

Care 24/7 Healthcare Limited

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## 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?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Care 24/7 Healthcare Limited is a domiciliary care agency providing personal and nursing care. The service provides support to people living in their own homes. At the time of our inspection there were four people who were being supported with personal care. Most of these people were in receipt of end of life care. The agency was not providing any nursing care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

### People's experience of using this service and what we found

Staff knew people well and relatives and people told us they were supported safely. However, risks associated with people's support and the environment it was given in were not identified and fully responded to. Systems were not in place to ensure safe care and treatment was provided. The absence of risk assessments placed people at risk of harm.

Staff had not received appropriate training to ensure they had the skills required to meet people's needs. There was no evidence of a suitable training programme including an induction and assessment of competencies, to ensure staff had the relevant skills and experience to perform their designated roles.

There were no auditing or governance processes in place to monitor and improve the quality of the service, ensure compliance with the regulations, or to reduce risk to people. Ways of capturing feedback from people and staff had not been fully established to enable evaluation and improvement of the service. Some records were absent or incomplete, this included care documentation.

The service had lacked effective leadership and the Nominated Individual had recently taken on the management of the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider. They had recognised the areas that required improvement and was taking action to address them. During the inspection process they supplied an action plan and confirmed the appointment of a new manager. They had also stopped the expansion of the service until effective leadership was established.

There was a small group of staff who supported a small group of people. The staffing arrangements allowed for staff to attend to people's needs in an individual way. Feedback received confirmed staff were attentive and had time for people and their relatives. People were protected from the risks of harm, abuse or discrimination because staff knew them well and what actions to take if any potential abuse was raised. Currently staff did not handle medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind and caring and were committed to providing the support needed. Because staff knew people so well, they provided personalised care that met people's needs and preferences. People and relatives told us people's privacy, dignity and independence were always respected and promoted.

Staff worked closely with each other and there was a firm team spirit. They told us they were supported by the NI and director, "They are good people and there for you". They were positive about the future and changes already made that were improving the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 18 May 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Care 24/7 Healthcare Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was no registered manager in post. The provider told us they were managing the service until the newly recruited manager took up post. The appointed manager took up post at the end of November 2022.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to ensure the provider would be in the office to support the inspection.

### What we did before the inspection

We used information shared by the local authority and professionals who worked with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with the NI and a company director along with three staff members. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with one person who used the service, three relatives and two professionals. We looked at a range of documents including three care plans, two staff files and policy and procedure documents relating to safeguarding, complaints, recruitment and infection control. We also looked at documents relating to the management and contingency planning.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risks to people's health and safety had not been assessed and monitored effectively. Although there was documentation to assess risks these were not being used. There was no systematic way to identify and respond to any risks.
- Environmental risk assessments had not been completed. For example, when people were using oxygen, risks associated with its use including fire prevention had not been considered.
- Risks associated to people's safety had not been considered. For example, people who were at risk of falling or needed moving with equipment did not have suitable risk assessments to ensure people and staff safety. There was no guidance for staff to follow to ensure people were moved safely.

Systems were not in place to ensure safe care and treatment was provided. The absence of risk assessments placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff, however, knew people well and responded to people's risks and safety. For example. One relative told us, "Staff know that they can fall as their legs give way. They are attentive and are always there, to ensure they are safe".

### Staffing and recruitment

- Staff were not always recruited safely. The provider had a robust recruitment procedure in place. However, this was not being fully followed.
- All staff had a Disclosure and Barring Service check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Other recruitment practice did not ensure the appropriate checks and processes had been completed. For example, one employee did not have any references, health check, a record of interview or evidence of their right to work.
- The provider had recognised this area needed improvement and was following the shortfalls up with staff. The lack of suitable records and checks have been addressed further in the Well-led section of this report.
- People and their relatives told us there were enough staff to support them, they saw the same staff most days and that staff never seemed rushed when they supported them. One person said, "The staff always have time for a chat, they don't just do what they have to do".

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were kept safe from the risk of abuse because staff had a good understanding of people's needs and individual preferences. Staff had completed safeguarding training in the past and the provider was ensuring all staff had completed an update.
- Staff understood how to recognise different forms of abuse and how to respond to them in a proactive way. One staff member said, "I have recently raised concerns about the appropriate equipment and allocated hours for one person as a safeguarding concern".
- The service had a Whistleblowing policy which was available to staff. Whistleblowing is a way of an employee notifying the appropriate authorities if they feel that the organisation, they work for is doing something illegal or immoral.
- The provider had engaged positively with the safeguarding team when a concern was raised by family members. They recognised the need to improve and to use the opportunity to learn from identified shortfalls, to benefit people in the future. They provided an action plan addressing all issues within agreed timescales.

#### Using medicines safely

- At the time of inspection, no one was being supported to take their medicines. The provider confirmed staff would not be involved in medicine management until they had completed appropriate training and had been assessed as competent.

#### Preventing and controlling infection

- Policies and procedures were in place to support staff to follow effective infection prevention and control. There were plentiful supplies of PPE available to staff at the office.
- The provider told us staff were updated with any changes in government guidelines. Staff received updates through the 'WhatsApp' group and regular contact with the office. Staff told us, "We have plenty of PPE and use it when visiting people".



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff had not received appropriate training to ensure they had the skills required to meet people's needs. There was no evidence that they had completed any induction training or that their skills and experience had been assessed before starting work for the agency.
- A training programme to ensure staff had the relevant skills to perform their allocated roles had not been established.
- Key training needs had not been identified and addressed to support staff to deliver care in line with good practice guidelines or the law. For example, most people being provided with personal care were receiving 'end of life care' and some were supported with preparation of meals. There was no training on how to support people at the end of their lives and to respond to specific care needs that may include monitoring pain, mouth care and skin care. Staff had not received basic food hygiene training to ensure they prepared food safely.

The provider had failed to ensure staff had the appropriate training, skills to support people safely and in line with best practice and the law. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The provider had recognised staff training was not adequate. They had ensured all staff had been provided with access to the online training provider and had started to complete some basic key training. They also confirmed in writing that staff had been booked on training to cover basic induction training.
- People and their relatives told us staff were good at the care they provided. One relative said, "Staff are very good, they know how to look after them well".
- People's needs, and choices were discussed before care and support was provided. These discussions were completed with one of the care staff as there was no manager. There was no clear systematic assessment of people's needs to ensure staff were aware and able to meet people's individual needs. The provider confirmed relevant documents would be used in the future to ensure a full assessment was completed. Relevant documentation was available.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were met. Most people were supported by family members with food and drink. Where people were being supported to eat, drink or to have their meals prepared, they and relatives told us staff asked their choices and they had no concerns about how this was managed. Relatives told us, "Staff always prepare what they want and makes sure they are happy with what they have".
- When necessary staff monitored food and drink consumed and recorded this in their care notes. They raised any concerns with health care professionals as necessary.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people and their relatives to access healthcare services when they needed this support. For example, one staff member described how they had contacted the nursing team to share information that increased the support time provided to this person. This improved the outcomes for this person.
- Some people had complex health needs and required regular input from health professionals and close monitoring. Staff worked closely with a variety of health care professionals in order to support people's health and well-being. For example, one person had vulnerable skin which was getting sore. Staff ensured the district nursing team were notified and worked with them to promote good skin care.
- Relatives were impressed with the way staff liaised with them to ensure care was appropriate and timely. For example, one relative said told us, "They always arrive when expected and have time to talk to me to discuss the care and provide support".

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- People and relatives said people were given choices and these were responded to. This included what they wanted to wear and how their personal hygiene was attended to.
- At the time of inspection, we were told that people who were receiving personal care had capacity to make all decisions.
- Staff understood the importance of people making their own choices and decisions. One professional told us, "Staff listened to what people wanted even if they decided not to wash that day".

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People were treated with kindness, respected as individuals. People were encouraged to have control over their lives taking account of their diverse and individual needs. For example, one person lived in accommodation that was full of possessions. Staff worked with them to promote safety but respecting the environment and the way the person wanted to retain it.
- People and relatives complemented the approach of staff and told us staff were very kind. One relative told us, "The staff are wonderful. They are really good caring and happy to do anything to help". Another said, "Staff are kind and have a good rapport with them, we could not wish for better".
- When talking about people staff referred to people in a polite and respectful way. They demonstrated a caring approach and a commitment to people. One staff member described how they had worked extra hours in the office to ensure one person was allocated extra care hours.
- Staff worked with a small number of people and had the time to get to know people and their relatives well. This was important to staff who told us, "We chat with them and take time to listen. I never say we do not have time. The thing is we would not be in care unless we cared".

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy and promoted their dignity and independence whenever possible.
- Staff were sensitive and discreet in their approach, treating people in a dignified way. One relative told us, "Staff are very supportive and respect privacy. They allow them time on their own to wash areas they can in private".
- Staff recognised that they were entering people's own homes and respected they were only entering with people's consent. One professional told us, "Staff work in difficult circumstances, and respond well. I understand from people they are kind caring and respectful".
- During the office visit we found both staff and peoples records were kept in locked cabinets ensuring people's confidentiality was maintained. The use of computers was password protected.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Individual care and support plans had not been provided for everyone. Those that were provided were limited in content and did not describe clearly the person's care, their preferences or reflect any changing need. One person did not have any care plan and there was no guidance for staff to follow despite needing increasing support. A relative told us this person was 'struggling to get up and support themselves'.
- Most people were receiving end of life care and support. There was no care plan to support staff to respond to specialist support needed or any emerging need. For example, recognising and responding to oral and skin care needs.

The lack of guidance for staff to follow was an area requiring improvement. The provider recognised this and was reviewing all documentation and care plans. The lack of records is followed up further in the well led section of this report.

- Despite the lack of guidance for staff to follow they knew and understood people they supported well. The number of people being supported at the time of inspection was small as was the group of staff. Staff had regular contact with people and each other and in this way shared people's needs and preferences.
- Staff were flexible and willing to adapt their working schedules to suit people. They were committed to providing quality tailored care. Staff described how they had formed caring relationships and wanted the best for people.
- People and relatives told us staff ensured people received care in line with their needs, choice and preferences. One relative told us, "Staff do their very best. They ask each time they come how they wants things done".

Improving care quality in response to complaints or concerns

- There were systems in place to record and respond to complaints raised. There was a complaints procedure and the provider described how any complaint would be received and responded. They were keen to use any feedback to improve the service and had a suitable file and recording system.
- People and relatives told us they had not needed to make a complaint but had until recently been unclear who they would contact. The provider had recognised this shortfall and had provided information and suitable contact details to people using the service.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have

to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Currently people using the service were able to communicate verbally with staff. Staff were sensitive and used listening techniques to ensure people were heard. Staff described how they allowed time for people to express themselves.
- There was documentation to assess and respond to people's varied communication needs. The provider told us these would be used, if required.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager left the service in December 2020. A manager took up post but was not registered with the CQC. They left at the end of October 2022. At the time of the inspection the NI advised they were managing until the new recruited manager took up post. The new manager took up post at the end of November 2022.
- The service had lacked effective leadership. There were policies and procedure available and purchased from a management business along with relevant documentation. However, these had not been adapted or adopted into practice. For example, risk assessment tools available had not been used and the recruitment procedure had not been followed.
- There was no quality assessment system in place to monitor and review the quality of the service provided, or to ensure the regulations were being met. Records were lacking and had not been completed routinely to inform the care and support provided. For example, person-centred care plans were not in place. Their organisational statement of purpose did not accurately reflect the management arrangements and the services provided.
- Since the NI had taken over the management they had started to review and establish quality monitoring systems. For example, spot checks on staff practice during visits to people's homes had been started. An action plan to address regulatory and quality issues had also been written. They had stopped the expansion of the service until effective leadership was established.
- Systems and processes for capturing feedback from people and relatives had not been fully established. There was no regular contact to review the service provided, People and relatives told us they had been unclear on who to speak to if they had a concern. The NI had recognised the need to improve communication and had ensured everyone had a 'service user guide' that provided key information.
- Systems to capture feedback from staff had not been established. Supervision and team meetings were not used to capture staff views. The NI had recognised the need to have regular feedback from staff. They were establishing improved feedback mechanisms that included regular individual meetings.

There were no established and effective processes in place to monitor and improve the quality of the service, ensure compliance with the regulations, or to reduce risk to people. Ways of capturing feedback from people and staff had not been fully established to enable evaluation and improvement of the service.

Some records were absent or incomplete.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had not had stable effective leadership, and this had impacted on the culture of the service. Staff however, had a strong team spirit and had supported each other. They knew there were areas that required improvement. They told us "Things have been difficult, but I feel very positive that things are now improving". Another said, "We are changing the way we do things and we are all completing a lot of training".
- Staff were committed to their work. They all spoke highly of the NI and told us they were there at any time and provided a good level of support. They were positive about the new manager who was establishing a good rapport with them and people, encouraging greater communication at all levels. This was improving the overall culture and therefore the wellbeing of staff and people.
- An out of hours on call system was in place so staff could contact either the NI or the new manager if they needed advice or support at any time.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care; Working in partnership with others;

- The NI was aware of their responsibilities including those under duty of candour. They had recruited a manager who was going to register with the CQC. Relevant statutory notifications were being submitted to the CQC promptly.
- When a safeguarding investigation was raised the NI ensured they were involved and responded to all issues raised in an open and honest way. They worked in partnership with other organisations to improve services and practice. They provided an action plan and developed improvements. For example, identity badges have been improved and staff carried them with them on all visits using them to identify themselves when needed.
- The NI acted in an open, and transparent way, looking to improve the service and outcomes for people. This was demonstrated through the positive way they responded to findings throughout the inspection process. They understood and recognised the shortfalls and responded positively to address them.
- The NI had ensured staff were kept abreast of government guidelines on COVID-19 and continuously reviewed and developed practice accordingly. They demonstrated a commitment to continuously learning and supporting staff and people safely through the pandemic.
- Staff were proactive and contacted healthcare professionals with any concerns including GPs, district nurses and the hospice nurses. One visiting professional told us, "Staff have contacted us in the past".

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems were not in place to ensure safe care and treatment was provided. The absence of risk assessments placed people at risk of harm.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There were no established and effective processes in place to monitor and improve the quality of the service, ensure compliance with the regulations, or to reduce risk to people. Ways of capturing feedback from people and staff had not been fully established to enable evaluation and improvement of the service. Some records were absent or incomplete.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure staff had the appropriate training, skills to support people safely and in line with best practice and the law.</p>