

Duty of Care 24-7 Ltd

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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?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

At our last inspection on 14 March 2017, the service was rated as 'Requires improvement'.

At this inspection on 2 May 2018, we found the service remained as 'Requires improvement'.

Duty of care 24-7 Ltd provides support and personal care to people with mental health conditions who live in their own homes in order for them to maintain their independence.

At the time of inspection, only 2 people were receiving personal care. Not everyone using Duty of care 24-7 Ltd received regulated activity; 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.

Staff did not always receive the appropriate training that was necessary to enable them to carry out the duties they were employed to perform. When staff were inducted in to the service, the process was not robust and did not make sure they were trained in areas such as safeguarding adults and supporting people with mental health conditions. Some of the staff we spoke with did not have the required knowledge of how to report any concerns of abuse. Ongoing training systems provided were not effective in training staff in these areas.

Effective quality audit systems were not in place to ensure that staff training was up to date. The registered manager was aware that not all staff had completed the required training, but had not taken any prompt action to make sure that people received care from staff that were appropriately trained.

You can see what action we told the provider to take at the back of the full version of the report.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe. People had risk assessments in place to cover any risks that were present within their lives, but also enable them to be as independent as possible. All the staff we spoke with were confident that any concerns they raised would be followed up appropriately by their manager, but they did not always know who to go to should they need to report concerns outside of the service.

Staffing levels were adequate to meet people's current needs.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. References and security checks were carried out as required.

Staff told us they had the appropriate personal protective equipment to perform their roles safely. People we spoke with told us that staff supported them in a way which prevented the spread of infection.

Staff were well supported by the registered manager, and had one to one supervisions and observations. Staff were happy that they were able to contact the registered manager and speak with him whenever they needed to.

The provider understood their responsibility to comply with the Accessible Information Standard (AIS), which came into force in August 2016. The AIS is a framework that makes it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

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

People were able to choose the food and drink they wanted and staff supported people with this when required. People could be supported to access health appointments if required. The registered manager and the staff had a good understanding of people's mental health needs, and knew when to access the support of other health professionals.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. People told us they were happy with the way that staff spoke to them, and provided their care in a respectful and dignified manner.

People were involved in their own care planning and were able to contribute to the way in which they were supported. Care planning was personalised and mentioned people's likes and dislikes, so that staff understood their needs fully. People told us they felt in control of their care and were listened to by staff.

The service had a complaints procedure in place to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required. The people we spoke with knew how to use it.

The service worked in partnership with other agencies to ensure quality of care across all levels. Communication was open and honest, and improvements were highlighted and worked upon as required.

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 consistently safe. Some of the staff we spoke with did not understand the safeguarding procedure and policy in place due to lack of training in this area.

People had risk assessments in place which documented the risks that were present within their lives

Staffing levels were appropriate and consistent.

Staff were recruited safely in to the service.

Staff followed infection control procedures.

Requires Improvement ●

Is the service effective?

The service was not consistently effective. Induction training was not robust and did not make sure that all staff working with people were appropriately trained.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment.

Consent was gained before carrying out any care

Requires Improvement ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service was not consistently well led. Quality audit systems in place were not effective. Action was not taken to ensure that staff working with vulnerable people, were appropriately trained to do so.

Requires Improvement ●

People knew the registered manager, and were able to see them when required.

People were asked for, and gave, feedback which was acted on.

The service worked in partnership with other agencies to improve people's care.

Duty of Care 24-7 Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on 2 May 2018 and was announced. We gave the provider notice of our inspection to ensure someone was at the office location, to enable us to access the information we needed.

The inspection was carried out by one inspector.

Before our inspection, we reviewed information that we held about the service such as notifications. These detail events which happened at the service that the provider is required to tell us about. We also contacted the Local Authority for any information they held on the service.

We spoke with two people who used the service, three support workers, and the registered manager. We reviewed two peoples care records to ensure they were reflective of their needs, three staff files, and other documents relating to the management of the service such as complaints systems, user feedback and staff training records.

Is the service safe?

Our findings

The service was not consistently safe. The staff we spoke with did not have a good understanding of the safeguarding procedures and policy in place. We spoke with staff and asked them what procedure they would follow to report any concerns around potential or alleged abuse of people using the service. Staff all told us they would report to the registered manager, and records showed that concerns that were reported to the registered manager were followed up by him appropriately, however, staff were not aware of how to take the matter further if they felt it was required. One staff member told us, "Beyond speaking to the registered manager, I don't know really." Another staff member told us, "I don't really know what the safeguarding policy and procedure is to be honest." Staff did not have the knowledge that they could report concerns to the local safeguarding authority, the Care Quality Commission, or the police if required. This meant that people were being supported by staff who were not fully trained and aware of the safeguarding procedure and policy in place. Following the inspection, the registered manager contacted us to confirm that mandatory training had been booked in for staff to attend, who would not be able to work further shifts without completing.

People told us they felt safe with the staff support they received. One person said, "I feel very safe with the staff, I rely on them, and they are very good." The staff we spoke with felt that they were able to safely support people with complex mental health needs, as the care planning and risk assessment in place guided them appropriately.

Risk assessments were in place which provided staff with guidance about how to support people safely across several areas of their life. This included people's strengths, as well as the areas where support was required such as health and medication, behaviour, and environment both indoors and outdoors. We saw that conclusions and recommendations were documented so that staff had guidance on the risks present in people's life. Assessments we looked at were updated on a regular basis.

There were enough staff to meet people's needs. One person told us, "I have my regular carer, and if she is away, then someone else I know will come. The care is consistent and I have not had any missed calls. The company seem well staffed to me." We looked at the rota system and saw that staffing was consistent within the service. The staff we spoke with all felt that staffing levels were good, and that they were able to consistently see and care for the same people, enabling the care to be effective.

Safe recruitment procedures were carried out by the service. We looked at staff files which showed that all staff employed had a disclosure and barring service (DBS) security check, and had provided references and identification before starting any work. All the staff we spoke with confirmed that these checks took place.

The service did not currently support people with the administration of any medicines, as the people they supported were able to manage and administer their own medicines. The service was able to provide this support if required, and had training systems in place to ensure staff competency. The people we spoke with confirmed that they were able to manage their medicines themselves and did not require any support in this area.

People were well protected by the prevention and control of infection, and staff understood their responsibilities in this area. All the people we spoke with were happy that the staff supported them in a way which promoted the control of the spread of infection. One staff member told us, "I have all the personal protective equipment that I need, I know I can pop in to the office and get more if I need it."

All staff understood their responsibilities to record any accidents and incidents that may occur, and lessons were learned from any mistakes that were made. We saw that the registered manager and the staff team had discussed various issues within the team meeting. This included areas for staff improvement and reviewing any issues and mistakes that had been made.

Is the service effective?

Our findings

The service was not consistently effective. Staff did not always receive the appropriate training that was necessary to enable them to carry out the duties they were employed to perform. When staff were inducted into the service, the process was not robust and did not make sure they were trained in areas such as safeguarding adults and supporting people with mental health conditions. We looked at training and induction records which showed us that six staff members had not received any formal training in safeguarding procedures, supporting people with mental health conditions, or equality and diversity.

We saw that the induction procedure for staff did not include any of this basic training. The registered manager, who was also the provider, had arranged some online training for staff to cover these areas of knowledge, but staff had not completed this. We spoke with the registered manager about this and they informed us they had struggled to get all staff to complete online training, and some training sessions had been booked to take place in the office, but staff had not attended. No formal actions were taken as a result of this failure to complete training. Some of the staff we spoke with confirmed that no formal training had taken place when they went through their induction, although they had visited the office, looked at files, and spent time shadowing other staff. This meant staff were supporting vulnerable adults without having the sufficient training required.

This failure to appropriately train staff, was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing.

People's needs were assessed before they received a service. We saw that the service worked with local authorities in taking referrals and assessing people's needs. The registered manager told us that once they had accepted a referral, they would go out to meet the person to ensure they could provide them with the care they required. The people we spoke with confirmed that they felt the staff were capable of meeting their needs. The staff we spoke with told us that care planning in place was effective and documented people's needs accurately.

Where the provider took on the responsibility, staff supported people to eat and drink sufficient amounts. The people we spoke with told us they were mostly able to prepare food themselves, but staff could help them if they asked. We saw one example where staff were supporting a person to batch cook meals so the person could have the food they like prepared in advance. Staff confirmed that most people they supported were able to prepare food themselves, but they encouraged healthy choices and helped to cook when required.

The service worked and communicated with other agencies and staff to enable effective care and support. We saw that people had input from a variety of health and social care professionals to monitor and contribute to their on-going support. This included reviews and input from funding authorities, and communication and investigation around any safeguarding alerts and concerns with both the local authority and the police. The registered manager gave examples of when people's health had deteriorated and he had liaised with health professionals to provide the extra support that people needed for their

continued wellbeing.

Staff had a good knowledge of people's health requirements, and were confident in obtaining the support of health professionals when required. The registered manager had the knowledge and experience to understand people's complex mental health needs, and was able to respond and involve the appropriate professionals when required. We saw that people's health needs were documented within their files and updated when needed.

The Mental Capacity Act (MCA) 2005 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection. The service worked in line with the principles of the MCA 2005, and conversations made during the inspection confirmed staff sought consent before providing care or support to people.

Is the service caring?

Our findings

The people we spoke with confirmed that they got on well with staff and felt cared for. One person we spoke with said, "I have a good friendship with the staff. I enjoy their company, and their visit really brightens my day. I came out of hospital after a long stay, and they have really helped me a lot." We also saw some written feedback from a person which stated, 'A big thank you for your well-chosen match of staff, and for being there at the meetings and discussing my welfare as if I were family'. Staff confirmed with us that they were able to consistently visit the same people, and could therefore build positive relationships with people and their relatives.

People told us they felt involved in their own care. One person said, "Yes I feel very much involved. If I don't want a visit I don't have one. The staff listen to me and take on board what I have say. They respect my choices and understand when I am not well." The registered manager told us, "People don't always want to engage with us, or look at care plans and review them. I have found that if I invite people in to the office for a coffee and a chat, then it is more successful and they get involved. This informal approach works better for some people." During our inspection we saw that people were phoning the registered manager at the office and talking to them, making arrangements and being involved in their own care.

Staff were respectful of people's privacy and dignity when providing care. All the people we spoke with told us that staff considered their dignity when providing care. The service provided a small amount of personal care to people in their own homes, and the people we spoke with said they were happy and comfortable when staff supported them with these tasks. Staff were able to explain the importance of gaining people's trust and respecting people's dignity at all times. We discussed the details of people's care with staff members, who were always considerate that personal information was not shared with people inappropriately.

Is the service responsive?

Our findings

Care and support was personalised to meet individual needs. The care plans we looked at outlined the care tasks that were required for each person, and included detail specific to each person. We saw that throughout the people's care files, person centred information was present. However this was sometimes provided by documents that the person's funding authority had compiled, and not the service itself. The registered manager told us that this information would be transferred on to Duty of Care 24-7's own format, to ensure that it was updated and checked along with all other aspects of care planning. The staff we spoke with had a good understanding of people's preferences, likes and dislikes and understood about how each person preferred to communicate and engage.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

People knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. The people we spoke with said they had not had to make any formal complaints but would do so if needed. One person said, "I would ring the registered manager and speak to him if I had a problem of any kind. I am comfortable that I would get a good response." We saw that the service had a complaints procedure and policy in place, which outlined how all complaints would be dealt with and responded to promptly. At the time of inspection, no complaints had been made.

No end of life care was being delivered to people at the time of inspection. The registered manager confirmed that support would be given to those who wished to make advanced decisions about their care, and referrals made to appropriate agencies if required.

Is the service well-led?

Our findings

The service was not consistently well led. Effective quality audit systems were not in place to ensure that staff training was up to date. The registered manager's checks had made them aware that not all staff had completed required training, but action had not been taken to promptly rectify this. We saw that some online training was put in place for staff, but many staff had not completed it, or attended some of the office-based training. This lack of action from the issues found within staff training meant that staff continued to take shifts and support vulnerable people without the appropriate training. This placed people at risk of not receiving the care they required. As a result of our inspection, the registered manager told us they would be reviewing these issues and booking mandatory training sessions for staff to attend, and they would not be able to continue to work without this training being completed.

There were other audits in place and the registered manager kept a check on areas of the service and the systems within it. Rotas, care plans, risk assessments and staff files were checked and updated as required. When errors were found, actions were taken to rectify them.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager was aware of the responsibility to submit notifications and other required information. The service displayed its CQC registration certificate as required.

The service had a clear vision and strategy to provide positive care for people, and staff we spoke with told us they felt the service was well managed. Staff and people told us that the registered manager was easy to contact and approachable. One staff member said, "[Registered Manager's name] knows his stuff. He is very knowledgeable and runs a good service." During our inspection, it was clear that the registered manager was knowledgeable about the people that were using the service and the staff team, and they were able to tell us in detail the way in which people were supported, and the progress they had made.

The people that use the service and the staff were able to have their voices heard and were engaged and involved in the development of the service. People we spoke with felt that the staff always listened to them and responded appropriately. One person said, "I'm very happy with the service. I can go in to the office if I want, and I can contact the manager who will listen."

The people using the service were able to feedback on quality. We saw that quality questionnaires were created and sent out for people, which enabled them to record feedback. We saw that feedback was collated and analysed by the registered manager. Responses were given to people when necessary.

The latest CQC inspection report rating was on display at the service. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

The service worked positively with outside agencies. This included mental health professionals, police officers, and funding authorities. The registered manager told us he felt he had a good relationship with these other professionals and would regularly communicate with them to ensure that people's care was effective. We saw that the local authority had been communicating with the service and had set actions for improvement. The registered manager showed us how progress had been made from the actions that were set, and commented that the relationship with all other social care professionals was positive.

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 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff did not always receive the appropriate training that was necessary to enable them to carry out the duties they were employed to perform. When staff were inducted in to the service, the process was not robust and did not make sure they were trained in areas such as safeguarding adults and supporting people with mental health conditions. Some of the staff we spoke with did not have the required knowledge of how to report any concerns of abuse. Ongoing training systems provided were not effective in training staff in these areas.</p>