

Mrs Lizzy Walters

# Care Cover 24/7

## 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

Care Cover 24/7 is a domiciliary care agency that provides personal care and companionship to people living in their own homes. At the time of the inspection, 36 people received a service which included personal care from Care Cover 24/7. Not everyone who used the service received personal care. 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

People were safely supported by sufficient numbers of staff who had been employed through the registered manager's safe recruitment processes. Staff received training on safeguarding and knew how to identify and report any concerns. Risks had been assessed and management plans put in place. Staff administered people's medicines as prescribed.

People's needs were assessed prior to their service starting. The registered manager assessed people's needs and there was a clear dedication to providing high-quality person-centred care to people, to enable people to remain living in their own homes. Staff worked with healthcare professionals to make sure health needs were met. 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 and relatives thought staff were kind and caring. People's privacy and dignity were promoted and maintained by staff who recognised the importance of treating people respectfully. One person told us, "I am more than happy, we have had some bad times with other companies, but they have taken a huge black cloud off our head, some staff are outstanding, but all of them are good."

People were involved in their care and were encouraged to share their views and preferences. People had personalised care plans which were regularly reviewed. People were encouraged to be independent, offered choices and their privacy and dignity was maintained. People and relatives were happy with the staff that supported them.

People, relatives and staff all felt able to approach the registered manager and were positive about their leadership style. Quality monitoring was in place and feedback was sought and used to make improvements to the service. There was a complaints policy in place which people and relatives were aware of. A relative told us, "It is the only care agency we have had where the staff speak highly of the management team."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (Published October 2017)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

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.

# Care Cover 24/7

## 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, and an assistant inspector who made telephone calls to people and their relatives.

#### Service and service type

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

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

This inspection was announced. 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 13 January 2020 ended on 16 January 2020. We visited the office location on 15 January 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 the information we held about the service to plan the inspection. This included checking for any statutory

notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with five members of care staff, registered manager, deputy manager and a care co-ordinator.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. We also looked at records of accidents and incidents, complaints and compliments and quality assurance records. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People had risks to their health and well-being assessed and planned for. Relatives told us they felt staff knew people's risks and supported them safely.
- Care records reflected people's risks had been assessed and guidance was available to staff to ensure they acted safely and consistently.
- Risk assessments were in place which had been reviewed when people's needs changed and included information provided by other healthcare professionals about how to keep people safe.
- Staff had a good understanding of how to safeguard people well.

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

- All the people and relatives we spoke with said they felt safe with the service they received.
- Staff had received training in protecting people from harm and knew how to recognise potential signs of abuse and how to raise any concerns for people's safety.
- The registered manager followed the local authority reporting procedure for allegations of abuse or harm where there were concerns for people's safety and had submitted notifications to CQC which they are required to do by law.

### Staffing and recruitment

- Staff had been recruited safely. The registered manager had carried out appropriate checks on staff members to ensure they were safe to work with vulnerable people.

### Using medicines safely

- People received their medicines as prescribed.
- People and relatives, we spoke with told us they had no concerns about people receiving their medicines.
- We saw systems used to manage medicines were regularly audited and safe.

### Preventing and controlling infection

- Relatives and staff told us gloves and aprons were available for use when needed and infection control procedures were always followed.
- Staff had received training in safe practices to control the risk of infection.

### Learning lessons when things go wrong

- Staff understood their responsibility to report incidents and accidents involving people they supported. A member of staff said, "We have out of hours support and they always call us back and help us if we need it."

- Staff shared examples of occasions when they had contacted senior staff to report concerns. We saw action had then been taken to ensure people were safe and on-going risk was reduced.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 prior to commencing care. People's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.
- People's physical, mental health and social needs had been holistically assessed in line with recognised best practice.

Staff support: induction, training, skills and experience

- Staff continued to receive training that helped them support people. One staff member told us, "The training is good and comprehensive."
- The registered manager had an induction process in place. When staff started working for Care Cover 24/7 they attended training and shadowed other staff before working on their own.
- Staff completed other necessary training to enable them to carry out their roles well, for example, safeguarding and food hygiene. Training was monitored by the management team to ensure this was kept up to date.
- People felt staff knew them well and had the skills and experience to fulfil their role. One person told us, "I have the same staff visiting me all the time, I get to know them, and they know me too, they are fantastic, all lovely girls."

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

- People's dietary needs had been assessed and considered. No one was currently being supported with any specific dietary requirements.
- When needed, staff supported people at mealtimes and with drinks.

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

- Staff worked with other services such as health care staff, to ensure people received care which met their changing needs.

The registered manager communicated well with other agencies such as the local authority.

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

- People had access to healthcare professionals and their health and wellbeing was monitored as needed. Advice given by health professionals was documented and followed by staff.
- When people needed to be referred to health professionals for specific advice and guidance we saw this had been completed. For example, if people were unwell when staff had visited them, they had contacted

the GP on their behalf.

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.

- No one that was currently being supported lacked capacity to make decisions for themselves.
- Staff understood the principles of the Mental Capacity Act and consent was sought from people before providing them with care. Staff had received training in the MCA.
- The registered manager was aware of their responsibilities under the MCA, and was able to demonstrate to us the action they would take should deliver care to people who were deemed not to have capacity in the future.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 were consistently positive about the caring attitude of the staff. One told us, " [Your service] has such diligence and empathy in relation to my [relative]. Time keeping and caring were exemplary. You did your best." Another relative said, "Your staff have acted professionally at all times. Without exception they are kind and patient."
- All the staff we spoke with were respectful and caring in the language they used when discussing the people they supported.

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

- People, relatives and staff all told us that people were involved in decisions relating to their day to day care and their individual preferences and choices were respected. One relative said, "I am happy with the service."
- Conversations with staff demonstrated an understanding of people's needs and how they encouraged people to make choices about their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was always promoted. Staff we spoke with gave us examples of how people's privacy was maintained such as closing doors and curtains when giving personal care.
- People were encouraged to maintain their independence. A member of staff told us about how they use verbal prompts to encourage people to do as much for themselves as possible.
- People's right to confidentiality was respected and protected appropriately in accordance with General Data Protection Regulation (GDPR). We saw that people's confidential private information was respected and kept secure.

# Is the service responsive?

## Our findings

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

At our last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People and relatives told us they were involved in planning their care. We saw that reviews had taken place as needed, and people's wishes had been recorded and acted upon. One relative said, "Mum prefers females to support her personal care and that is what she gets."
- People received care that was person centred and responsive to their needs. One relative told us, "We helped set up the care plan, they do exactly what we want."

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 identified, assessed and recorded in their care plans.
- The registered manager was aware of the accessible information standard and was able to provide information to people in alternative formats if this was required. One person did not have verbal communication and so the service had provided them with flash cards so that they could easily tell staff what they wanted.

Improving care quality in response to complaints or concerns

- The registered manager had a complaints process in place so people or their relatives could raise concerns.
- People were given information on how to complain and this was available to them in their own homes. People and relatives told us that if they had raised any concerns they had been sorted out to their satisfaction quickly.
- Records of complaints were kept which showed the actions taken to resolve any issues. We found the registered manager had apologised to people where there were failings and put measures in place to limit reoccurrence.

End of life care and support

- The service was providing end of life care at the time of the inspection. They were working in close partnership with health professionals. The relatives of the person chose to contact us after the inspection and commented that "All the staff involved in [my relatives'] care are lovely and we are very happy with them."

- After our visit to the service the registered manager sent us updated paperwork in relation to End of Life care that they had recently reviewed.

# 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.

At our last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and staff were clear about their roles and responsibilities. The registered manager regularly reviewed the quality of care people received. Various audits were conducted which included care files, medicines records and staff files. We saw action had been taken where inconsistencies were identified.
- The registered manager had an electronic call monitoring system where staff logged in and out of their calls, which enabled care staff visits and punctuality to be monitored.
- The management team completed spot checks and observations on staff in people's homes to monitor staff performance and competency.
- The previous rating given by CQC was displayed in the registered office and the providers website. This is important as it allows people, relatives and the public to know how the service is performing.

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

- Through our discussions with the registered manager, it was clear they were aware of and acted in line with the duty of candour. There were records of where the service had apologised when needed. All staff appeared to be open and transparent throughout the inspection process.
- The registered manager understood their role and legal responsibilities, including appropriately notifying CQC about any important events that happened in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Care 24/7 made sure people's and relative's views about the service were gained. This was done through care reviews and annual questionnaires. The responses had been analysed for trends and the registered manager had dealt with any concerns or issues promptly. For example, one person preferred to be supported by a certain carer where possible, and this had been arranged.
- Staff meetings were held regularly. This ensured staff were given the opportunity to raise any concerns and for information about the service to be shared. Staff told us they felt supported in their role and found the registered manager helpful and approachable. A staff member said, "All the managers are good, really good. They are very supportive and helpful if we have problems in our personal life."
- Relatives told us the service was good. One relative said, "They send regular feedback forms, and I can always contact them if I need to."

Continuous learning and improving care; Working in partnership with others

- The registered manager had quality assurance systems in place that were used effectively to monitor the quality of the service, to identify any trends in incidents and to aid continuous improvement.
- The registered manager told us that they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. They attended meetings and information events run by the local authority and received regular updates from professional organisations involved in adult social care.
- The registered manager and staff worked in partnership with healthcare professionals and local authorities to ensure people received the support they required.