

Duty of Care 24-7 Ltd

The Nova Centre

Inspection report

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16 March 2017
17 March 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

This announced inspection took place on the 14, 16 and 17 March 2017. Duty of Care 24-7 provides a personal care service to people who live in their own homes. At the time of our inspection the service was supporting one person.

The provider was also the registered manager at the time of our inspection. 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.

Staff had the skills and knowledge to provide the care and support people needed but had not always received the level of training needed or undertaken regular formal supervision.

Policies and procedures were not always followed and staff had not always had the opportunity to share best practice and support the provider in the development of the service.

People received care from staff that were friendly, kind and caring; passionate about providing the care and support people needed and wanted to enable them to stay in their own homes.

People had care plans that were personalised to their individual needs and wishes. Records contained detailed information to assist care workers to provide care and support in an individualised manner that respected each person's individual requirements and promoted treating people with dignity.

Staffing levels ensured that people received the support they required safely and at the times they needed. The recruitment practice protected people from being cared for by staff that were unsuitable to work in their home.

Staff understood the need to protect people from harm and knew what action they should take if they had any concerns. People told us that they felt cared for safely in their own home. The provider understood their role in caring for people with limited or no capacity under the Mental Capacity Act 2005.

The provider was closely involved in the day to day running of the agency and continually monitored the quality of the service provided. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to and acted upon.

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.

People told us that they felt safe in their home with the staff that cared for them and staff understood their responsibilities to ensure people were kept safe.

Risk assessments were in place and managed in a way which ensured people received safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff had not always received regular formal supervision.

People received personalised care and support. Staff were given the guidance and support to provide the care and support to people in the way in which they preferred.

People were actively involved in decisions about their care and support needs. The provider demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

People were supported to access relevant health and social care professionals to ensure they received the care and support they needed.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff that were kind and committed to providing good care and support.

People were encouraged to make decisions about how their support was provided and their privacy and dignity was protected and promoted.

<p>Staff had a good understanding of people's needs and preferences.</p>	
<p>Is the service responsive?</p> <p>The service was responsive.</p> <p>People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.</p> <p>People using the service and their relatives knew how to raise a concern or make a complaint.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was not always well-led.</p> <p>The provider needed to ensure that policies and procedures were consistently followed and staff had the opportunity to share best practice and support the development of the service.</p> <p>The provider effectively monitored the quality and safety of the service.</p>	<p>Requires Improvement ●</p>

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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 announced inspection took place on 14, 16 and 17 March 2017 and was undertaken by one inspector. The provider was given less than 24 hours' notice because the location provides a domiciliary care service and we needed to be sure a member of staff would be available.

Before the inspection, we checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

We also contacted the health and social care commissioners who monitor the care and support of people living in their own home.

During the inspection we visited one person who used the service, and spoke to a relative, one member of the care staff, the registered provider/manager and a HR manager.

We reviewed the care records of one person and three staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

People told us they felt safe in their homes with the staff that supported them. The staff knew how to recognise if people were at risk of harm and knew what action to take when people were at risk. Staff told us that if they had any concerns they would report it straight away to the provider. The staff had confidence that the provider would take the appropriate action. There was an up to date safeguarding procedure in place which included the contact details of the local safeguarding team. We saw from staff records that all staff had received safeguarding training.

There were risk assessments in place to reduce and manage the risks to people's safety; for example we saw that there was a risk assessment in place for someone who needed assistance to mobilise, there was information for the staff to ensure any risks were mitigated. The provider reviewed the care plans and risk assessments regularly.

People told us that they felt there was a sufficient number of staff to meet their needs. People said that staff arrived on time and stayed for the time allocated. One relative told us "If the staff don't need all of the time the provider has banked the time and provided staff at another time when I have needed it." No one felt rushed and people spoke about having the opportunity to talk to the staff that came and that they generally had the same staff to support them.

There were appropriate recruitment practices in place to ensure people were safeguarded against the risk of being cared for by unsuitable staff. Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work for the provider.

A record was kept in relation to any accidents/incidents and each month the provider reviewed them to look for any patterns or trends.

There was a system in place to manage medicines and staff received training in the administration of medicines. However, at the time of the inspection no one needed assistance with their medicines so we were unable to fully assess how effective the system was.

Is the service effective?

Our findings

Staff did not always receive regular supervision. Although there was a policy and procedure in place in relation to supervision this was not being adhered to. Staff were observed and supported as they delivered care but they did not receive regular formal supervision. We spoke to the provider about this who informed us that they were taking action to address the lack of supervision for staff and to ensure all staff received regular supervision and appraisals.

Prior to the inspection we had received information which suggested that the staff had not received sufficient training, specifically in relation to manual handling. The provider was able to assure us that all staff had received manual handling training and that this would be refreshed regularly. The provider was reviewing the training available to staff to ensure that they were equipped with the knowledge and skills needed to support individual people. The provider had a training matrix in place which detailed what training staff had undertaken, however this needed to include dates for when any refresher training was required. The provider agreed to ensure that this was included.

People could be assured that they received care and support from staff that had the skills and knowledge to carry out their roles and responsibilities effectively. All new staff undertook an induction programme; people told us that the provider always introduced any new staff to them and worked with any new member of staff which ensured they knew what they were doing. Staff confirmed that they had all been introduced to the person they would support before they started working with them and that the provider guided them on what was needed. A relative confirmed that the provider always introduced new staff and worked alongside them before they worked alone with their relative. One member of staff said "[Name of provider] introduced me first and worked with me to show me exactly what I needed to do."

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. The provider was aware of their responsibilities under the Act but at the time of the inspection the people being supported were all able to give their consent to the care and support they received. People were able to tell us that staff sought their consent before they delivered the care.

People were supported with their meals and drinks when necessary. The care plan detailed what level of support a person may need with regards to eating or drinking. We saw that when there had been a concern about the level of fluid a person was in taking that records had been kept and shared with the appropriate health professionals.

People's healthcare needs were carefully monitored. Records detailed people's medical history and known health conditions.

Is the service caring?

Our findings

People described the staff that supported them as caring and polite. One person told us "The staff are excellent; very polite and caring and respectful; we have a good chat when they come."

Staff knew people well and encouraged people to express their views and to make their own choices. Care plans included people's preferences and choices about how they wanted their support to be given. The provider had ensured that people had the same regular care staff who delivered consistent care. One person commented "I usually have the same three staff and they always make sure that a female member of staff supports me in the bathroom."

People received their care in a dignified and respectful manner. People told us that they felt they were respected and that their dignity was protected. One person said "I feel the staff are very respectful and protect my modesty." Staff described how they protected people's dignity, they described closing curtains and doors to ensure no one could see in and covered people up as much as possible to maintain their dignity at all times. One member of staff said "I always ask people if they are comfortable with how I am doing things."

At the time of the inspection the people receiving personal care were able to express their wishes and were involved with their care plans. People told us that the staff spent time talking to them. We spoke to the provider about what support was available should a person not be able to represent themselves or had no family to help them. The provider explained that if that situation did arise they would support the person to get an advocate. There was no information readily available about advocacy for people however, the provider agreed to ensure information would be included within the information pack which people received as they commenced the service.

Is the service responsive?

Our findings

People and their families met with the provider to talk about whether their needs could be met at the times they wanted. People were able to discuss their daily routines, when they liked to rise or retire to bed and their expectations of the service. This information was then used to develop a care plan for people. The provider made sure there were sufficient resources to meet people's needs before people were offered a service. This ensured that people's needs were consistently and effectively met.

The care plans detailed what people needed and when they wanted support. They were regularly reviewed and updated and we saw that if people needed to make changes this was accommodated. Daily records were kept and people confirmed with us that staff always read and completed the record to ensure everyone was kept up to date and informed of any changes. Staff spoke regularly to the provider which ensured that information remained up to date.

People and their families were given information about what to do if they had a complaint or needed to speak to someone about the service. The provider had ensured that there was always someone people could contact. People told us that they would speak to the provider or any of the staff if they had a complaint. A relative told us "I just have a word with [Name of the provider] and they sort things out; when I was unsure about one of the staff that supported my relative I spoke to [Name of provider] and they agreed and that person did not come again." We saw that there were appropriate policies and procedures in place for complaints to be managed and responded to. There had been no complaints in the last 12 months.

Is the service well-led?

Our findings

There were policies and procedures in place which covered all aspects relevant to operating a personal care service which included safeguarding, whistleblowing and recruitment procedures. However, not all policies and procedures had been followed, such as the supervision and appraisal policy. The provider needed to ensure that the policies in place were fully accessible to staff and were being followed.

The provider was actively involved in the service and routinely monitored the quality and safety of the service provided. As this was a small service they were able to address any issues as they arose and deal with them effectively. The provider was aware that as the service grew they would need to be proactive about the development of the quality assurance processes.

People benefited from receiving care from a team of staff who were committed and enabled to provide consistent care they could rely upon. The provider was passionate about providing the best possible care to people and was visible and approachable.

The provider often worked alongside the staff which ensured that all staff delivered the care as detailed in the individual care plans and at the standard required. Daily records were monitored and any shortfalls in recording addressed. The provider regularly sought feedback about the service. One relative told us they felt listened to and had confidence that the provider would make any adjustments to the care package if needed.

The culture within the agency was open and transparent, focused upon supporting people's well-being; it enabled people to live as independently as possible for as long as possible in their own home. The staff we spoke with spoke of providing a service that was person-centred and focussed on the outcomes for people.

Staff felt valued and listened to. One member of staff said "I would just talk to [Name of provider] if I have any concerns or questions." There was limited opportunity for the staff to meet together to share best practice and support in the development of the service. We spoke to the provider about this who acknowledged that there had not been many staff meetings but that this was an area they would address as and when the service grew.

The provider led a team of staff who provided a service which was tailor made to meet the individual needs of people and support them to live as independent and fulfilled life as possible.