, "The manager has a special touch. She is hands on and will spot anything that is not right."
• There were clear management structures in place. The registered manager was supported by a team leader.
• Care workers were clear about their own roles and responsibilities, including the reporting structures in place.
• Care workers told us that the leadership of the service was good. They confirmed that the registered manager was approachable and that they could contact her at any time for support.
• There was an open culture within the scheme. Care workers told us that they could raise any issues at team meetings and felt confident and supported in doing so.
• The service sought feedback from people, people's relatives and staff, which it acted on

Working in partnership with others:

• The service worked together and with other health and social care professionals to understand and meet people's needs and to assess and plan ongoing care and support.
• There were meetings with other health care professionals to review care.

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 The systems for governance were not sufficiently robust to monitor and to have identified the issues we found on inspection.