24 Seven Home Help Limited

# 24 Seven Home Help Limited - 2 Kingsland House

## Inspection report

2 Kingsland House
514 Wimborne Road East
Ferndown
Dorset
BH22 9NG

Tel: 01202890305

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28 December 2016
03 January 2017

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## Ratings

| Overall rating for this service | Requires Improvement |
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| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Requires Improvement** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

This inspection took place on the 28 December 2016 and 3 January 2017. We made calls to people using the service from the 23 December 2016. The inspection was carried out by one inspector.

24 Seven Home Help is registered to provide personal care to people living in their own homes. At the time of our inspection the service provided personal care and support for 26 people.

There was a registered manager in post. 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.

24 Seven Home Help is a family run service. There had been personal demands on the family over the previous year which had impacted their oversight. They had acknowledged this and at the time of our inspection a new manager had been appointed who was applying to become the registered manager. The new management team had identified areas that required improvement and were able to provide us with evidence of their plans to address these shortfalls.

People were positive about the care and support they received. They told us staff treated them kindly and we saw people were comfortable with staff in their homes. Staff were consistent in their knowledge of people's care needs and spoke with confidence about the care they provided to meet those needs. They were motivated to provide the best care they could and told us they felt supported in their roles. They had received training that provided them with the necessary knowledge and skills to do their job effectively. They also understood how people made choices about the care they received, and encouraged people to make decisions about their care.

People felt safe. They were protected from harm because staff understood the risks they faced and how to reduce these risks. Staff knew how to identify and respond to abuse; including how to contact agencies they should report concerns about people's care to. However, the records kept about people including their care plans and risk assessments did not reflect the knowledge of the staff or the principles of the Mental Capacity Act 2005. The management team acknowledged this and explained the plans they had in place to address these shortfalls.

People told us that medicines and creams were administered safely but we found that a time dependent medicine was not always given appropriately and recording was not accurate. Changes were made immediately to ensure people received their medicines safely.

There were enough safely recruited staff to ensure people received their visits as planned. People told us they mostly received visits on time and were usually contacted if the care worker was running late due to traffic or an emergency.

People had access to health care professionals and were supported to maintain their health by staff. Staff understood changes in people's health and shared the information necessary for people to receive safe care. Where people had their food and drink prepared by staff they told us this was prepared well. People were left with access to appropriate drinks and food between visits.

People were positive about the care they received and told us the staff were friendly and kind. Staff treated people with respect and kindness throughout our inspection.

## 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 mostly safe. People were supported by staff who understood the risks they faced although care plans did not always adequately reflect these risks. Work had started to review care plans.

People told us received their medicines safely. Time dependent medicines had not been given safely and records were not always completed. Work had started to improve medicines management.

There were enough, safely recruited, staff to meet people's needs.

People were at a reduced risk of harm because staff knew how to identify and report possible abuse.

### Is the service effective?

**Requires Improvement**

The service was mostly effective although people's care was not delivered within the framework of the Mental Capacity Act 2005 to ensure people's rights were protected. There was a plan in place to address this.

People received care from appropriately supported, trained and experienced staff.

People were supported to access healthcare appropriately.

### Is the service caring?

**Good**

The service was caring. People were cared for by staff who treated them kindly and with respect.

People were comfortable with staff and they had formed positive relationships.

People had their privacy and dignity maintained.

People were involved in decisions about their care.

### Is the service responsive?

**Requires Improvement**

The service was responsive however care plans did not reflect people's likes, dislikes and preferences. There was a plan in place to address this.

People knew how to make a complaint and where they had made complaints these had been responded to appropriately.

## Is the service well-led?

**Requires Improvement**

The service had not been well led due to external factors impacting on the family. There was a new management team in post at the time of our inspection and plans were being developed to improve governance.

People and staff spoke highly of 24 Seven Home Help.

The service that people received was not being effectively monitored. There were, however, systems being implemented to improve the quality of the service.

# 24 Seven Home Help Limited - 2 Kingsland House

**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.

The inspection site visits took place on the 28 December 2016 and 3 January 2017 with calls to people using the service made from the 23 December 2016. The provider was given notice of our inspection because the location provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be at the office and to assist us to arrange home visits. The inspection was carried out by one inspector.

Before the inspection we reviewed information we had about the service. This included notifications from the provider; a notification is the way providers tell us important information that affects the care people receive. Before the inspection, we also asked the provider to complete 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 reviewed this information before we visited the service.

We visited two people in their own homes and observed interactions with two members of staff. We also spoke with people who used the service or their relatives by telephone. In total we spoke with seven people and relatives. We spoke with nine members of staff including, care staff, office staff, members of the family who owned the business, the new manager and the current registered manager. We reviewed records relating to four people's care and support. We also looked at records related to the management of the service. This included two staff files, training records, meeting minutes and records of complaints and compliments. We asked the registered manager to send us information following our inspection related to the implementation of their plans. We received this on 10 January 2017. We also spoke with a representative from the local authority who had knowledge of the service.

Requires Improvement

# Is the service safe?

## Our findings

People generally received their medicines safely although one person had medicines that needed to be taken at specific times and these had not always been given as prescribed. This situation was rectified immediately and the registered manager assured us that checks would be implemented to ensure this would not reoccur. We saw that new documentation was being introduced prior to our inspection that would address this issue and planned audits would monitor the efficacy of the changes. Staff had received training and been assessed to ensure they were competent to administer people's medicines and people told us they were confident in their abilities.

Records related to medicines administration were not reviewed as part of a formal audit at the time of our inspection although the new manager was implementing this. There were gaps in recording which meant it was not possible to determine whether medicines and creams had been administered as prescribed. This meant it was not possible to review people's treatment effectively.

People told us they felt safe whilst receiving their care. One relative told us, "We always feel safe. They are always friendly and explain everything they do." People were protected from harm because the staff understood the risks people faced including individual risks and risks within their home environment. Some of these risks had been appropriately assessed. For example one person was at identified as at risk of falling. There was a care plan in place that they had contributed to, that provided guidance for staff about how to support them safely to reduce this risk. People were supported to ensure their homes were safe for example some people needed to use equipment to help them to move safely. There was guidance for staff to remind people about how to reduce risks in between visits alongside ensuring that they were safe and had what they needed before leaving them.
Staff shared an understanding of how to respond to risks that had not been formally addressed and recorded. For example one person could become aggressive and refuse care. This risk was being monitored alongside other professionals and information was shared with staff about how to support the person verbally and by electronic message. However, the person's care plan had not been reviewed to reflect these risks. We spoke with the registered manager and new manager about this and they assured us that this person's care plan was already being reviewed as a priority.

People were at reduced risk of harm and abuse because the staff were confident about how to identify and report abuse. They were able to describe to us how they would recognise potential abuse and how they would report any concerns that they had. We saw records that showed the provider had managed safeguarding incidents appropriately and had taken appropriate action to ensure that people received a safe service. Staff were also clear about their willingness to challenge poor practice and knew how to raise any concerns; including how to whistle blow if required. One member of staff commented: "They make it clear you can talk about any concerns you have."

There were enough safely recruited staff to meet people's needs. People told us staff generally arrived on time although some people complained they were not always told if their staff were running late. However, most people told us that someone called them to let them know if there was a delay. People and staff also

explained that people usually received care from the same staff which enabled them to build up relationships and ensured continuity of care.

Requires Improvement

# 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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

People who were able to make decisions about their care told us that they did so on a day to day basis discussing with staff how they would provide the support they required at that time. One person said: "They always talk about it." Staff described how they responded to people's wishes and how they promoted choice making. They were also able to describe what they would do if people refused care and they were not sure they understood the consequences of doing so. The records did not however indicate that assessments had been made of people's capacity or that where appropriate best interest decisions had been made regarding people's care. This meant there was a risk that people may receive care that was overly restrictive. We discussed this with the new manager and the registered manager and saw this had been identified as an area that required improvement. We asked the registered manger to send us details of the work they had planned and they did so. They told us they would have this work done within two months.

People told us they were confident staff had the skills to provide their care and records reflected a robust induction process. One person said: "They are very good. They all have the skills." Staff had all found their induction to be appropriate and explained they could ask for guidance and support whenever they needed it. There was a system in place to ensure staff had current training and different avenues to secure training had been utilised. This meant staff had access to a range of training options that enabled them to meet people's individual needs. Whilst no staff that met the criteria for undertaking The Care Certificate had been recruited, there was a system in place to provide for this as and when appropriate. The Care Certificate is national certificate designed to ensure that new staff receive a comprehensive induction to care work.

Staff told us they felt they were trained and supported to do their jobs appropriately and described how regular messages enabled them to keep up to date with people's current needs. One member of staff described additional support available by saying: "There is always someone there if I need them… I've never not been able to get help from someone." Another member of staff said: "You know you can come in and talk to anyone about anything." Staff were also positive about their supervision processes. They felt these supported their professional development and reinforced the values of the organisation.

People who had help with food and drink were happy with the standard of support they received and people were left with access to drinks and snacks between visits when appropriate. No one receiving a service required their nutritional intake to be monitored but there were systems in place to ensure this happened when necessary. We saw that this information had been gathered for someone prior to our

inspection and the information made available to health professionals.

People told us they were supported to maintain their health. We heard calls made to health professionals during our inspection to share concerns about a person's deteriorating health and to ensure appropriate supplies were available to someone.  Staff told us they fed any concerns back to the office where the staff who coordinated care had regular contact with district nurses and GPs. Records indicated that this system was effective and we saw positive feedback from health professionals about the support people had received top maintain their physical well-being.

Good

# Is the service caring?

## Our findings

People were supported by staff who were kind and caring. People and relatives made comments like: "The carers are wonderful – every one of them" and "They are all very nice people". We saw and heard that people were relaxed and comfortable with staff; we heard light-hearted conversations taking place. These interactions were familiar and warm and respectful at all times. People and relatives told us that people were encouraged to make decisions about their care whenever possible. A relative described how the staff had all been sensitive to family activities over the festive period . They told us staff never intruded and managed their relative's care with discretion. This showed that people felt respected by the staff.

Staff demonstrated they knew people well through their observed conversations; they asked after family and recent significant events in people's lives. They were also able to describe the things that mattered to people when they discussed people's care needs with us. For example staff described how one person, who could not use words to direct their care, needed personal care to be provided in a particular way in order that their privacy and dignity was respected. Staff had identified what made the person feel comfortable and shared this information to ensure the person's dignity.

People were supported to retain their independence, one person described how their support needs had changed over time and that staff only supported them with those tasks they couldn't manage by themselves. They told us they were in control of this. Another person told us: "They support me to do as much as I can."

Staff told us they enjoyed their work and spoke with warmth about people. One member of staff described how they liked to go to work every day because they liked the people they provided care to. All the staff told us they would recommend the service to people they cared about because they believed all their colleagues caring and committed to providing personalised care.

Requires Improvement

# Is the service responsive?

## Our findings

Care plans did not reflect person centred approaches to care but people told us their care was delivered in a way that met their personal needs and preferences. They told us that staff throughout the service listened to them and responded and as a result they received care and support which was tailored to their needs and reflected their preferences. People and their relatives, as appropriate, were involved in the development of their care plan. An initial assessment of need had been made and a care plan was drawn up based on the information gathered. The care plan provided an outline of tasks to be undertaken by staff when they visited but did not reflect the knowledge held within the team about people's likes and dislikes and the things and people that mattered to them. We discussed this with the new manager and the registered manger and other senior staff. They acknowledged that the care plans were not person centred and showed us a new support plan template that they were introducing. This provided a framework to capture the information that makes the care people receive tailored to their needs and so reduce the risk that staff may not provide personalised care.

We discussed people's care needs with staff and found them to be knowledgeable about the details that made care personalised. They knew what people liked and disliked, they knew what conversation subjects would motivate and engage people and they knew when to use humour. We asked the registered manager to provide us with information about when they would have captured the knowledge they had in care records. They sent us information about their plan to achieve this.

The care staff kept accurate records which included: the care people had received; physical health indicators and how content they appeared. These records were mostly written in respectful language which reflected the way people were spoken with by the staff. We saw that training on report writing had been provided for all staff. The records were taken to the office from people's homes on an infrequent basis and as such were not reviewed regularly against care plans. The new manager had identified this omission and explained they would review care delivery records monthly and that this would form part of the quality assurance process.

People told us they felt listened to and were able to approach all the staff. They told us they could phone the office with any issues and would feel comfortable to make a complaint if necessary. The complaints procedure was available to people in their homes and we saw that where complaints had been made these had been addressed in line with the policy. It was possible to identify the actions taken following complaints and this meant that the service was improved as a result of these processes being followed.

Requires Improvement

# Is the service well-led?

## Our findings

The service was family owned and run. Whilst this reinforced the commitment all the senior team had to the business this had proved challenging over a period of time where personal factors had impacted on the whole family and the service had faced staffing shortages. The result had been that whilst people's care and staff support had been prioritised the quality monitoring aspect of governance had not been possible. The registered manager and involved family members had acknowledged this and sought to employ a manager who would apply to register. At the time of our inspection an experienced domiciliary care manager had been appointed to this role and had been in post for a week. During this time they had undertaken an initial review of work to be undertaken and had a meeting planned with the registered manager and involved family members to prioritise work and set time frames. They were able to show us paperwork they were beginning to introduce which addressed some of the areas of improvement identified during our inspection. Following the meeting the registered manager sent us a plan outlining the improvements they would be making. Plans included introducing audits that would monitor the quality of the service. For example, care and support plans, care delivery records and medicines records would all be audited using established tools. Regular reporting was agreed to provide an additional layer of oversight and monitoring. This would ensure the prospective registered manager received support when necessary.

When we arrived at the inspection we discovered that information we held about the location of the service had become inaccurate. It is a requirement of registration that this information is correct. We discussed this with the new manager and they immediately started the process to correct this information.

The registered manager, new manager and all the senior staff spoke passionately about the importance of quality domiciliary care for older people and identified meeting people's needs in a person centred way as their main motivation. This commitment was reflected in and shared by other members of the staff team. Staff spoke about being motivated to provide quality care individually during our inspection and we saw that this underpinned internal communications and was reflected in staff meeting minutes.
24 Seven Home Help was held in high esteem by the staff, professionals and people receiving a service. Staff were proud of their work and felt part of a team committed to providing good care. People all told us they would recommend the service to others and one person told us: "They are all absolutely marvellous."

The registered manager had regular contact with people using the service and the new manager had begun visiting and calling people. This meant people were able to make comments about the service informally and told us they felt able to do so.

The staff team also worked with other organisations and professionals to ensure people received good care. Records and complimentary feedback from professionals indicated that the staff followed guidance and shared information appropriately.