

Access 24/7 Health Care Ltd

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Inspection report

Trafalgar House
712 London Road
Grays
RM20 3JT

Tel: 07377566210

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26 July 2022

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23 August 2022

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Access 24/7 Health Care is a domiciliary care agency providing personal and nursing care to adults and children in their own homes. At the time of this inspection, 23 people were receiving personal/nursing care. The Care Quality Commission (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

Relatives told us their loved ones received safe care. Risks to people's health, safety and well being had been assessed and managed. Staff knew people well and were provided with guidance and support from the management team and clinical leads at Access 24/7 Health Care.

Safeguarding systems were in place and staff knew how to report any concerns they had. One said, "If I saw something, I would report to my manager, if I did not feel listened to, I would go to the police, find out who the local authority was."

Medicines were managed safely and administered by trained members of staff.

Staff had access to personal protective equipment (PPE) and there were effective infection prevention and control measures in place, including up to date Covid-19 policy and procedure.

People's needs were assessed and reviewed regularly due to their complex care needs. Care plans were detailed, personalised and people's wishes' and preferences were reflected. Relatives told us they had been involved in the planning of their loved one's care.

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.

Staff were described by relatives as brilliant, kind, caring, great and trusting. Staff had received training to carry out their roles competently and the senior management team carried out spot checks, competency checks, supervisions and appraisals to further support staff.

The management team were committed to providing a high-quality service to people with a strive to continuous improvement. Systems were in place to monitor the quality of the service people received.

The registered manager understood their responsibilities and worked in an open and transparent way. Relatives were aware of how to approach the registered manager to raise concerns or complaints. One relative said, "[Name], always listens to my views." Another said, "[Name] outshines and is one in a million."

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

Rating at last inspection

This service was registered with us on 6 January 2021 and this is the first inspection.

Why we inspected

This was a planned inspection based on the registration date.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Access 24/7 Healthcare Ltd

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal and nursing care to adults and children living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 26 July 2022 and ended on 4 August 2022. We visited the location's office on 26 July 2022.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with

key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three members of staff including the registered manager, the deputy manager and the care manager.

We reviewed a range of records, including three people's care records and medication records. We looked at records relating to the management of the service, including staff files and quality audits.

After the inspection

We spoke with three relatives by telephone about their experiences of the care provided and three members of staff. We continued to seek clarification from the provider to validate evidence found. We looked at training data and the organisations policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered manager understood their legal responsibilities to ensure people were protected from harm and shared concerns with the local safeguarding team.
- Staff had attended safeguarding training both for adults and children and knew what to do when they were concerned about a person's safety. One staff member said, "I would escalate to the local authority if I felt it had not been followed through properly."
- Relatives told us, "I always feel [name] is safe and am reassured when regular staff are working. It can be a little worrying when there is someone new but its ok." And, "[Name] appeared to be comfortable with the staff, I felt [name] was safe If I went out."

Assessing risk, safety monitoring and management

- People had comprehensive risk assessments in place that met their complex care requirements. These provided clear guidance for staff to help reduce the likelihood of people being harmed. For example, guidance for staff in the event of equipment becoming dislodged or blocked and who to contact in an emergency situation.
- Staff had received appropriate training to enable them to use equipment confidently. One staff member said, "Yes, I have had, suction training, syringe driver, enteral feeding, long term conditions and pain management."
- Staff knew how to reduce risk to people when providing care. One told us, "[Person] can become upset and distressed when provided with personal care and may require oxygen. You need to know your client well, be prepared and follow the individual's management plan."

Staffing and recruitment

- Recruitment procedures were robust and appropriate checks were carried out. These included obtaining references and Disclosure and Barring Services (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helped the provider make safer recruitment decisions.
- There were enough staff to meet people's needs. Relatives told us care calls had not been missed and if staff were running late, they would be contacted by a member of staff at the office. One person said, "They always turn up on time, and some arrive even earlier than they are meant to."
- The registered manager told us, "We do not use any agency staff, we put in our clinical care team in the event of sickness or absenteeism, including myself." This helps to ensure continuity and familiarity of staff for people.
- Staff spoke highly of the registered manager, and one said, "[Name of registered manager] has shadowed

me, so they can get to know the person I support in the event of covering sickness or holidays."

Using medicines safely

- Staff received training in safe medicine management and they were assessed as competent before administering medicines to people.
- People received their medicines as prescribed, and staff recorded when medicines had been given on people's medication administration records (MAR). This included people's as required medicine's (PRN), to be taken. For example, alongside regular prescribed medicines to help with the breakthrough of pain.
- Medicine records were audited regularly; appropriate action was taken if any errors or shortfalls were identified.

Preventing and controlling infection

- Staff had received training in infection control practices. Personal protective equipment (PPE) such as gloves, aprons and masks were provided for them which reduced the risk of infection to people who were clinically vulnerable and at high risk of developing an infection.
- Staff were testing in line with current guidance and relatives confirmed PPE was worn by staff.
- One staff member said, "We have PPE readily available, the office supply and if we run low, we call, and they supply more."

Learning lessons when things go wrong

- The registered manager reviewed accidents and incidents, carried out investigations where required. Records showed action was taken to reduce the risk of reoccurrence. For example, we saw a recent incident had been shared with staff and additional training provided to improve the quality of the service. Staff confirmed lessons learned were shared in staff meetings.
- One staff member said, "I complete the accident and incident sheets, answer questions around what triggered the accident or incident and provide a summary of what happened. I report to my manager."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 had been assessed before the care package commenced to ensure staff at the service could meet their needs. Relatives we spoke to confirmed they had been involved in the assessment process. One relative said, "Yes, [name] came to the house a couple of times, I was fully involved in [name] care planning process."
- People had detailed care plans tailored to their individual needs. There was detailed guidance for staff to provide safe care and treatment, which included emergency plans in the event of power cuts for equipment failures.

Staff support: induction, training, skills and experience

- Staff received training and support to enable them to carry out their roles effectively. The staffing group was a skill mix of registered nurses and support workers working together providing high dependency care and support to adults and children, some with long term health conditions.
- New staff received an induction to the service. One staff member said, "I had a three-month induction, which included observations and online training." Another said, "You are not left on your own until you are confident and able to support a person well. Your experience is considered, and you can call the clinical lead anytime."
- We found competency assessments had taken place to ensure staff were skilled to support people. For example, moving and handling, administration of medicines, enteral feeding, tracheostomy tube, suctioning and taking care of a ventilated patient.

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

- Staff knew how to support people with their individual dietary requirements.
- One person required a soft diet and thickened fluids due to their risk of choking.
- Another person who was unable to have food or drink by mouth, received their food directly into their stomach through a feeding tube. A staff member said, "I follow the person's care management plan to ensure they receive a balance diet this way."

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

- Staff knew people well and having the skill mix of registered nurses and support workers enabled concerns to be escalated promptly and professional advice sought. Staff we spoke to told us, we communicate with families, other professionals, read care plans and management plans so we get to know everything about a person.

- Some people required care packages following their discharge from hospital. Staff were allocated time at hospital settings, shadowing staff to ensure they got to know people well and were able to support them when they were discharged home.
- Management and staff worked in partnership with the local authority, commissioners of care and many other health and social care professionals to ensure a holistic approach to people's needs were being met and maintained.

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 MCA 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.

- We found where deemed appropriate, people had mental capacity assessments in their care plans which had been carried out to establish if people making decisions about aspects of their lives had the capacity to do so.
- People, had signed consent to care and treatment forms, where they had capacity to do so. Where people lacked capacity, their relatives signed in their best interests as their decision makers. These were placed in peoples care plans.
- Staff received training in the Mental Capacity Act and knew how to put this into practice. One staff member said, "Not to assume a person does not have capacity. To undermine a person and take over is abuse." Another said, "I encourage people to make own choices, work to the legal framework. I use visual prompts to support person to make decisions and choices day to day."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Peoples relatives gave positive feedback about the supportive nature of the staff. One relative said, "They have become friends which is what [person] likes." Another said, "They are very kind and caring, they get treated like part of the family."
- Relatives told us they were happy with the care and support received from staff. They said, "They [staff] look after [name] like I do." "They [staff] are really good, kind and caring." And, "[Name] and [name], can tell in an instance if [person] is not their self, they notice the change in [person] immediately."

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

- Relatives felt involved in making decisions about peoples care and support. Staff said, "[Person] I have supported for two years, I read the care plan initially get to know likes and dislikes, build up relationship with all involved to support person as they like to be supported."
- The registered manager said, "When taking on new referrals, we do thorough introductions. We spend at least a couple of hours getting to know the client and put together a bespoke care package, then assign the right carers to the package. We discuss all care plans with families and health professionals."

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to respect people's privacy and dignity. One said, "When providing personal care, I keep the door shut, I don't overexpose person and I am respectful. And, "You need to understand a person, their likes, dislikes, and be respectful of their religion,"
- People were able to choose their gender preference of staff who supported them. The registered manager said, "For one person, the relative had requested not to have two male carers at a time, so we always make sure we accommodate this."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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's care was personalised to meet their individual needs. The service worked with people and their relatives to ensure they received the right support according to their preferences.
- People's care plans were person centred with detailed information providing staff with information of how to care for them and what is important to them. Relatives told us that staff knew people well.
- Staff supported some individuals with their daily physiotherapy programmes to promote daily health and wellbeing and sensory activities to engage and stimulate people's senses.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff told us about different ways they communicated with people, including those with limited communication, or hearing difficulties. One staff member said, "Some people I support are non-verbal, I am learning basic sign language to communicate more effectively." Another said, "I can gauge from observations if person is happy or sad." One person used Makaton, a visual way to develop communication skills and express their wishes.
- People's care plans had a detailed assessment of their communication needs and guidance for staff on how to communicate effectively.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans provided detail for staff on how to socially engage with individuals according to their choice and preferences. Some people were supported to access education which provided social engagement and stimulation for people.
- Staff with careful planning organised a day trip to London. Relatives were actively involved in maintaining relationships and working together with the staff to help engage and stimulate people on a daily basis. For example, going outside, listening to music, films of choice, playing games on electronic devices.

Improving care quality in response to complaints and concerns

- The registered manager had systems in place to respond to any complaints or concerns raised. There was

a complaints policy that people, relatives and staff could refer to.

- People's relatives we spoke to said, "I've not had cause to make a complaint, I would speak to the care manager if needed." Another said, "Any concerns I go straight to registered manager, they are very good, always able to get hold of them. I have not complained but I know registered manager always listen if I need to speak to them."

End of life care and support

- The service supported people as they reached the end of their life. Staff worked with palliative care teams to ensure appropriate clinicians were involved in their care.

- Staff had received training and knew how to support people at the end of their life. One staff member said, "My training equips me as a nurse to help manage a patient gracefully and respectfully, maximising dignity, reducing pain and ensuring their wishes are adhered to."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People's relatives told us about their positive experience of care being delivered to their loved ones. One relative said, "[Name] is very safe, they look after [name], they have a passion for what they do. I know [name] is safe in their hands. Another said, "So far [name] care has been great, very positive."
- The service provided people and relatives the opportunity to give feedback on the service they were receiving. This was in the form of surveys, visits and telephone service quality calls. This information was included in the service improvement plan to drive the quality of the service forward.
- Staff had received training and were aware of the whistleblowing policy. One staff member said, "I have the confidence to speak up if I was unhappy about something. I would escalate higher if needed, although [registered manager] is quite good."

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

- The registered manager was aware of their legal responsibility to notify the care quality commission as part of regulatory requirements.
- The registered manager had been open and honest when things had gone wrong and worked to resolve them and share learning.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had an effective on-going development plan for improving systems and processes to further enhance and improve the quality of the service. With support from the management team this was under regular review.
- The registered manager told us, weekly meetings are held to discuss changes/plans/updates, so everyone is aware of what is happening within the organisation. The management team met a minimum of once a month, to share knowledge and learn lessons.
- People had been contacted by telephone to obtain their feedback on the quality of the service. People appeared happy overall and said the quality of the service they received was good.
- Staff we spoke to felt confident in their role and spoke positively about the registered manager. One said, "I have worked with [registered manager], they are approachable, the management system is good."

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

characteristics

- Peoples care needs and wishes were respected, their care plans were regularly reviewed and updated, and reviews of their care took place which involved them and their relatives.
- Staff were kept updated of any changes through meetings held either face to face or virtually. The registered manager told us group messaging for staff on a secure messaging group, was an efficient way of communicating with each other as information gets shared easily.

Working in partnership with others

- The registered manager and management team worked well with other health and social care agencies and professionals, such as GPs, local authorities, CCG and the palliative care team, to ensure people received good quality care.
- We saw several compliments the service had received from external health care professionals praising the care and support staff were providing.