

24/7 Homecare Services Limited

Conan Room

Inspection report

The Ivanhoe Centre
Conisbrough
Doncaster
South Yorkshire
DN12 3JX

Tel: 01709861130

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14 February 2018
19 February 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

We undertook an announced inspection of The Conan Room on 14 and 19 February 2018. We gave the registered manager short notice that we would be coming because the location provides a domiciliary care service and we wanted to ensure the registered manager was available.

The Conan Room is a domiciliary care service that provides personal care to people living in their own houses and flats in the community. It provides a service to older adults in the Doncaster area.

This was The Conan Rooms first inspection since they moved location from Sheffield and re-registered with the Care Quality Commission (CQC) in March 2017.

The service had a registered manager. 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.

Overall people told us they were very happy with the service. They felt they were well cared for and that staff were well trained and dedicated.

People were very satisfied and told us they mainly had the same (or small team) of regular care workers. Nobody had any concerns about the care workers attitudes or behaviour. People told us they felt very safe with their care workers and told us as well as physical safety, care workers ensured their home was secure on leaving them.

People who were supported with medicine (or their relatives) told us they were confident their medicine was administered and recorded properly and people who needed to have topical applications told us these were applied properly and that carers took appropriate hygiene precautions.

We have made a recommendation about the management of some medicines.

The registered provider had a policy and procedure in place for the safe recruitment of staff. However, we found gaps in the information required prior to people being offered a position at the service. This was because full previous employment history was not provided by all staff before they were offered a position at the service.

People benefited because they were supported by staff that had been trained to understand how to provide effective care that met their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People enjoyed the food provided and were supported by the care workers to receive adequate food and drink to remain healthy.

People told us care workers understood confidentiality, dignity and respect. We were told care workers were very committed to the people they cared for, building a good rapport and taking time to get to know them.

People had been involved in their care plan and involved in agreeing the support they needed. Care plans described the support the person needed to manage their day to day care and health needs. The registered manager was in the process of introducing new more person centred care plans. These would include more detailed information on the person's history, interests and preferences.

People and their relatives felt able to raise concerns or make a complaint. They were confident their concerns would be taken seriously.

Improvements were required around the governance of the service as the systems to monitor the quality and safety of services provided did not cover all aspects of service provision and therefore were not fully effective. Call monitoring systems were not fully used and there was no systematic approach to supervisions or appraisals and no oversight of these.

The registered manager sought people who used the service, relatives and staff's feedback and welcomed their suggestions for improvement.

Further information is in the detailed findings below.

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.

Improvements were needed to ensure medicines were being managed safely.

Full and thorough recruitment checks were not completed for all staff prior to them being offered a position at the service.

There were appropriate staffing levels to meet the needs of people who used the service.

Is the service effective?

Good 

The service was effective.

Staff received training and were skilled and supported in their job role.

Staff were trained in the Mental Capacity Act and understood the need for consent.

People were supported to access healthcare services to ensure their needs were met.

Is the service caring?

Good 

The service was caring.

People were supported by staff that were caring and knew them.

People and their relatives spoke positively about the staff at all levels and were happy with the care provided.

Is the service responsive?

Good 

The service was responsive.

People were involved in the planning of their care and support, which included details of people's needs and preferences.

There was an effective complaints procedure in place which

people were aware of.

Is the service well-led?

The service was not consistently well-led.

People could be placed at potential risk of harm because the systems for governance were not fully effective.

People benefited from a registered manager who was accessible and approachable.

People who had an interest in the service were asked their opinions and felt listened to.

Requires Improvement 

Conan Room

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 14, 15 and 19 February 2018. We gave the service two days' notice of the inspection because we wanted to visit people in their homes and we needed support from the registered manager to arrange this. At the time of our inspection the service was supporting 32 people.

The inspection site visit activity started on 14 February 2018 and ended on 19 February 2018. On the 14 February we visited three people in their homes to ask their opinions about the care they received and look at their care records. Whilst out on visits we also met one relative and one care worker. On 15 February 2018 we spoke over the telephone with two senior care workers and three care workers. On the 19 February 2018 we spoke over the telephone to nine people who used the service and seven relatives. We also visited the office location to see the registered manager and office staff; and to review care records and policies and procedures.

The inspection team consisted of one adult social care inspector and two experts-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 experts by experience had experience of supporting and caring for young and older people.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority commissioners, contracts officers and safeguarding and Healthwatch (Doncaster). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

Everyone told us they or their relatives were very safe with their care workers and that staff know what they were doing and were kind and respectful.

Their comments included, "I am happy that my relative is looked after and safe. Don't worry, if I wasn't happy CQC would quickly know about it. I wouldn't be frightened to tell you what I think and I think this is a good service," "My relative is very safe with the carer. I have absolutely no worries at all about safety. We're very happy with the service" and "I feel very safe with the carer. I usually have the same one and she really knows her job. She comes in using the key safe but she always shouts so I know it's her and she makes sure everything is locked up properly before she goes. I wouldn't like the door to be left unlocked."

People we spoke with who were being supported with taking medication believed their tablets were being handled properly and recorded properly. One relative told us, "My relative has to take a cocktail of tablets in the morning and at bedtime but it's not important that they are given at an exact time. Having said that, when I've looked at the chart, there's only ever a few minutes difference in the time recorded."

Whilst out on home visits we checked the Medication Administration Records (MAR) for one person who was supported by staff to take their medicines. We found one gap in the MAR chart where staff had not signed to confirm they had given the medicine or used a code to explain why a medicine wasn't given. This error had not been reported to the office by staff so that it could be dealt with in a timely manner.

We spoke with the registered manager about the gap in the MAR chart. The registered manager immediately arranged a meeting with the staff concerned to discuss the omission. All other staff were also sent a message reminding them of their responsibility in reporting any gaps in MAR charts as soon as they were seen.

We also found one person was being administered a 'homely remedy'. There was no record of this. The registered providers medicine policy stated, "At any point, no household remedies must be administered." This meant staff should not have been administering any homely remedies.

We recommend that the service consider current guidance on giving 'homely remedies' to people alongside their prescribed medication and take action to update their practice accordingly.

Each person had a range of risk assessments which had been completed so any potential risks to the person who used the service or the staff providing care were reduced or eliminated. For example one person smoked. The risk assessment detailed possible injuries or accidents that could occur and what action should be taken to reduce the risk of the person or staff member being affected.

The registered provider had a policy and procedure for safeguarding and whistleblowing. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. Staff told us they were able to report any concerns to the registered manager and they were confident they would be listened to and taken seriously.

Staff spoken with told us they had completed training in safeguarding during their induction. Some staff had also completed additional safeguarding training sessions. All staff spoken with were able to explain what their responsibilities were for keeping people safe and the process for reporting any concerns they had to the appropriate people.

Information received from the local authority confirmed the registered manager had referred four concerns to the safeguarding team, as required by the safeguarding authority's procedures. These had been investigated and actions taken to make sure people were kept safe. This evidenced when safeguarding concerns had been raised the registered manager had taken appropriate action to keep people safe.

The registered provider had recruitment policies and procedures that were expected to be followed when employing new members of staff. We viewed five staff personnel files and found one did not contain full employment history details. The services application form completed by the person did not specifically ask them to provide a complete record of their previous employment, including dates. Although other staff had included their employment history, the gap in the information we found had not been checked out and followed up by the registered manager. Following the inspection the registered manager changed the format of the application form so that it was clear a full employment history was required.

We saw a check with the Disclosure and Barring Service (DBS) was completed for all staff before they were allowed to work with people. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults.

The registered provider had an accident and incident policy and procedure. Staff spoken with were aware of the reporting process for any accidents or incidents that occurred. We looked at the log of accidents and incidents and found appropriate action had been taken in response to accidents and incidents. For example we saw where staff had called emergency services when a person had fallen at home and then reported this to the registered manager.

Most people told us they generally had regular care workers and those people knew them well. The service was providing care and support to 32 people. There were 14 staff working at the service. This meant there was sufficient staff employed to support and care for people and cover any additional work to maintain support when staff were on annual leave or sick leave. The registered manager told us staff were employed on zero hour's contracts. This allowed them to work hours that suited their needs taking into consideration other commitments for example family and caring responsibilities.

During our visits, we observed staff using PPE (Personal Protective Equipment) such as gloves and aprons that reduced the risk of cross contamination. Staff told us there was always plenty of PPE in stock and they weren't limited to how much they used. Comments included, "My relative won't have a shower or a bath but the carer gives them a really thorough strip wash and applies creams. She is very careful and puts on gloves and an apron before she does things" and "The carer who usually comes is always spotlessly clean and she washes her hands when she comes in and again several times as she does her work."

Is the service effective?

Our findings

People told us staff knew how to meet their needs and that staff were well trained and knew what they were doing. Their comments included, "They do their very best. I can't say more than that. They never leave without asking if I need anything else doing and they always leave me a fresh cup of tea before they go," "I think the carers are marvellous. They never do anything without asking me if it's alright even though they do the same things nearly every time they come" and "Sometimes the manager comes to check up on the carer but they don't need to because the carers I have are very good."

Relatives told us, "I think the staff are all well trained and know what they are doing. They don't clock watch even though they're busy and that's important so people don't feel rushed. They let me know straight away if there is any problem," and "When I have been on holiday I've left some money with the service to cover any odd bits that my relative might need and they are very good about recording anything they spend and keeping the receipts for me. My relative's house is very small and I've had a few battles with the local authority to get adaptations made, but the manager is really supportive and has written letters of support for me as well. I like the fact that they send older carers because they've got more in common with my relative and they love to talk to them."

Staff completed in-house induction training before going out to visit people. They then worked alongside experienced staff to observe how people had their care delivered. The registered manager told us if they employed staff who were new to care they would complete the Care Certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. Staff commented that the registered manager and senior staff were available to them whenever they were needed.

Staff told us they were happy with the training they received. They said they had completed training in areas such as moving and handling, infection control, health and safety and food safety. A training report was available and showed when staff's individual training was due to expire. We saw training was on-going and all staff had completed training in the Mental Capacity Act. Staff spoken with had completed moving and handling training, although they were not currently providing moving and handling assistance to people. Staff told us this training was still important and had helped them to identify how to manage loads and recognise when people's needs in relation to moving and handling were changing.

Staff spoken with told us they felt well supported. They said they had regular supervisions with the registered manager or senior staff to discuss their work. Appraisals were carried out to discuss staff's skills and plan their future development. Unannounced spot checks were carried out to observe the staff member's work practice.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where someone is living in their own home, applications must be made to the Court of Protection.

The registered manager had introduced paperwork to evidence best interest decisions. Other people had capacity to make decisions relating to their care. Staff told us they would inform the management team if there were any changes in a person's ability to make decisions. People told us staff gained consent from them before carrying out personal care and respected their choices. Records showed people had given consent for staff to deliver their care.

Most people who used the service were able to contact healthcare services independently. Staff told us if they had concerns about people's health they would let the management team know. They were confident action would be taken. For example, one person had told staff they felt dizzy. The staff member reported this to the office and to their relative. After further observations the person was admitted to hospital to receive medical treatment and then was able to return home.

Staff supported some people with their food and drinks. We saw staff made sure they left a number of drinks for one person before leaving a visit. A relative told us staff had encouraged their loved one to drink more fluids. Staff knew to contact the office if people did not eat or drink enough or they had any other concerns in relation to eating and drinking.

Is the service caring?

Our findings

People told us their care workers were kind and compassionate. Their comments included, "The carer really goes the extra mile all the time. I look forward to seeing her. It's nice to have somebody to talk to," "I am not rushed. They are all lovely lasses," "I can't fault the regular carer. She is marvellous. Sometimes it takes me a bit of time to get moving in the morning but she is very patient with me and I can take my time," "I look forward to [name of care worker] coming. She is more like a family friend, she's lovely" and "I try to be as independent as I can and I think they encourage that. They get my dinner ready but they don't do everything. They're very patient and let me do as much as I can."

Relatives told us, "My relative always has a bit of a laugh with the carers. You can tell they are really dedicated to their job" and "We're happy with the care provided. The staff are easy to contact if we need to get in touch with them. The carers are regulars; it tends to be the same three carers who attend. They now know [family members] needs and they're very helpful. They go above and beyond."

We saw staff and people interact in a friendly way. People were pleased to see the staff. We saw staff used people's preferred name. The staff knew people well and chatted with them with warmth. People told us and we saw staff asked if there was anything else they could do for people before leaving.

People and relatives said the staff were respectful and polite and observed their rights and dignity. Their comments included, "I like how respectful [name of care worker] is. I wasn't happy about people doing things for me at first but she really put me at ease. She does her very best to make me feel comfortable about what she is doing," "I have no issues at all. The care workers are kind and considerate. They always treat me with dignity" and "I said I didn't want any male carers and they listened to me. I thought I'd be embarrassed with the carers, but I'm not, everything is okay."

People told us their independence was respected and they were involved in making decisions about their care. Care plans contained information about what people could do for themselves. We observed staff respected this during our home visits.

Staff told us the importance of making sure confidentiality was kept. This was particularly important because the service was small which meant some people who used the service were neighbours or friends. One care worker told us, "We never speak about other people which is hard sometimes because people ask about each other."

The service user handbook provided information to people about how the staff would respect their right to confidentiality. For example by making sure all information held about them was locked securely away and by seeking their permission before they passed on any information to a third party.

We asked people who used the service and their relatives if they found it easy communicating with the office staff. They told us they had the contact details of the office staff and could ring at any time. Many people told us they were in regular contact with the registered manager and office staff. One person said, "The out of

hours phone numbers are handy. It's comforting to know I can speak to them if I need to."

Is the service responsive?

Our findings

People told us they made their own decisions and that their preferences were taken into consideration. Their comments included, "I did not like one particular care worker so I told the office and they have changed the care worker," "I can get up when I want and sleep when I want. I am listened to and they do act upon this" and "I am never forced or told what to do, I can do what I want."

The provider information return told us when a person started to receive care from the service, the registered manager visited the person. They gave an introduction to the service, told people what they could expect, and discussed the person's care. People confirmed this had happened and had a copy of their care plan in their home. One relative told us, "The manager came and talked to us about the care plan. They said if we need more help they can come and review things with us at any time, but they do a review about once a year."

People's needs were assessed and care plans were developed with the person. People told us, "The company do ask me when it comes to a review what I think" and "We have no issues. We are involved in all the reviews."

Care plans described the support the person needed to manage their day to day care and health needs. These contained information on the person's history, interests and preferences. Staff told us they would read the care plan before going out to a new person. Staff spoken with knew people well and were able to tell us how they supported people.

The format of the care plan didn't allow much space for information to be written. The registered manager told us they had re-designed the plans to allow more information to be recorded. This also meant more person centred information could be recorded to ensure people's individual preferences were catered for.

The service was flexible and responsive. People told us staff were usually on time and had time to meet their needs in the way they wanted. For example during our visits one person told us they would like their visit time to be changed so that care workers did not interrupt them during their favourite television programme. Senior staff looked into how this could be accommodated and changed visits around to carry out this request.

The provider information return told us through use of the electronic monitoring system (EMS), all staff, including management, worked together to notify each other of changes which in turn informed care provision. Information we saw from the EMS showed staff regularly contacted the managers during their visits to provide updates about people's wellbeing.

People told us there was information about the registered providers complaints policy in the service user handbook but people were keen to stress they had not had to use it. People were confident if they raised a concern they would be listened to and taken seriously. Comments included, "If I was worried about anything I would have no problem in ringing them. I think the communication from them is really good. I must say

though that I've got no complaints at all. They are excellent," "I have no complaints. This is a very good service. I don't know what I'd do without them."

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission, in accordance with the requirements of their registration.

People and relatives spoken with told us they were in regular contact with the registered manager and other office staff. People told us they were happy with the service and the management were approachable. Their comments included, "I don't think it's a massive company and that makes a difference. It means that people aren't just numbers,"

There was an audit system in place which helped to monitor the quality of the service people received. Records were checked when they were brought back from people's homes to ensure they had been completed properly. Care plans and staff files were checked to ensure they were complete and up-to-date. Unannounced checks to observe staff's competency were carried out on a regular basis.

However processes in place for staff to account for decisions, actions and performance were not always clear. For example updates regarding people's wellbeing during and after their visits were either written on the daily log and/or entered onto the EMS. When we looked at this we found this had resulted in some gaps in information and some discrepancies. This could result in all staff not being provided with the most current and up to date information about a person.

We saw accident and incidents files and safeguarding files contained all relevant information for individual incidents or concerns. However, there were no systems in place to monitor these areas in order to identify any themes or trends. Therefore, there were limited records to show what action the service had taken to reduce the risk of reoccurrence of such events. This meant there was a lack of oversight and good governance.

Systems were not in place to provide an overview of staff supervisions and appraisals, which meant it was difficult to see if all staff had supervisions and appraisals at appropriate frequency and in line with the registered provider's policies.

The registered manager told us the EMS, when fully utilised was able to carry out the above functions. She said they were still getting to know the system and become familiar with its abilities. She said they would implement the necessary monitoring systems as a matter of urgency.

The service sought regular feedback. People told us they were asked for feedback over the phone, during visits and through questionnaires. A survey had been carried out in October 2017. The service received 21 completed questionnaires. All the responses had chosen the ratings very good, or excellent when asked about all aspects of the service.

Staff had also been asked their opinions of the service. All staff had said they were either satisfied or very satisfied with their job role and one person had added, "The service is improving all the time."

