

24-7 Care Services Birmingham Ltd

24-7 Care Services

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

This inspection took place on 28 November 2017 and was announced. We gave the registered manager notice of our intention to undertake an inspection. This was because 24/7 Care Services provide personal care for people who live in their own homes and we needed to be sure that someone would be available at the office.

At our last inspection on 17 January 2017 we found two breaches of legal requirements which were, good governance and, failing to notify CQC of statutory notifications. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the service. At this inspection we saw improvements had been made and the provider was now meeting the legal requirements.

At the last inspection we rated the service as requires improvement in three key questions which were, safe, effective and well-led. This was because the registered manager had not understood their responsibilities for reporting safeguarding concerns to the CQC, their responsibilities for ensuring they practiced in-line with The Mental Capacity Act 2005 (MCA) and did not have robust checks in place to ensure the service was delivering high quality care. We found the improvements the registered manager had put in place had now been sufficient to rate these key questions as good.

24/7 Care Services is a domiciliary care agency. They provide personal care to people living in their own houses and flats in the community. They provide a service to older adults, younger disabled adults, and people who have dementia. At the time of our inspection 17 people received personal care in their own homes.

Not everyone using 24/7 Care Service receives the regulated activity, personal care. CQC only inspects the service which provides 'personal care' to people, such as, help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in place at the time of our inspection; the registered manager was also the provider of the service. 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 received safe care, relatives who we spoke with felt staff were trained to support their family members in a way which kept them safe. Staff demonstrated good knowledge in how they were to protect people from harm. Staff recognised the signs of abuse and knew how to report this. The registered manager had identified potential risks to people and had put plans in place to support staff to reduce the risk to people without taking away people's right to make decisions about their care. People and relatives told us the registered manager ensured there were enough staff to support their care needs. Staff told us

that because the service supported a small number of people, they were able to deliver safe care and support to people. People were supported with their medicines in a safe way.

People received care and support which met their needs and preferences and was in line with their consent and agreement, and staff understood the importance of this. We found people were supported to eat a healthy diet which was tailored to their individual preferences. Staff worked with external healthcare professionals and where necessary followed their guidance and advice about how to support the person in the right way.

People's views and decisions they had made about their care were listened to and staff acted upon these in a dignified and respectful way. Relatives felt the staff team treated their family members in a kind and friendly way, which was done so respectfully.

The registered manager had provided people with information around how to raise a complaint should they need to. People and relatives we spoke with had not needed to raise any concerns but knew how to do this should they need to. The registered manager had not received any complaints at the time of our inspection. The registered manager told us that they had regular contact with people which they felt reduced the likelihood of people needing to complain about the service provision.

People and their relatives felt involved in the way the service was run. They felt they had the opportunity to share their views and discuss aspects of the service. Staff felt supported by the registered manager to carry out their roles and responsibilities effectively, through training and daily contact. Staff felt involved in the service and felt able to influence their ideas in the way in which the service was run. People, relatives and staff felt the registered manager was approachable and listened to them. We found checks the registered manager completed on the service focused upon the experiences of people.

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 now safe.

People were cared for by staff who had the knowledge to protect them from the risk of harm. People were supported by sufficient numbers of staff to keep them safe and meet their needs. People received their medicines in a safe way.

Is the service effective?

Good ●

The service was now effective.

People were supported by staff who had the knowledge and skills to do so. People received care they had consented to and staff understood the importance of this. People were supported with maintaining a healthy diet and with on-going healthcare support.

Is the service caring?

Good ●

The service remained caring.

Peoples were involved in their care and made decisions about how they were supported. People were supported by staff who were kind and caring towards them and their family members. People's privacy and dignity were maintained.

Is the service responsive?

Good ●

The service remained responsive.

People received care that was in-line with their individual preferences and needs. People and their relatives had information available to them should they need to raise a complaint.

Is the service well-led?

Good ●

The service was now well-led.

People were included in the way the service was run and were listened too. Staff were supported by clear and visible leadership so people received care to a good quality standard. The

registered manager had systems in place to ensure they were delivery high quality care.

24-7 Care Services

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.

We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection activity started on 22 November 2017 and ended on 29 November 2017. It included speaking with people, relatives and staff and the telephone. We visited the office location on 28 November 2017 to see the registered manager and office staff; and to review care records and policies and procedures. The inspection team consisted of one inspector and one expert by experience who had experience of care at home services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority to understand if they had any relevant information to share with us.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We spoke with five people who used the service and five relatives who supported their family member with the management of their care. We also spoke with three care staff, the administrator and the registered manager. We looked at aspects of three people's care records and medication records. We also looked at staffing rotas the registered manager's complaints procedure, compliments, three staff recruitment record and checks of records completed by the registered manager.

Is the service safe?

Our findings

At our last inspection on 19 January 2017 we found the service required improvement. This was because the registered manager did not understand their responsibilities for reporting safeguarding concerns to the CQC. We also found people were placed at risk of not having an emergency contact, as the registered manager was always on-call and there was no contingency if they were unable to respond. Risks assessments were not fully clear to staff and recruitment check processes were not robust. At this inspection we found the registered manager had made improvements in these areas.

People we spoke with felt the staff supported them in a way which kept them safe. One person told us, "The staff will always check I am safe and comfortable in the sling when they hoist me. They are very good at checking and will readjust as needed". While two other people told us that as they required two staff to support them, the staff always waited until they were both available. A relative we spoke with said they felt staff who supported their family member knew their needs well and said, "I would say [person's name] is absolutely safe. The staff make sure they are using the equipment particularly in the bathroom".

Staff told us the registered manager had provided them with information about safeguarding and how to report concerns if necessary. Staff had a good understanding of different types of abuse they may see and what approach they would take to raise their concerns. Staff explained to us how they would report any concerns to the registered manager or other external agencies if they needed to. All staff we spoke with felt confident the registered manager would take action if they did raise any concerns. The registered manager had a good understanding of their responsibilities to protect people from harm. We saw how the registered manager worked with external agencies to ensure people were being kept safe from harm.

All people we spoke with felt staff had a good understanding of their care needs and staff worked with them to ensure their safety was maintained. People told us staff had discussed with them their care needs to help understand if there were any particular risks staff would need to support them to manage. One person told us their mobility was reduced and they needed more time to be able to move safely. Staff told us this had been identified and they ensured the person had two staff members to support the person. Staff confirmed they had enough time to support the person, the person confirmed that they did not feel rushed when they were being supported by staff.

Staff were able to share with us additional potential risks they had identified for other people they supported, such as pressure sores. Staff told us how they would check the person's skin to ensure it was healthy. One staff member told us and we saw from the person's care records that where a person's skin was becoming sore they had contacted the district nurses for additional support, and as a result the person's skin improved.

People who used the service and relatives told us they had a regular staff team who supported them. One person said, "They [staff] are usually on time, but someone will ring if they are delayed". People told us staff arrived to support them at times which suited them and stayed for the agreed length of time. People and relatives told us that when a new member of staff started working for the registered manager they worked

alongside a longstanding staff member before they worked alone. One relative told us, "New staff are always introduced". We spoke with a newer staff member who confirmed they had been supported this way, which they told us helped them to understand not only the person's care needs, but the home environment in which the person lived. People and relatives told us they had no concerns around staffing levels. One relative told us how the staffing reflected the person's individual care needs, and said that where more time or staff were needed to meet the person's particular needs the registered manager ensured this happened.

The registered manager was involved in caring for people, and understood the staffing levels required to support people safely. One staff member said, "I have enough time to spend with people, you get time to talk to people". The staff team communicated with each other on a daily basis so the registered manager had good assurances that they had sufficient staff to meet people's needs.

We looked at three staff's recruitment records and saw checks were completed by the registered manager to ensure they were suitable to deliver care and support before they started work. Staff we spoke with told us they had completed application forms and were interviewed to assess their abilities. The registered manager had made reference checks with the staff's previous employers and with the Disclosure and Barring Service (DBS). The registered manager used this information to ensure that suitable staff were employed, so people were not placed at risk through recruitment practices.

People and relatives we spoke with did not raise any concerns about the management of medicines. One person told us, "The [staff] will put my cream on my legs after my shower. They [staff] always wear gloves". A relative told us, "They [staff] give (the person) their medication from a blister pack. They always wear gloves, aprons and uniform. [staff] will sign the sheet to say (the person) has taken their medication". Staff we spoke with told us, they had received medicine training and their practices were checked before they began working alone and on a regular basis. This approach supported staff members' continued competency in supporting people with their medicines. Staff had a good understanding about the medicines they gave people and the possible side effects. The registered manager told us they also provided care to people they supported, so were able to check that any person's receiving medicines had been done so in the right way. Medication charts we saw had been completed and signed as appropriate.

People and relatives told us staff used gloves, aprons and washed their hands when required. People did not raise any concerns to us about the way staff ensured they protected them from risk of infection. Staff told us they had received training in food hygiene and infection control, they confirmed they had access to equipment that protected them and people they supported, such as gloves and aprons. The registered manager told us they carried out spot checks of their staff to ensure they were following best practice in regards to preventing infections.

The registered manager showed us the process for monitoring accidents and incidents, however people had not experienced any accidents or incidents since our last inspection. Staff told us when if people fell when they were alone, their risks were reviewed and appropriate action taken to reduce this. For example, following one person's fall, staff worked with the healthcare professionals to ensure additional equipment was put into place to reduce any risk of further falls.

Is the service effective?

Our findings

At our last inspection on 19 January 2017 we found the service required improvement in this area. This was because the registered manager did not have a clear understanding of the role and responsibilities for ensuring they practiced within the MCA. At this inspection we found the registered manager had made improvements in this area.

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 and where appropriate their relatives, told us staff had discussed with them aspects of their personal care so that their consent and agreement to the care was sought. People felt staff respected their wishes and listened to them in how they wanted to be supported. One person told us, "They listen to what I want". Staff we spoke with understood their roles and responsibilities in regards to gaining consent and what this meant and how it affected the way the person was to be cared for. Staff told us they always ensured people consented to their care. Staff told us they assumed people had the capacity to make their own decisions and would always seek consent from the person first. They told us that should the person declined, they would respect their choice.

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. We checked whether the service was working within the principles of the MCA. Any applications to deprive someone of their liberty for this service must be made through the court of protection. The registered manager had not made any applications to the Court of Protection for approval to restrict the freedom of people who used the service. They were aware of this legislation and were happy to seek advice if they needed to.

People and their relatives told us they were involved in assessments before they began using the service. One person explained how they shared information about their history and preferences with the registered manager. A relative told us that staff knew their family member well. We saw assessments were completed before people begun receiving care to ensure the staff were equipped to meet their needs.

People felt staff knew their care needs and how to support them in the right way. One person told us, "They [staff] know how to use the hoist and make sure I am not left sitting on the sling". A further person told us, "The staff understand my condition. They never rush me because they know I will get breathless". A relative told us they felt confident staff did the right thing and told us, "It puts my mind at ease".

Staff told us they had received training that was appropriate for the people they cared for, such as safely moving and handling for people who require assistance with their mobility and medication. One staff member we spoke with told us the training was detailed and related to the people they supported. A newer

staff member felt supported and gained their knowledge by working alongside more experienced staff to understand individuals needs better. They told us working alongside other staff members enabled them to spend time talking with people they would care for and get to know their care needs. Staff told us and we saw from people's care records, that information was detailed in how the staff were to support the person in the right way.

Staff had identified which people required support with their meals. One person told us staff supported them with their drinks and ensured they had one to hand, while a further person said, "If I want they will make lunch. They always ask what I fancy. If I've had a big breakfast I probably won't bother but I know they will make anything I want". A relative told us, "The [staff] cook for [person's name] it all depends on what they fancy. It is all [person's name] choice". Staff spoke of one person who had lost weight and was on supplementary drinks as their appetite had declined. They told us how they encouraged the person to drink and offer food which they enjoyed. Staff assisted people who required support with drinking enough to keep them healthy. One person told us, "They [staff] always leave a drink out for me". Staff told us they made sure people had a drink to hand before they left the person.

A relative told us staff were very good at looking for signs of ill health and recognised when their family member was not well. They continued to tell us staff had sought assistance from the district nurses where this has been necessary, to support the person's healthcare needs effectively. The registered manager spoke to us about how staff had recognised one person's health was declining and they supported the family member to contact the person's doctor, in order for the person to receive medical attention. We saw from records that this had resulted in the person requiring prompt treatment from the hospital.

Is the service caring?

Our findings

When inspected in January 2017 this key question was rated as good. We found the service continued to be rated as good at this inspection.

People and relatives we spoke with told us, staff were kind and caring. One person said, "They are all caring and very friendly [staff]. I can't fault them. They always give me five minutes in a morning to come around and have a cuppa". One relative told us, "They always say hello as they come in and will speak gently to [the person] especially if they have dosed off, so as not to startle [the person]. I think they are very caring. They are a real help to me too. I was struggling to cope at times. I just leave a note for them and they will do whatever it is". A further relative said, "I can't fault any of them I think they are absolutely brilliant. Nothing is too much trouble". All the people and relatives we spoke with felt staff not only supported with their care and support needs, but also understood the emotional needs and offered comfort and reassurance.

Staff spoke about people with compassion and felt they knew people well because they had time to get to know them. Staff told us caring for the same people on a regular basis meant they got to know people and their families well. One staff member spoke to us about a person they regularly supported and said, "I have a good relationship with [the person] and their family member, I know when they [the person] is upset or a little down and can make sure their okay". Staff told us they had time to spend with people to have a chat with them. One staff member said, "I have time to talk with people, that's what it's all about."

People felt staff maintained their independence as much as possible. One person said, "They are keeping me as independent as I can. It means I can stay in my own home". They continued to say, "I have a shower every morning. I get everything ready for them. We have a system". Relatives we spoke with felt they had the right balance of support from staff and staff recognised what the family needed support with. Staff spoke about people as individuals and told us about how they promoted people's independence. One staff member said, "People like things done their way, and that's what helps keeps them independent".

People and where appropriate their relatives, felt staff supported them to make their own decisions about their care and how their support was to be delivered. For example, staff arrived to support the person at a time that was suitable for the person. Staff told us they were not only there to provide personal care, but to also provide a social aspect for people, to help maintain a positive well-being. They told us they wanted to make their time with people meaningful and would spend any extra time talking with them.

People told us they were treated with dignity and respect. One person felt staff were kind to them and said, "They [staff] are very careful to keep me warm and covered to look after my dignity". Relatives told us their family members were treated with dignity by staff. One relative said, "They are very good they look after their dignity". They continued to say staff maintained their family member's privacy at all times. Staff provided us with examples of how they promoted people's dignity, such as ensuring curtains and doors were closed during personal care. Staff spoke respectfully at all times about people when they were talking to us.

Is the service responsive?

Our findings

When inspected in January 2017 this key question was rated as good. We found the service continued to be rated as good at this inspection.

People told us they had been involved in their care from the beginning. People said they thought the service was flexible and would do their best to accommodate their needs. Relatives told us their family member and where appropriate, themselves, were involved in the development and review of their care from the start. Relatives confirmed the registered manager discussed with the person and themselves how they would like their care provided. Relatives told us communication with the registered manager was very good following this to ensure people received care that was appropriate to their needs. Relatives said where there were any changes in care, such as changing the times of calls, or increasing the length of calls this was done in agreement with all involved. One relative told us, "[The person's name] wanted to alter the times and they accommodated". People and relatives told us how they could talk to staff at any time, if they needed to.

People and relatives found the staff and registered manager was responsive to their requests. One person told us, "They are really good like the other day, they had got me settled in bed and I remembered I had forgotten to ask for something. I rang them and one of them came back to sort it out for me. They didn't have to do that, but it was really nice of them".

Staff we spoke with knew about the needs of people they cared for. Staff told us they would always speak with the person to ensure they were providing care to them the way in which they preferred. When new people began using the service staff told us they were aware of people's care needs before they visited them, they told us the registered manager always introduced them first, so they never visited alone. They told us this worked well, as the person had the opportunity to meet them before any personal care began. Staff told us the registered manager updated them as soon as possible of any changes, for example, if someone had not been drinking enough throughout the day, or was not feeling well. A relative we spoke with confirmed the care plans that were in the person's home were up to date and reflected the person's current care needs.

The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. People and relatives told us they knew how to raise a complaint if they needed to. One person said, "I would speak to [registered managers name] I have only had to on one occasion and she dealt with the situation well". We looked at the provider's complaints over the last twelve months and saw no complaints had been received. The registered manager told us that because of the close working links with families and open communication it reduced the likelihood of receiving a complaint as they were able to deliver a personalised service.

Is the service well-led?

Our findings

At our last inspection on 19 January 2017 we found the service required improvement in this area. This was because there were not robust checks in place to monitor the quality of the service to ensure it was consistently well led. At this inspection we found the registered manager had made improvements in this area.

People and their relatives we spoke with felt enabled to make decisions in how the service was run. Everybody we spoke with told us they felt included and that the registered manager listened and responded to them. One person said, "The office staff are very good too. They will often ring to check everything is OK like last week they rang to see if I was happy and needed anything else". Another person told us, "I am happy with the service".

We saw the registered manager had received compliments from people they had supported. One compliment we read said, "The level of service was exceptional – having regular contact with you was superb. It was a massive weight off my mind knowing you would be straight in touch with me with any concerns". And "I can honestly say that the care and attention [person's name] and myself received from 24-7 was exceptional".

Staff we spoke said they all worked as a team. They felt the registered manager was supportive and communicated well with them. They told us they had regular team meetings which were useful, but also had daily communication with the registered manager. Staff felt listened too and were asked their opinions about the way the service was run. One staff member said, "[The registered manager] treats me like she would want to be treated".

People told us they had the opportunity to meet the registered manager as they also visited to provide care and check that everything was going well. People and relatives told us they appreciated the regular contact. They told us the registered manager was approachable and one relative said, "[The registered manager] works very hard". While a further relative said, "I would say they go above and beyond". Staff told us the registered manager knew people's needs very well, they felt this knowledge helped when there were changes with people's care. Staff told us the registered manager was very approachable and supportive. One staff member said, "When I've had a problem, they [registered manager] have sorted it out for me. They are very supportive".

We spoke with the registered manager about the checks they made to ensure the service was delivering high quality care. They told us they had found the last inspection highlighted to them that they were unable to provide care and manage the running of the service. They told us that the running of the service was better since they had employed an administrator who assisted them in the administration side of the service. They advised that the recruitment process had been reviewed and was working better. The administrator told us they had worked on improving the care records, and assisted with the auditing of the care records on a monthly basis. The registered manager said that the administrator and senior care staff were available for emergency calls when they were not available and this was working well. They continued to tell us that

when they were out providing care calls, the administrator was able to manage the phone calls that came into the office, respond to people's changing needs, and keep in touch with staff. The registered manager told us communication with people, their relatives and staff was key to ensuring the service was delivering good quality care. They also visited people so they would ask if they were happy with their support. They told us this also gave them an opportunity to see how their staff interacted and supported people.

The registered manager sent surveys to people, relative's staff and healthcare professionals to gain their views about the service. The results from people's survey showed that overall people were happy with the service. Where people had made any comments or suggestions this was an individual matter. We saw the registered manager had contacted the person to improve the service delivery.

The registered manager completed monthly checks on people's care records, to identify any shortfalls in records. They also gave staff the opportunity to discuss matters and areas for development through regular supervisions and team meetings. The registered manager researched different resources for guidance, such as supporting people who may have early signs of dementia. The registered manager told us they worked with external agencies to ensure they were up to date with best practice; they ensured this was shared with their staff group.