

Care 4U Care Limited

# Care 4 U Care Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Care 4 U Care Limited is a domiciliary care agency providing personal care to people in their own homes. 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. At the time of the inspection, the service provided personal care to 27 people.

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

People's risks were assessed and reviewed. We made a recommendation about medicines and training.

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.

Governance systems were not effective and needed strengthening and embedding into practice. There was a positive culture throughout the service, people and families felt safe and were happy with the support provided to them. Feedback was gathered from people, staff, and relatives to help identify where improvements or changes needed to be made. The provider did not understand their legal responsibilities and what to do when things went wrong.

People were supported by staff that knew them well and were kind and caring in their approach. Relatives said they were happy with the care people received and had confidence in the registered manager. 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

The last rating for this service was good (published 25 October 2017)

### Why we inspected

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

We found no evidence during this inspection that people were at risk of harm from this information. Please see the well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care 4 U Care Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement and Recommendations

We have identified breaches in relation to management and oversight at this inspection. We have made two recommendations about medicines and training.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

## 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 safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was well led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Care 4 U Care Limited

## Detailed findings

### Background to this inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection was carried out by one inspector and an Expert 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 Expert by Experience made calls to people and relatives about their experience of using the service.

#### 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 a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we carried out the inspection remotely and needed to arrange an initial video call with appropriate people from the management team.

Inspection activity started on 7 July 2023 and ended on 11 July 2023.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls, telephone calls and emails to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

### During the inspection

We spoke with 7 people who use the service and 4 relatives about their experience of the care provided. We spoke with and obtained feedback from 6 members of staff including the registered manager.

We reviewed a range of records. This included 2 people's care records, and medication records. A variety of documents relating to the management of the service, including policies, stakeholder feedback and action plans were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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.

### Using medicines safely

- Staff had not received up to date medicines training or had an assessment of competency, however this had no impact on people receiving their medicines safely.
- There were no audits taking place of medicines to ensure they were being administered safely. Some checks were taking place but there were no formal records available.

We recommend the provider reviews their systems and processes to ensure effective monitoring of medicines is carried out.

- People told us they received their medicines as they were prescribed.
- Staff liaised appropriately with people, their families and health professionals, to ensure ongoing safe use of medicines.
- People were supported to administer their own medicines where safe to do so.

### Staffing and recruitment

- There was no effective system to identify when staff required up to date training or to show the level of compliance with training. The impact of this was monitoring of training was not effectively taking place to ensure staff had the necessary training and skills.
- The provider had no system to monitor calls. They were reliant on people or relative's telling them there had been missed or late calls. This prevented them from taking prompt action.

We recommend the provider uses an effective and robust system to monitor calls and track training compliance.

- Staff were recruited safely. Appropriate pre-employment checks were carried out to ensure staff were suitable for the role.
- There were enough staff to safely support people. Systems were in place to arrange suitable cover for any staff sickness or absence.

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

- Staff kept people safe from the risk of abuse. Staff knew how to recognise potential abuse and knew what to do if they had any concerns. One staff member told us, "I would report any concerns that I might have if any of our service users were being harmed in any manner, including abuse and neglect. I would report this

to my manager by phone."

- The provider had systems and procedures in place to deal with potential safeguarding concerns.
- People told us they felt "very safe" and were happy with the care provided. One relative told us, "They [staff] are very good to [name], and kind, and do anything for [name]."
- Accidents and incidents were infrequent, but they were recorded and monitored.

Assessing risk, safety monitoring and management

- Staff managed risks to people appropriately. Possible risks were identified and assessed, and support plans were put in place to help staff minimise those risks.
- Information about risk management was tailored to each individual. Where risk had been identified, this was communicated to staff.
- The provider assessed people's living environments to ensure people and staff were kept safe when staff were carrying out their duties.

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 authorized under the MCA. We checked whether the service was working within the principles of the MCA.

- Staff had received or were booked onto training in MCA. One staff member said, "Yes, I have had training in MCA and refresher courses. We should assume all of our service users have capacity unless its proven otherwise. We should never make decisions for anyone who is capable of making their own decisions, no matter if we think they are wrong."

Preventing and controlling infection

- There was a clear protocol in place to prevent the spread of infection and keep people safe.
- People and relatives told us staff used personal protective equipment when providing care. This meant people were protected from the risk of infection.
- There was an infection, prevention and control policy in place which gave staff guidance to follow when needed.

# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to 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.

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Effective and robust governance systems were not in place to ensure the registered manager had sufficient oversight of the service.
- The provider had not identified the concerns we found at this inspection. For example, there were no governance systems to ensure medicines, call times, risk management and care planning checks were taking place.
- The registered manager was visible in the service and provided support to the management team but there was no evidence of governance arrangements to oversee the quality of the service.
- The registered manager was not up to date with their responsibilities under the duty of candour. In addition, they were not aware of the requirement to notify CQC of various incidents.

Systems had not been established to assess, monitor and improve the safety and quality of the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded immediately after the inspection. They confirmed they would put in place robust checks and update their knowledge regarding best practice and legal requirements. The registered manager shared examples of how they planned to implement quality audits in the future.

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

- The management team had developed a very positive culture, which placed people at the centre of their care. People were included in decisions about how their care and support were provided. They received person-centred care that met their needs and promoted positive outcomes.
- People and staff felt the service was well managed. One person told us, "I really like [the registered manager]. [The registered manager] is caring. I speak to [them] over the phone. [The registered manager] listens when I call."

A relative said, "We know the manager. [The manager] often comes, and comes out with the staff members, and rings to see if my relative is alright."

- Staff told us that they felt supported and could approach the registered manager with any issues. A staff

member said, "I am able to raise any, and all concerns, with my manager. I feel supported in my role, there is always someone available to discuss and advise me if I need it."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was in regular contact with people to gain feedback and suggestions regarding the service.
- Staff received regular supervision and there were regular staff meetings.
- Staff confirmed they were happy working for the service and found staff meetings to be useful. One member of staff said, "Staff meetings are useful and gives everyone the chance to air their opinion."

Working in partnership with others

- The provider worked in close partnership with health and social care professionals.
- The provider demonstrated a commitment and desire to continually improve. They shared updates during the inspection of changes they had made as a result of feedback from the inspection.

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 17 HSCA RA Regulations 2014 Good governance  Systems had not been established to assess, monitor and improve the safety and quality of the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.