

Solutions24 Limited

# CareService24

## Inspection report

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28 June 2018

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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

CareService24 is registered to provide personal care to people in their own homes who used the service. Nursing care is not provided. At time of inspection 39 people used the service.

This announced inspection site visit activity started 28 June 2018 and ended 29 June 2018. During this comprehensive inspection we found improvements had been sustained and made in all of the five domains.

The manager was in the process of registering with the CQC, and had undergone their 'fit person' interview on the 26 June 2018. The manager was registered on the 5 July 2018. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The manager knew people's needs well and were prominently involved in the day to day running of the service.

Staff understood about people's preferences, routines and the support they needed to maintain their independence and remain living in their own home.

Risks to individuals were assessed and monitored. When incidents took place, the manager reflected on the events to ensure learning was embedded for future practice. This included sharing experiences in staff meetings and during supervision of staff.

Appropriate checks were made before staff started to work to make sure they were suitable to work with people.

People were supported by staff who were described as being, "Kind, caring and respectful." Staff told us they felt supported in their roles and had received training that provided them with the necessary knowledge and skills.

Staff understood the need to gain consent and followed legislation designed to protect people's rights and freedoms. Staff understood people's individual needs and were able to make adjustments to ensure these needs were met.

There was a complaints policy in place which people felt comfortable using if they had concerns.

Management and quality assurance systems had been devised and were in place to drive continuous improvement and the service.

## 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 ●

People were supported by staff who knew them well.

People were supported by staff who had been recruited safely and had the necessary skills and knowledge to support them.

People were supported by staff who understood how to reduce the risks people faced. Staff understood how to protect people from abuse.

There were systems in place to manage people's medicines and to protect them from the risk of infection.

### Is the service effective?

Good ●

People told us their needs were assessed prior to care commencing. Staff had the knowledge necessary to deliver the care to people as they needed.

Staff benefitted from training, induction and a programme of supervision, which helped staff remain effective.

Staff understood the need to gain consent and followed legislation designed to protect people's rights and freedoms.

### Is the service caring?

Good ●

People received care from staff who cared about them and liked and respected them.

Staff developed relationships with people and took the time to get to know them individually.

People and their relatives were listened to and felt involved in making decisions about their day to day care.

### Is the service responsive?

Good ●

Peoples care and support needs were reviewed regularly.

There were arrangements in place to respond and learn from feedback from people, relatives and staff.

People and their relatives were confident they were listened to and knew how to complain if they felt it necessary.

### **Is the service well-led?**

The manager promoted an open and inclusive culture within the service.

Staff, people and relatives were encouraged to raise issues of concern, which were always acted upon.

Management and quality assurance systems were in place to drive continuous improvement. When incidents took place, the manager reflected on the events to ensure learning was embedded for future practice.

**Good** ●

# CareService24

## 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 checked 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.

At the last comprehensive inspection in September 2017 the service was rated requires improvement in each of the five domains. This resulted in an overall rating of requires improvement. In January 2018 we carried out a follow up inspection of two domains; safe and well led. We found improvements had been made.

This inspection took place on 28 June 2018 and was announced. We announced this inspection to ensure people could be contacted and asked to take part in our inspection. The inspection team was made up of one inspector and one 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. The expert by experience made calls to people who used the service, their relatives and staff.

Before the inspection we reviewed information we held about the service. This included notifications the service had sent us and information received from other parties.

During our inspection we spoke with three care workers, the manager and the nominated individual. An expert by experience in Dementia and older people spoke with 14 people by telephone on 27 June 2018.

We reviewed a range of records which included four care and support plans and daily records, four staff records relating to training, personnel files and the staff duty rosters. We saw policies and procedures and quality monitoring documents.

We requested further information from the manager related to the management of the service and we received this as requested on 29 June 2018.

## Is the service safe?

### Our findings

People told us they felt safe and explained they received a schedule of when care would be provided and by whom. People told us they, "Mostly had the same regular staff". One person described how the staff, Mostly come on time, there are times they are very busy -but they usually let you know, so it is not a problem." Another person said, "Yes they nearly always come when they are scheduled to." A relative said, "They are lovely and do their best -yes they usually come on time."

People said they were informed if a carer was going to be later than expected. The service had a monitoring system which 'tracked' the time staff entered and left the person's home. The system flagged up any late or longer than scheduled visits. The manager said staff in the office used the same system and would call the person or the staff to make sure everything was alright. Staff we spoke with said it helped them, "Feel safe knowing that someone would check to make sure they were ok."

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff we spoke with were aware of the signs of possible abuse and what to look for. They were aware of the action to take and who to speak to if they were concerned. A staff member said, "I know the people I support really well and would notice any changes such as in behaviour. I would record and report any concerns."

Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks. People had risk assessments in relation to their health and wellbeing, maintaining independence and daily routines. Staff showed a good understanding of each person's risks and how to support them to maintain their independence and keep them safe. People were supported by sufficient numbers of staff to meet their needs and preferences. Staff told us they enjoyed coming to work and felt supported to do their job. We saw stock of personal protective clothing was available to staff at the office and staff confirmed they had enough or could go to the office to get more.

Medicines were administered and managed safely. Medicines were only administered to people by staff who had been trained to do this and who underwent an annual review of their skills, knowledge and competency to administer medicines safely. However, one person was receiving medication PRN (when required) and there was not a protocol in place to inform staff when and how often the person should receive their prescribed medicine. We spoke with the manager who addressed it immediately by arranging a medication review by the person's GP and put a protocol in place and ensured all staff were aware.

A robust recruitment and selection process was in place and staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS). DBS checks alert the provider to any previous convictions or criminal record a potential staff member may have which helps them to make safer recruitment decisions. As part of the recruitment process each staff member had provided an application form, a full employment history and proof of identity and attended a competency based interview to check their suitability and competency for the role.

## Is the service effective?

### Our findings

People told us their care was provided by staff who were, "Respectful", "Try their best to make you feel as comfortable as possible." And, "They (staff) do respect your privacy and dignity and ask my consent."

A detailed needs assessment took place that included any cultural and spiritual expression, diet, and sexuality. We could see this lead to detailed care and support plans which reflected people wishes, needs and preferences. People were involved in the development of these plans and they detailed information about friends, family, activities and communication styles.

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 people lack mental capacity to take particular decisions, any decisions 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. We were told that no one lacked capacity to consent to their care by the registered manager. We saw people's ability to consent has been assessed as outlined by the MCA. Staff had received training in the MCA and described how they would promote people's choices whilst providing care in the least restrictive way. They were confident in how they should respond respectfully and appropriately when people declined care.

Staff who had recently joined the team had started the Care Certificate. The Care Certificate is designed to help ensure care staff that are new to working in care have initial training that gives them an understanding of good working practice within the care sector. Staff also learned about people's needs through a shadowing period and by working alongside more experienced staff. The competency of staff was checked before they worked alone and through regular spot checks on their practice.

People were cared for and supported by staff who had relevant training and skills. For example, staff had completed training in dementia awareness, moving and handling, equality and diversity, epilepsy awareness as well as medicine management and safeguarding. Ongoing support for staff was achieved through individual supervision sessions and an annual appraisal. Staff told us they received regular supervision which measured their own development and identified any additional training needs.

Where people were supported by care staff to eat and drink they were involved in decisions about this. This meant that any dietary, cultural or religious needs were respected. People were encouraged to have a balanced diet that supported their health and well-being whilst respecting their rights to make unwise decisions.

## Is the service caring?

### Our findings

People received care from staff who cared about them and liked and respected them. Staff developed relationships with people and took the time to get to know them individually.

People and their relatives were listened to and felt involved in making decisions about their day to day care.

People described the staff as, "Always kind, caring and supportive." Another said, "It is wonderful -it's really like having a friend visit -Cannot fault them at all." A third told us, " Staff are lovely they really are -cannot do enough to help- very happy." A relative said, "They are all just fabulous". A fourth person said, "We have had the same ones and we prefer it that way, very happy and lucky." A second relative told us, "Sometimes we get different staff but it is not that often -I like them all though."

Staff spoke with affection and respect about people they supported and said they had developed relationships with people and took the time to get to know them individually. People and their relatives were listened to and felt involved in making decisions about their day to day care.

Staff told us they had enough time to carry out their tasks in a way which promoted and encouraged people's independence. One member of staff said, "I prompt people to do as much for themselves as possible- from washing to hair and putting on make up. And not do for the person as this could de-skill them. This also helps protect people's privacy and dignity." People told us staff respected their privacy and dignity. One person described how new staff were introduced to them before they started providing care. We saw care plans that promoted independence and reinforced people's human rights.



## Is the service responsive?

### Our findings

People described the service as being, "Great and very supportive."

Care plans were written in a personalised way and included information about what and who was important to the person. We saw care plans and risk assessments were in place and had been reviewed when a persons needs had changed.

At the time of our inspection no one was having end of life care. This was discussed with people and their relatives to ensure their wishes would be respected. We saw compliments had been received from families expressing their appreciation of care provided when loved ones had died.

The provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. Staff were aware of the communication needs of the people they supported from the information in the person's care plan. There were regular meetings so that staff were able to make sure people were kept up-to-date with information about the running of the service, and had an opportunity to ask questions and put any ideas or suggestions forward.

The provider had an appropriate complaints procedure in place, with timescales to respond to people's concerns and to reach a satisfactory resolution whenever possible. We saw where action had been taken to resolve issues, these had been reviewed by the manager and provider to establish what lessons needed to be learned and if improvements to the service needed to be made. For example, an 'enquiry form' had been updated and implemented. This ensured that details of telephone calls were stored on the computer system and staff were made aware of changes to people's care as necessary.

## Is the service well-led?

### Our findings

The manager was in the process of registering with the CQC, and had undergone their 'fit person' interview on the 26 June 2018. The manager became registered on the 5 July 2018. 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 described the service as being, "I feel the service is good and well managed -yes I am happy." And, "I feel both the staff and management are nice and it is well led." Another person said, "I feel it is as well run as it can be and there are no concerns from me." A relative told us, "I feel the staff and management are all wonderful and supportive and couldn't ask for better really."

The manager promoted an open and inclusive culture within the service, and had developed good working relationships with the local authority to promote opportunities for people and to share information. Staff said the manager was very supportive and approachable. Staff also confirmed that there continued to be a positive culture. One member of staff told us, "I absolutely love my job I am well supported and if I need anything at all they help me, I am very lucky." Another said, "I am so happy in my job I really love working for them, I have all the support I need and I could not ask for better support or loyalty."

Staff told us they, "Really loved their job and the people they supported, and felt supported by each other in their team." All staff told us they were very well supported by their management and felt they were, "Treated very fairly and with respect."

People's care records were kept up-to-date and accurately reflected the daily care people received. Records relating to staff recruitment and training were also up-to-date and reflected the training and supervision care staff had received. Records were securely stored when not in use to ensure confidentiality of information.

Policies and procedures to guide care staff were in place and had been routinely updated when required. Regular audits of the quality and safety of the service had been devised and implemented. This enabled the service to show what improvements they had made by developing and regularly reviewing an improvement action plan. People received a service that was being monitored for quality on a monthly basis (or sooner if necessary.) The manager completed regular audits which reviewed the quality of care people received. They spoke with people, including relatives and healthcare professionals about their experiences and regularly observed the staff going about their duties to check they were working in line with good practice.

Suggestions from people were acted upon and discussed at team meetings. This contributed towards ensuring the service was efficiently managed and that day-to-day care practices were reviewed and reflected upon by the staff team as a whole to identify areas that could be improved.

The provider and the manager understood their responsibilities and were aware of the need to notify the

Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration.

There were clear lines of responsibility and accountability within the service.