

Solutions24 Limited

# CareService24

## 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 well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

CareService24 is registered to provide personal care to people in their own homes. At the time of the inspection 136 people used the service. The registered manager told us the service had a contract to support people being discharged from hospital as part of the COVID-19 pandemic response.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

Risks to people were not always assessed in a timely way before the service started supporting them. The lack of timely risk assessments placed people at risk of harm. This also meant staff were not fully aware of how to support people to mitigate the risks in their lives.

Management systems did not always operate effectively.

These concerns resulted in breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in safe care and treatment and the governance of the service.

People did not always have care plans in place at the time their care started. This made it more difficult for staff to support people effectively.

We have made a recommendation about people having timely assessments.

Staff understood their responsibilities with regards to infection prevention and control. People told us staff always wore the required equipment during visits in line with current government guidance.

Staff had supervision which included reflective questions to help improve their understanding in areas such as safeguarding, medicines and dementia care. People gave examples of where the service had made a positive difference to their lives.

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 his practice.

The service understood the importance and benefits to people of timely referral to health and social care professionals. The service had supported staff to access specialist training which had helped them provide improved care for people with particular health needs.

The registered manager understood the importance of valuing the staff and praising them for their hard work during the COVID-19 pandemic. The service kept a record of compliments from people and relatives which were shared with staff.

Almost unanimously the registered manager was seen as approachable, supportive, receptive and motivated to drive improvement. They were well supported by the provider.

The service worked well with other agencies and understood its role in the wider health and social care system. The service had liaised with an ambulance trust to introduce and train staff in the use of specialist equipment used to support people following a fall. This had helped to reduce pressure on the NHS.

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

#### Rating at last inspection

The last rating for this service was good (published 24 October 2018).

#### Why we inspected

We received concerns in relation to the assessment and management of risks in people's lives. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

The inspection was also prompted by notification of a specific incident. This incident is subject to an investigation. As a result, this inspection did not examine the circumstances of the incident.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to people's safe care and treatment and good governance.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for CareService24 on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards

of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# CareService24

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 18 November 2021 and ended on 23 November 2021. We visited the office location on 18 November 2021.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from a local authority who commissions care from the service. We used all of this information to plan our inspection.

#### During the inspection

We attempted to speak with 17 people and were successful in speaking with six people and two relatives. We also gathered people's feedback provided to the service as part of surveys, spot checks and compliments. We spoke with eight members of staff including the registered manager, recruitment manager, care workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We contacted 20 care staff and four of those provided feedback.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- The risks to people's health and safety whilst receiving care had not always been properly assessed in a timely manner. The service had started before people's risks had been assessed and documented. These risks included those related to falls, skin integrity, infection prevention and control, fire safety and medicines. Information about people's risks was not always available for staff to help people stay safe. One staff member said, "We are walking in blind."
- Medicines were not always managed safely as risk assessments were not always done prior to people receiving support with their medicines.

This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during and after the inspection to address the issues highlighted.

- People told us they felt safe with the care staff helping them. Their comments included, "I feel very safe. It just makes me confident that if something is wrong, there is someone who can help me out" and "Knowing that they are coming here [number of] times per day reassures me that I am safe."
- The service's business contingency planning included consideration of winter pressures. In such circumstances, people were supported according to the priority of their needs. This helps identify where care visits are essential during adverse weather such as snow or extreme heat.
- Where the service identified medicines errors, they ensured relevant staff were removed from administering medicines until they had received a reflective supervision, refresher training and shadowing.
- Where people were prescribed medicines they only needed to take occasionally (known as PRN), guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.
- People who required time specific medicines received them as prescribed. One person said, "I did get them at the right time. They were very careful about that."

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in how to safeguard people and knew the signs and symptoms that could indicate a person was experiencing harm and abuse. The service had a safeguarding champion who acted as an additional point of contact for advice.
- Staff understood how to report a safeguarding concern internally and to an appropriate external agency such as the local authority, CQC and the police. They were confident if they raised issues the management team would listen and taken the necessary action.



### Staffing and recruitment

- There were enough staff to support the number of people they visited. The service had recently postponed taking on any additional packages of care to ensure they remained able to meet the needs of people they supported. The service had introduced a refer a friend scheme with financial bonus once a probationary period was completed.
- Visits by staff were organised into 'runs' using what the service described as a 10/30 rule. This meant staff were assigned to particular 'runs' 10 miles and 30 minutes maximum from the people they were to visit. This coordination meant, wherever possible, people had regular visit times and were supported by staff who knew them well.
- People said staff were usually on time, but this was sometimes affected by traffic or needing to respond to an emergency on an earlier visit. One person had feedback, "We have never been let down, even in not so good weather. A very reliable service." Another told us, "Sometimes carers are a bit late, but on the whole, they all arrive on time."
- People told us, on most occasions, staff stayed the allotted time. Staff used an app to log in and out of people's homes and this was monitored. The registered manager had intervened where issues were identified such as short visits or when carers were regularly needing to stay for longer.
- There were robust recruitment procedures overseen by a dedicated recruitment manager. Staff files contained records of appropriate checks, including multiple references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people requiring care. A weekly planning meeting took place to target employment in areas where care staff were most required.

### Preventing and controlling infection

- Staff had a good supply of personal protective equipment and test kits which helps prevent and control risk of infection.
- Staff understood their responsibilities with regards to infection prevention and control. People told us staff always wore the required equipment during visits.
- The service had a tracker in place to record evidence of each staff member's weekly COVID-19 test result.

### Learning lessons when things go wrong

- The service recorded and analysed accidents and near misses to understand what had happened, identified trends, and helped prevent them happening again. Records showed that learning had been shared with the team including via staff meetings and direct messages.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were not always adequately assessed before the service started supporting them. Some people told us they waited a few weeks for a care plan to be put in place and not all the staff looked at the plans when visiting. A relative told us they had raised this with a staff member who had responded they "copied what other [staff] have written in the notes." Another relative commented, "The carers don't always read what's in the care plan."
- Staff advised us how this affected the support they could provide on visits, "With new service users quite often there is not a care plan in place. Quite often nothing at all so I have to ask the person we're supporting" and "Sometimes we visit clients who have no paperwork, care plan. We ask the client and family what is needed if unsure."

We recommend the provider implements a process that ensures people have timely assessments.

Staff support: induction, training, skills and experience

- New staff had an induction which included shadow shifts with more experienced staff and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. Mentors were asked to ensure they guided new starters in line with CareService24 values – "Honest, Enthusiastic, Reliable, Open."
- Staff received training which supported them to meet people's needs. People had confidence in the staff skills and knowledge. Training included: dementia care, medicines, epilepsy, stroke, continence promotion and mental capacity. One person told us, "I would say they [staff] were well trained."
- Staff had supervision which included reflective questions to help improve their understanding in particular areas such as safeguarding, medicines and dementia care. One person had fed back to the service online, "I have been extremely lucky with my carers. Three, in particular, have taken my dementia into account and it is noticeable by my doctor."

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

- People were encouraged to eat and drink sufficiently to maintain their well-being and support was given where this was required.
- People's dietary needs were known and met, including if they had allergies to certain foods or were on safe swallow plans created by speech and language therapists.
- Care plans detailed the foods and drinks people liked and disliked.

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

- The service understood the importance and benefits to people of timely referral to health and social care professionals. This had included when people needed their medication reviewed or when there were concerns about their skin integrity.
- When required, staff liaised in a timely way with relevant health and social care professionals such as GPs, district nurses and social workers. The provider had supported staff to access specialist training from a district nurse and a continence nurse.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's capacity to consent to decisions about their care was assessed. Staff consistently sought to obtain consent from people before supporting them.
- Staff understood some of the principles of the MCA and how this informed the way they supported people.
- People's care plans recorded if they had a representative with the legal authority to make decisions on their behalf in the event they lacked capacity. Staff and management understood the scope of the legal authority representatives held. In one case, we saw evidence the provider had approached the Court of Protection to clarify whether a person had a legal representative.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems and processes to assess, monitor and improve the safety of the service were not operating effectively as people did not always have timely risk assessments and care plans when their service started. The registered manager told us they would contact commissioning authorities to advise they will not accept new packages of care until assessments had been completed. The registered manager also assured us they would ensure the backlog of assessments was prioritised and would personally contribute to this issue being resolved.
- The service's decision to start some people's care before risk assessments and care plan assessments were done impacted on their ability to provide person-centred care.

This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during and after the inspection to address the issues highlighted. We will ask them to send us an action plan detailing the improvements they will make and by when.

- The service had not always sent in statutory notifications as legally required. The registered manager had discussed this with CQC prior to the inspection and had improved their understanding of what we need to be notified of. They told us, "I've had a quick learning curve with statutory notifications."
- The registered manager understood the requirements of Duty of Candour. They told us it is their responsibility to "be open and transparent about anything that happens. Notifying people who need to know. Listen to the person affected. Always apologise. Respond to complaints in a timely manner. Look where we can resolve things. I always make sure to say I hear you. What can I do to make it better for you?"
- Various audits and spot checks were undertaken which were used to help improve service quality. This included medicines, staff adherence to government IPC guidance, accidents and incidents, visit record sheets and timeliness.
- The provider told us they were introducing a new e-care planning system from early December 2021. The software would allow real time updating and oversight of care records alongside improved communication. The registered manager said, "Once the new system is in place we really want to be proactive rather than reactive."

- The service kept a record of compliments from people and relatives which were shared with staff. Comments included: "[Staff name] is [their] soulmate and put some normality back in [person's] life", "[Staff name] is excellent and knows what [they] are doing" and "[Staff name] is [person's] favourite carer and is just brilliant."

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

- Most staff spoke positively about the work they did. One staff member advised, "I am very proud to be part of this team. I do this job from the heart. I like to bring a smile to the faces of the people I go to help and the people in the office are always available. [Name of registered manager] and [name of deputy manager] are always great. When there is a problem they are present to help."
- The registered manager understood the importance of valuing the staff and praising them for their hard work during the COVID-19 pandemic. We saw evidence of this in supervisions and team meetings with one set of minutes noting, "You have all worked tirelessly over the course of this pandemic, and your hard work, flexibility and dedication has not gone unnoticed." This recognition had also resulted in an uplift in hourly pay rates for care staff.
- The registered manager told us they felt supported by the provider. They said, "[They] fully inform me. It is nice to know people have faith in you. We have mutual respect. A positive working relationship. Any resource I need, I just ask."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The service sought people's feedback via telephone surveys, in-person spot checks and care package reviews. Although there was mixed feedback about the service, the majority of people were very happy with some stating they were "likely" or "extremely likely" to recommend the service. Some other people had expressed dissatisfaction with visit times, communication and the attitude of individual staff. When issues had been raised by people or their relatives there was clear evidence of thorough investigation by the registered manager in order to seek a satisfactory and timely resolution.
- Almost unanimously the registered manager was seen as approachable, supportive, receptive and motivated to drive improvement. One person told us, "I know who the manager is and have spoken to them a few times. They often answer the phone if I ring up. They are helpful." Another staff member had fed back about the management in general when expressing, "Thank you for being such fantastic managers and doing your absolute best despite an impossible situation!"
- Staff feedback was captured during supervisions, team meetings, telephone interviews and quality surveys. Questions included views on rotas and how the service could improve care quality and staff member's work life. There was evidence this feedback was acted upon by the management. For example, staff had recently requested parking permits. The registered manager had sourced these and distributed amongst the team.
- The service supported staff to progress via employee development plans. This approach had helped the registered manager identify staff to become 'champions' in particular areas of practice such as safeguarding and IPC.
- The service worked well with other agencies in the health and social care sector. The service had liaised with an ambulance trust to introduce and train staff in the use of specialist equipment used to support people following a fall. This had helped to reduce pressure on the NHS.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The risks to people's health and safety whilst receiving care had not always been properly assessed in a timely manner. Information about people's risks, including from their health conditions and/or home environment, was not always available for staff to help people stay safe.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes to assess, monitor and improve the safety of the service provided in the carrying on of the regulated activity were not operating effectively as people did not always have timely risk assessments and care plans when their service started.</p>