

24-7 Care Services Birmingham Ltd

24-7 Care Services

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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 19 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

24-7 Care Services provides personal care and support to people living in their own homes. At the time of our inspection there were 15 people using the service.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This was the first inspection of this service since it was registered in January 2016.

The provider was not keeping us informed of incidents that they are required to inform us about.

People received a service in which they had confidence. However, the appropriate processes were not in place to ensure consistent monitoring of the service and to ensure people received a service that was consistently well led.

Safe procedures were not in place to fully assess the risks associated with people's care. This included assessing the risks of supporting people with their medicines and taking into account all risks associated with offering care and support to people.

People were not fully supported to have maximum choice and control of their lives, so that they could be assured they were supported in the least restrictive way possible. This was because, where people were not able to make informed decisions about their care the correct process was not in place to support them and staff were not trained to ensure they fully understood how to fully protect people's rights.

People were supported to maintain their diet and health needs where required. Staff were caring and people's privacy, dignity, independence and individuality was respected and promoted by staff and the management.

People received a reliable service, there were sufficient numbers of staff to ensure people's needs were met and that care visits were not missed. The provider mostly undertook the relevant checks before staff were employed and people were complimentary about the quality of the staff that supported them. However, minor improvements were needed in the recruitment process to ensure only suitable staff were always employed in the future.

People were confident that staff had the skills to meet their individual needs and support them in the way

they wanted. We found that staff had received most of the training they needed to meet the needs of people that used the service. Staff felt supported in their role; however, a more formal process for the frequency of how staff are supported needed to be put in place, to ensure staff remained effective in their role.

People were able to raise their concerns or complaints and their complaints were acted upon, so people could be confident they would be listened to and their concerns resolved to their satisfaction.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

People were confident they received a safe service. The correct procedures were not always followed by the provider to ensure the service was consistently safe.

Risks to people's care were not fully assessed, so they could be managed appropriately.

There were sufficient staff to provide care and support to people. People received their prescribed medicines as required.

Is the service effective?

Requires Improvement ●

The service was not consistently effective

People received care from staff that had the skills to support most of their needs.

People received care and support with their consent. However, people were not fully supported to have maximum control over all aspect of their care.

Where necessary people received support from staff to maintain their food and drink in take. People's health care needs were met where needed.

Is the service caring?

Good ●

The service was caring.

People received support from staff that were caring and had a good relationship with the staff that supported them.

People were able to decide about the care and support they needed, and their privacy, dignity and independence was fully respected and promoted.

Is the service responsive?

Good ●

The service was responsive.

People received care that met their individual needs and were confident in the service they received.

People were able to raise concerns and these were dealt with to their satisfaction.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

People received a service that met their needs. However, Suitable arrangements were not in place to monitor the quality of the service to ensure it was consistently well led. The provider was not keeping us informed of events that they are required to inform us about.

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.

This inspection took place on 19 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection was undertaken by one inspector.

In planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law. We reviewed regular quality reports sent to us by the local authority that purchases the care on behalf of people, to see what information they held about the service. These are reports that tell us if the local authority has concerns about the service they purchase on behalf of people.

The provider had completed a Provider Information Return (PIR). This is information we asked the provider to tell us about what they are doing well and areas they would like to improve.

During our inspection we spoke with three people that used the service, four relatives, three care staff and the registered manager/nominated person. We sampled five people's care records; this included their medication administration records and daily reports. We also looked at the recruitment records of three care staff and reviewed the complaints and safeguarding procedures.

Is the service safe?

Our findings

One person's record we looked at showed that care staff had reported concerns about the person's safety and the registered manager said she had reported this to the local authority. However, there was no evidence to show that the referral had been made in line with the local safeguarding procedures. In addition we did not receive a notification about the incident. The provider is required to notify us about any events that impacts on the safety of people using the service, so that we can assess that they are meeting the regulations in keeping people safe. This showed that the registered manager was not fully aware of her responsibility in ensuring the correct procedures were followed where incidents relating to people's safety had occurred.

Staff told us that there was an on call system and the registered manager was always available for guidance in an emergency. Staff told us what they would do in a medical emergency to ensure people were safe. This included calling the emergency service and reporting issues about people's welfare to the office and people's family members. However, this is a small service and the registered manager is the sole provider, who is always on call. The provider told us that she did not have a contingency plan in place if she was unable to manage the service. This meant that people could be left without someone to organise their care and provide guidance to staff.

People told us that they felt the staff that supported them had the necessary skills to ensure they received a safe service. Staff told us that risk assessments and risk management plans were available to support them in caring for people safely. Records looked at confirmed that some risks to people's care was considered. Staff spoken with knew the risks associated with people's care and told us how they talked to people about any risks identified and ensured that new risks were reported, so that the care could be reviewed to ensure people were cared for safely. However, the risk assessments we saw were not always clear about what the risks to people were. For example, we saw that one person was being cared for in bed. We saw that pressure sores were identified as low risk although the person already had some pressure sores before they started using the service. The district nurses were responsible for the care of the pressure sores; however, the provider's staff would need to be aware of how to ensure further pressure sores did not develop. We saw that the risk assessment did not give staff any instructions on how to ensure further pressure sores did not develop. This meant that the provider could not be assured that the risk to the person was being managed appropriately.

Staff told us that prior to commencing in post all the necessary pre-employment checks had been completed, including checks with the Disclosure and Barring Service (which provides information about staffs criminal records). A member of staff told us, "She [the registered manager] is very particular about who she hires." However, recruitment records looked at showed that application forms were not fully completed, showing the full employment history of staff. We saw that two references were not available for all staff. The registered manager said the procedure was that two references should be collected for each staff and that she was certain that she had obtained the two references. However, the registered manager was unable to locate the second missing references. This showed that the procedure for recruiting new staff needed to improve, to ensure that suitable staff were employed to support people.

People that needed help with taking their medicines told us that staff always gave them their medicines as prescribed. Relatives gave an example of how staff ensured they supported their relative with their medicines. One relative told us that when their relative was first discharged from hospital their medication was disorganised and confusing and that staff ensured they sorted this out with the GP and pharmacist. The relative said, "We had a problem with the medication and the carers sort out the medicines for her [person's name]." Another relative said, "Medication, carers do this safely and sort the medicines out for me." Medication administration records (MAR) looked at showed no gaps. Staff spoken with knew the procedure for supporting people with their medication and said they received training to ensure they followed the procedures. However, we saw that where people received support with taking their medication, there was no medication risk assessment to ensure the risks to people was identified and managed. In addition we saw that one person required medication to be taken as and when required, there was no protocol in place to support staff to do this safely. We saw that [MAR] charts did not include the times people's medicines were given. It is important that staff record the times medication has been given to prevent medicine errors. This meant that the provider could not be assured that the medication procedures were safe.

People told us they received a safe service. One person told us, "I feel safe with them [staff]." Another person said, "They [staff] are very good and I feel safe with them." A relative told us, "I know my aunt is very happy with the care. I live some distance away, so it reassuring to know she is safe and being looked after." Another relative said, "Oh yes my aunt is safe with them. They do the little things that make the difference." Everyone spoken with said they would speak with the registered manager if they had any concerns about their safety.

The risk of abuse to people was reduced and managed because there were procedures in place to help care staff to keep people safe from abuse and harm. All care staff spoken with knew the procedures for keeping people safe from abuse and records looked at confirmed that staff had received training on how to keep people safe from harm. Care staff knew about the different types of abuse and the signs to look for which would indicate that a person was at risk. Staff understood how to report concerns both within the service and to external agencies that they could contact, should they have any concerns about people's safety. Care staff said if any concerns reported to their immediate line manager were not investigated, they would use the whistle-blowing procedures. The whistle blowing procedure allows staff to report concerns about people's safety in confidence. Staff said they would not hesitate to contact social services or the police if they felt the provider was not acting to protect people from harm. Whistle-blowing is a procedure that enables staff to raise concerns about poor practice in confidence.

People had no concerns about staffing. Everyone said the service was reliable and there were no missed visits. One person told us, "They [staff] turn up the right time and they do a good job." Another person said, "They [staff] have never missed a visit." A relative told us, "They [staff] have never missed a visit; they were a bit late one day, that's all." Staff told us that they had enough time to undertake care tasks and they were not rushed. A member of staff told us, "Enough staff. I don't think the manager would take on care if she doesn't have the staff." Another staff member said, "I feel there is enough staff. We are not rushed." This indicated that there were sufficient staff to meet the needs of the people that used the service.

Is the service effective?

Our findings

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. Staff said they had not received training to enable them to understand how to protect people's rights. All staff said if they had any concerns about people's ability to give consent to receiving care they would report it to the registered manager, so that the person's needs could be reassessed. The registered manager said she had not had training on the MCA at the time of our inspection and did not have an understanding of her role in relation to the act. For example, the registered manager told us that three people using the service did not have the capacity to make informed decisions for themselves. We saw that there were no capacity assessments on these people's records, so it was unclear how this judgment had been made. The registered manager also told us that one person's relative made all decisions about the person's care and had power of attorney. However, the registered manager was not aware if the power of attorney allowed the relative to make decisions about the person's care and welfare. This meant people's rights were not fully supported in line with the MCA

People told us the staff that supported them had the training and skills required to understand and meet their needs. One person said, "Yes they are trained." Another person told us, "They use the hoist safely. These girls are nice and they are trained to do what they are doing." One relative said, "I feel they are trained. I have been there and seen the way they care for mom, so I have no concerns." This showed that staff had most of the skills to support people in the way that people wanted.

Staff spoken with told us they had the necessary training to help them to do their job well. Staff said they had an induction into their role and that they shadowed an experienced member of staff before working on their own. Records looked at indicated that staff had completed, or were in the process of completing, the care certificate and staff confirmed they had done this training. The Care Certificate sets the standard for the fundamental skills, knowledge, values and behaviours expected from staff within a care environment. Some staff said they had completed national vocational training at level two and three. The provider did not have a planned approach to staff training, but staff said the training they needed was available.

The registered manager said staff supervision was done annually; however, she did frequent spot checks to ensure staff were doing their job effectively. None of the staff spoken with said that they had received an appraisal, supervision or spot check to date. However, staff said they knew that the registered manager did spot checks and were expecting one at any time. Staff were not sure if they would receive an appraisal and said they did not currently have team meetings, although they all said they felt supported by the registered manager.

People told us that staff sought consent before supporting them with their care and that staff only offered support with their approval. One person told us, "They [staff] never do anything without my consent." A relative said, "They [staff] take time to talk to him [person using the service]. He has difficulty hearing so they

take time to talk and make sure he understands what they are saying." Staff said they always explained what they are about to do and gain people's consent before helping them. A member of staff told us, "I explain things to people and ensure they understand and if any questions, answer them as best as I can." This meant that people had the opportunity to consent to their care and support.

Where people needed support with preparing food and drink, they told us that staff always supported them in a way that they wanted. One person said, "They [staff] help me with my meals, and I think I have put a bit of weight on since I came out of hospital." Staff knew how to support people that had specific dietary needs or were at risk of losing weight. For example, staff said that if people were at risk of poor nutrition, the GP and dietician could be involved. Staff said they would monitor and record people's food and fluid intake, if this was part of their care plan. This ensured people were supported where needed with maintaining their food and fluid intake.

People told us that if they were not well staff would contact the doctor for them. Staff told us that most people could contact the doctor for themselves, but if someone was not well, they would call the GP with the person's permission, or report to the office so that the office staff could call the GP and inform family members. This meant people were supported to maintain their health when needed.

Is the service caring?

Our findings

People felt the care they received was of a good standard and felt the staff were very caring. One person told us, "They [staff] are quite caring. I would recommend them. I have had three different ones [staff] and they are all good." Another person said, "I would recommend them. The staff are quality staff. These staff will go the extra mile." A relative commented, "I am very, very pleased with them. I find they will go the extra mile."

People and their relatives were involved in discussing and agreeing their care and support needs. People told us that staff did what they wanted them to do. One relative told us, "[Registered manager's name] went out to do an assessment and then confirmed with me. My uncle felt involved."

People's privacy and dignity was respected by staff. One person told us, "Oh yes, my privacy and dignity are respected." Another person told us, "They are very respectful and talk to you nicely." Staff said they ensured people's privacy and dignity was maintained, by always involving them in their care, closing doors and windows, asking family members to leave the room whilst providing personal care and making sure people are kept covered up.

People's independence was promoted. Relatives spoken with said that staff promoted their relatives independence. One person told us, "I am very independent and they [staff] understand that." One relative told us, "Yes, they [staff] do encourage [person's name] to be independent as much as possible." Another relative said that staff supported them to get the equipment their relative needed to enable them to be independent at home. Staff said they promoted people's independence by adopting a person centred approach by putting the person first, always asking what the person wanted and how they wanted things done. A member of staff told us, "Always encourage independence, ensure they [people] do as much as they can for themselves." Other staff said they encouraged people to wash and dress themselves and always asks people, what they need them to do, to support them.

Despite the lack of systems and processes identified in various sections of this report, everyone that we spoke with felt cared for and well supported by staff.

Is the service responsive?

Our findings

People told us they were involved in deciding and agreeing their care needs. One person told us, "My care plan and assessment was done with me. I can say what I want done." Another person said, "They [staff] do what I ask them to do. They are obliging and pleasant." Records looked at showed that people had been involved in assessing and agreeing their needs and how they wanted to be cared for. This showed that people were involved in deciding their care needs, so the care provided suited their individual needs.

People were confident that their needs were being met in a way that suited them. One person said, "The service is brilliant. I have a smile on my face when they visit." A relative told us, I keep saying to her [registered manager's name] you are brilliant, thank you very much. He [person's name] has had carers for nine months before and the difference shown by [registered manager's name] and her team is remarkable." This showed people were confident their needs were being met.

We saw that there was a process in place to review people's care plans and staff told us any changes to the people's needs was reported to the registered manager, so the person could be re-assessed. This would enabled people to update the registered manager on any changes to their care needs and if things were not going well, so that they could be rectified quickly.

All the people we spoke with knew how to complain about the service if they needed to. One person told us, "I don't need to complain, but would speak with the manager if I need to." A relative told us, No complaints. I have built up a good relationship with [registered manager's name], I have her number and if there were any problems I would speak to her." There were no complaints on record when we inspected the service and the registered manager told us that she had not received any complaints to date. However, one person said they had made a complaint and it had been addressed to their satisfaction. The person said, "I have been using the service over twelve months and have only made one complaint. It was dealt with immediately." There was a complaints procedure in place, which gave time scales for responding to and investigating people's complaints and concerns. All staff were aware of the procedures and how to support people to raise concerns. This meant that whilst the provider was not keeping a record of complaints and concerns received, people could be confident that their concerns and complaints were listened to and acted upon.

Is the service well-led?

Our findings

We found that the provider was not keeping us informed of incidents that they are required to inform us of. Such as, an incident that the registered manager said they had referred to the local safeguarding team. The registered manager said she was not aware that she needed to inform us of these events which is one of their responsibilities. This meant the provider was in breach of regulation 18 of the Care Quality Commission Registration Regulations 2009.

People using the service and their relatives were confident that the service they received was of a high standard. People said they would have no hesitation in recommending the service. However, we found there were shortfalls in processes that needed to be addressed to ensure the service was consistently well managed. For example, the registered manager told us there was no formal procedure in place for monitoring the service. We saw that there were shortfalls in the medication procedure, risk assessments process, staff recruitment records and procedures for assessing the capacity of people that lacked the capacity to make informed decisions about their care. The care and support needs assessment procedure needed to improve to take into account the diverse needs of people. A record of complaints received and investigated was not kept and where the registered manager had referred an incident to the local safeguarding team adequate record was not kept to show that the referral had been made. In addition there was no system in place to ensure that staff had the training and support needed to perform their role effectively. Introduction of formal systems and processes would ensure that the provider was able to monitor the service provided so that improvements needed were identified and acted upon, so that people received a consistently safe and effective service. This was a breach of regulation 17 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014.

The registered manager said that no risk assessment of the office premises had been completed. The service was managed from a multi-occupancy building and we saw that confidential records relating to people's care was left unattended for a short period of time during the inspection. We saw that the information could be accessed by other people working in the building. This meant that confidentiality of people's information could be compromised.

Staff spoken with said the registered manager was very supportive and they could raise issues with her and were confident they would be dealt with. However, staff did not have team meetings and the registered manager said she did supervision once within the year, so there was no formal process in place to enable staff to put forward ideas for improvement to the service.

There was a registered manager in post and all conditions of registration were met. We received the provider information return on time as requested. However, it did not give us all the information we needed to enable us assess the quality of the service provided.

People and their relatives that we spoke with felt they received a good quality service. People spoke highly of the registered manager and said she was respectful, open and dealt with problems before they happened. One person told us, "The manager, she pre-empts problems before they develop. I am impressed

with what they are doing."

The registered manager said she was in the process of sending questionnaires to people using the service and their relatives, so that they could comment on the quality of the care received. At the time of our inspection the registered manager had started to send the questionnaires out to people, none had been returned to date.

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider did not keep us informed of safeguarding incidents as required.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not in place to monitor the quality of the service people received.