

UP 24 Seven Services Ltd

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Inspection report

The Old Courthouse
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Tel: 01332582949

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03 October 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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 1 October 2018 and was announced. We gave the provider 48 hours' notice of our visit because the location provides a domiciliary care service and we needed to make sure that there would be someone at the office at the time of our visit. On 2, 3 and 4 October 2018 we made telephone calls to people using the service, relatives and staff for their views on the service. This was the first inspection since the provider's registration on 9 November 2017. At this inspection, we found the fundamental care standards were not being fully met, resulting in a rating of 'Requires Improvement.'

Up 24 Seven Services Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. The service caters for older people and younger adults with needs relating to dementia, learning disabilities, physical disabilities, and sensory impairment. There were 21 people using this service at the time of our inspection.

The service had a registered manager, they were also the service provider. 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.'

We found that safeguarding concerns were not always being reported to the local authority safeguarding team, as the registered manager was not fully clear which circumstances required referral's. This did not ensure people were protected from the risk of abuse and avoidable harm.

Recruitment procedures were not always thorough to ensure prospective staff were suitable to care for people receiving personal care in their own homes.

People told us they felt safe with the care provided by staff. Staff we spoke with understood their responsibility in protecting people from the risk of harm. Staff told us they had received training and an induction that had helped them to understand and support people.

Staffing levels were adequate to meet people's needs who were currently receiving support from the agency. People received support from a consistent staff team.

Staff had received training in infection control and were provided with the necessary personal protective equipment to use when carrying out care and support tasks

Staff supported people to make decisions about their day to day care and support.

When needed, people were supported to maintain their dietary requirements. Staff we spoke with were aware of who to contact in an event of an emergency.

People told us that staff treated them in a caring way and respected their privacy and supported them to maintain their dignity. The delivery of care was tailored to meet people's individual needs and preferences.

The provider's complaints policy and procedure were accessible to people who used the service and their representatives. People knew how to make a complaint and felt the provider took action to address their concerns.

There were systems in place to monitor the quality of the service to enable the registered manager to drive improvement.

During this inspection we found breaches of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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

The registered manager did not fully understand their responsibility of reporting safeguarding concerns to protect people from harm or abuse. Recruitment procedures were not always robust to ensure staff's suitable to work with people was checked. Risks to people's health and welfare were assessed. People were supported to take their medicines and there were sufficient staff to support them. People were protected against the risk of infection.

Is the service effective?

Good ●

The service was effective.

Staff received training and ongoing support to enable them to work effectively. People were supported to maintain their nutrition, health and well-being where required.

Is the service caring?

Good ●

The service was caring.

People were supported by staff in a caring and considerate way and were encouraged to maintain their independence. People were treated with respect and they were supported to maintain their dignity.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support that was responsive to their needs. People and their relatives felt able to raise a concern or complaint and were confident it would be acted on. People were supported at the end of their lives.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The registered manager did not fully understand their

responsibility of reporting suspected abuse or concerns or submitting notifications to CQC. People using the service, relatives and staff told us that the current management team were supportive and approachable. Systems were in place to assess the service and drive improvement. There was a registered manager in post.

Up 24 Seven Services Ltd

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 1 October 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office. Telephone calls were made to people using the service and relatives on 3 and 4 October 2018. We spoke with some staff when visiting the office and contacted other staff by telephone following the office visit on 2,3 and 4 October 2018.

The inspection was prompted in part by notification of an incident following a person using a service who had sustained an unexplained serious injury. This incident investigation has not been concluded by the Police or the safeguarding team and as a result this inspection did not examine the circumstances of the incident.

However, the information shared with CQC about the incident indicated potential concerns how staff responded to a significant incident. This inspection examined this risk.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. The provider had 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. We also received feedback from the Clinical Commissioning Group who commission services from the provider. We used all this information to formulate our inspection plan.

We spoke with two people who used the service and four people's relatives. We spoke with four care staff, team leader, assistant manager and registered manager who is also the registered provider. A commissioner and a health care professional. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for three people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Is the service safe?

Our findings

We found that the registered manager had not fully understood their regulatory responsibilities around the circumstance of when they needed to make a referral to the local authority safeguarding team, if they were concerned a person might be at risk of harm. For example, on one occasion an allegation was reported to the registered manager by a family member, this was not reported to the local authority safeguarding team. During discussions with the assistant manager it emerged that there were concerns about how a person was being supported by an external agency. At the inspection site visit we saw this had not been reported to the local authority safeguarding team. After this had been pointed out by the Inspector, following the inspection visit the registered manager submitted confirmation referrals had been made to the local authority safeguarding team.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safeguarding service users from abuse and improper treatment.

Staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. They were aware of procedures to follow in the event of them either witnessing or suspecting the abuse of any person using the service. A staff member said, "I would report any concerns to the manager." They told us they had undertaken safeguarding training and had access to the providers policies and procedures for further guidance.

People's safety was not always protected by the provider's recruitment practices. Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for three staff, that had recently commenced employment with the provider. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS check supports employers to make safer recruitment decisions. Where an application form or a DBS check discloses a conviction or other relevant information; the provider must assess the person's suitability for the role. The provider had not followed this process, we saw no evidence to confirm that the information disclosed on the DBS, had been assessed. This meant the provider was not always undertaking thorough recruitment checks to ensure staff were safe to work with the people who used the service. We discussed this with the registered manager who explained to us that they were not aware this was required. The registered manager told us that they would be taking action to address this. Following the inspection visit the registered manager submitted a copy of a risk assessment they had completed.

People told us they felt safe with the staff that supported them. One person said, "Oh yes I feel safe with the carers." Comments from other people's relatives included, "My relative is safe with the carer's, they are very good with them" and "Two carers always turn up at the calls to support my relative safely."

Risks associated with people had been assessed and recorded. Risk assessments covered areas including moving and handling, mobility and the home environment. Assessments included guidance for staff on how to reduce identified risks. For example, where a person had been identified as being at risk when being supported by staff with moving and handling. The risk assessment identified the equipment used to support

the person and the level of support the person needed to keep them safe. Staff knew about people's individual risks and explained the actions they took to keep people safe. For example, a staff member told us if a person required the assistance of two staff, they would not carry out any moving and handling tasks on their own.

The service had an electronic call monitoring system in place which alerted management if staff visits were late. Staff used people's landline to call a free phone number when arriving at a person's home and then again once the care visit was completed. This was to reduce the likelihood of a missed visit.

The provider monitored staffing levels and the recruitment of staff was ongoing to ensure sufficient staff were available to support people as the agency developed. The care provided was dependent on the level of support each person required. Most people and their relatives confirmed staff were available to support them as agreed and told us that staff arrived within the agreed time frame for their visit. A relative said, "95% of the time the carers are on time, if they are late they have been stuck in traffic which hasn't been a problem." However, a relative said, "Sometimes the carers can be late, if they are late this is anything between 30 to 45 minutes, we don't receive a call about the carers being delayed." We raised this with the registered manager they told us they were aware of this issue and were looking at reviewing the window for contacting people in an event staff had been delayed.

Some people were supported by staff to take their medicines. A relative told us, "The carers do support my family member with their medication and record on the medication chart when they have given the medications. However recently the carer's did not tell me a particular medication was running out, until it completely ran out. My relative needs this medication. I have spoken with the manager regarding this who raised the issue with the carer's." We discussed this with the registered manager who told us that they had spoken to the carers about this, reinforcing the need to monitor medication stock.

Staff told us medication administration record (MAR) listed people's prescribed medicines and when they should be given. Staff recorded when they had supported people to take their medicine. Staff confirmed they had undertaken medicine training, which records we looked at confirmed. Staff understood the importance of reporting any medicines incidents to management immediately and seeking medical advice if required. This including missed signatures on the MAR or an error in the administration of medicines.

Personal protective equipment was worn by staff when carrying out personal care to minimise the risk of potential infection and maintain good hygiene standards. Staff had completed infection control training and were aware of their responsibilities to minimise the risk of infection. Staff told us they were provided with disposable personal protective equipment such as gloves and aprons which were supplied by the provider.

The registered manager understood their responsibilities to ensure accidents or incidents were reviewed and actions taken as needed. For example, there had been a significant incident regarding how staff responded to an incident. As a result of this the registered manager had reinforced to staff regarding the action to be taken in an event of incident. Staff we spoke with knew what to do in an event of an incident including seeking medical advice and notifying the office and or the manager of the incident.

Is the service effective?

Our findings

Relatives felt that the staff who supported their family members appeared to have the knowledge and skills to meet their needs. A relative said, "Staff understand my family members needs and are competent." A health care professional said, "I have no cause for concern, on the whole there are some good carers. They are doing their best."

Staff we spoke with had a good understanding of the people they supported. Staff told us the induction and training they had received had helped them gain skills and knowledge enabling them to support people who used the service. One staff member said, "When I started I had an induction which included training and a week shadowing experienced staff." We saw that some staff with no previous experience in care had not completed the Care Certificate. This is a set of nationally agreed care standards linked to values and behaviours that care workers should adhere to. The registered manager told us they had put these staff forward for this training and were waiting for dates to become available with the training provider.

Unannounced spot checks by management were carried out to monitor staff practices and ensured people's choices and rights were respected. Staff told us they felt supported in their roles and met with the registered manager to discuss any issues.

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.

The registered manager told us that staff had undertaken training on the MCA, which the training record confirmed. However, one staff member told us they were not sure what the MCA was and were not sure if they received training on the MCA.

At the time of our inspection visit the registered manager told us everyone using the service had capacity to consent and make decisions about their own care and all aspects of their day to day well-being. Staff were able to tell us how they provided choices to people they supported. A staff member said, "I would ask the person if they would to get dressed and ask them what they wanted to wear." Staff told us they obtained people's consent before they supported them. One person said, "The carers will ask me what I need support with." A relative said, "The carers do ask for my relative's consent, when supporting them and always ask if they need anything."

Care records for the people we looked at currently were not being assisted by staff with meal preparation as their relatives were responsible for this. The registered manager told us where it was identified that people required assistance with meal preparation this was provided by staff.

Prior to the inspection visit we received information from the local safeguarding team, that staff had not

sought medical advice involving a person using the service. The registered manager confirmed that the staff involved in the incident had not obtained medical advice and failed to report the incident to them. The registered confirmed that following this incident it was reinforced to all staff on what to do in an emergency. We asked staff if they knew what action they would take, they were aware of the action to take in an event of an incident or emergency. Staff explained they would obtain medical advice by contacting 111 or if an event of an emergency 999 as well as reporting the incident to the person's family, registered manager or office staff.

People's health needs were documented within their care records. Relatives confirmed that staff shared concerns about people's health with them so that action could be taken. A relative said, "I trust the carers that if anything is wrong they will contact me. The carers have been concerned regarding a piece of equipment they use to support my family member. The Occupational Therapist is coming out." Another relative said, "If the carers have any concerns they contact me straight away." A health care professional stated, "The manager is proactive in raising any issues they may have. For example the carers have struggled with some equipment, possibly due to a deterioration in the person conditions and I am going out to reassess."

Is the service caring?

Our findings

People and relatives told us staff were kind and caring. One person said, "I wouldn't say a word against the carers, they are all caring and listen to me." A relative said, "All the carers are kind and caring." Another relative stated, "The carers are caring, there are one or two carers who are willing to do anything."

People told us that staff were respectful towards them and supported them to maintain their dignity. One person said, "The carers are respectful, they speak with you nicely." All the staff we spoke with understood the importance of ensuring people's dignity in care. They were able to give examples of how they did this such as closing curtains and covering people when they received personal care. One staff member said, "I make sure blinds and doors are closed when supporting a person with washing and dressing." Staff described how they encouraged people to remain independent.

Staff communicated with people effectively and used different ways of enhancing communication. For example, staff communicated with a person with a sensory impairment by writing things down. They allowed the person to read what was being said and waited for a verbal response. A relative confirmed this, "The carers communicate with my family member using a board where they write things down."

Relatives confirmed their family members were asked for their preference of staff gender when supported with personal care. A relative said, "My family members preference was to only be supported by female carers and this has been arranged. My family member now only has female carers." Care plans we looked at contained people's preference of the gender of staff they wished to be supported by. This demonstrated that people's preferences were respected.

People told us they usually had a small team of regular staff who supported them. Continuity of care helped staff develop positive caring relationships with people using the service. A relative said, "A couple of the carers have formed a good bond with my family member, they are very understanding." Another relative stated, "The carers understand my family members needs and what they want support with. There is consistency in the carers who cover the calls."

The management team and staff understood their responsibilities for keeping people's personal information confidential. A staff member said, "You do not discuss client's information with other clients." People's confidential records and staff personnel records were kept securely in the office.

Is the service responsive?

Our findings

People's needs and choices were assessed by the registered manager prior to their service commencing. Information was gained from the person or their families as well as health and social care professionals. The assessments included information regarding the person's physical and communication needs. A relative said, "Before the service started, the manager came out. The manager met myself and my family member, we talked about what care and support was needed." Another relative told us, "I was involved in the assessment and planning before the package was set up. The manager has reviewed the care being provided and how things are going."

The registered manager was aware of the legal requirement, 'Accessible Information Standard' (AIS). The AIS aims to ensure that people with a disability, impairment or sensory loss are provided with information that is accessible and that they could understand. AIS requires services to identify, record, and meet the information and communication support needs of people with a disability or sensory loss.

The registered manager told us that information would be provided in different formats on an individual basis such as providing information in large print. We saw that people's communication needs were included within the care planning process to ensure that information was provided in an alternative format when needed, such as large print or pictorial.

Staff who supported a person with communication needs spoke to us about how the person communicated. Staff had a comprehensive understanding as to how the person was supported to express their views.

Staff understood about respecting people's rights and supported them to follow their culturally and religious needs. Care records for one person showed they only wanted female staff to support them due to their religious beliefs. Staff confirmed this was happening.

The provider had a system in place for recording complaints. Complaints were analysed to identify themes and trends, so that the registered manager could learn from complaints and take the required action. For example, issues were identified around call lateness and the registered manager introduced a call monitoring system.

People were given a copy of the provider's complaints' policy when they began to use the service to enable them to raise any concerns or make a formal complaint. People and relatives, we spoke with confirmed they had received the complaints information. One person said, "I don't have any grumbles with the carers." Relatives confirmed that when they had raised issues they have been resolved satisfactorily. A relative said, "Initially the cover at weekends was not very good, occasionally the manager was struggling to provide cover. However, the manager resolved things quickly and there have been no further issues around this." Another relative stated, "I raised a complaint about a carers behaviour, the manager dealt with the matter straight away. When the carer was put back on the calls, they have been a lot better and have just got on with the tasks."

People's requirements at the end of their life were identified during the assessment process. Staff understood how to ensure people received appropriate care at the end of their lives, with dignity and care. A staff member said, "You make sure the person is comfortable, supporting them with oral care and personal care. If a person expressed they were in pain I would report this to the office, who would notify the community nurses or GP." A commissioner stated, "The manager is very helpful and will bring issues to light and if there are any concerns they will contact the team."

Is the service well-led?

Our findings

Though the registered manager had submitted a notification regarding a serious injury. We found that the registered manager was not always fully clear about their Care Quality Commission (CQC) registration requirements in relation to submitting notifications about any changes, events or incidents that they must inform CQC about. For example, on one occasion we had not received a statutory notification of abuse or allegation of abuse of people using the service. Internal audits had also not picked up that a notification regarding another safeguarding incident had not been submitted to CQC. The registered manager told us that they were not aware that all allegations of safeguarding's were notifiable to CQC. We spoke with the registered manager about this, and received assurance that notifications would be made in future. Following the inspection visit the registered manager had submitted the relevant notifications.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

As mentioned under 'Safe' we also found that the registered manager did not always understand their responsibility in reporting allegations of abuse to the local authority safeguarding team. After the inspection we received confirmation from the registered manager that the incidents mentioned previously under 'Safe' had been referred to the local authority safeguarding team. These referrals were only made by the registered manager after being identified at the inspection visit.

The registered manager's vision and values were to promote people's independence and to provide person centred care. The registered manager worked at the service on a daily basis. There was a staff team in place to support the registered manager, including the assistant manager, team leader, office staff and the care team. This demonstrated there were clear lines of accountability and communication.

People and relatives confirmed they had confidence in the management of the service. A relative said, "The manager is generally always available. I have an open relationship with the manager and can raise any issues." Another relative said, "I would recommend the agency, as the care my relative has received has been good. A staff member from the commissioning authority was complimentary about the registered manager, "The manager is very helpful and will brings issues to light and if there are any concerns she will contact the team."

Staff confirmed they were happy with the support they received from the management team and enjoyed working for the agency. A staff member said, "The manager is professional and deals with any issues rightly." Another staff member told us, "It is a well-run agency and I enjoy working here."

Staff were aware of the whistleblowing policy and told us they would not hesitate to report any concerns or escalate their concerns. Whistle blowing is the process for staff to raise concerns about poor practices

Systems were in place to monitor the quality of the service being provided to people which included audits and staff meetings. We saw that people were encouraged to express their views about the service provided through satisfaction surveys, review meetings and when management carried out spot checks (where they

had assessed staff members competency in supporting people). People confirmed that the registered manager asked them if they were happy with the care they received. A person said, "The manager has been to visit me to see how things are going, everything was fine."

The registered manager was committed to improving the service provided. They had recognised improvements were required in some areas and had put together an improvement plan. For example, the registered manager was looking at further ways of improving call times and had identified staff retention had been problematic. Due to this they were exploring ways of increasing staff retention and staffing levels as the agency grows.

The registered manager had been operating the agency since November 2017 and were keen to build on partnership working with other agencies such as community and statutory services.

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 had not notified the Care Quality Commission of events as they are required to.
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider was not always escalating allegations of abuse to the local authority safeguarding team for investigation, which did not provide assurance that people were safeguarded from abuse or harm.