

Care 4 U Ltd

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Care 4 U Ltd is a domiciliary care agency providing care to older people in their own homes. At the time of our inspection 17 people were receiving a personal care service.

People's experience of using this service

People told us people they were happy with the care and support they received because they felt safe and all their needs were met by kind and caring staff.

People praised the managers of the service and agreed that they were approachable, knowledgeable, fair and did their job well. The staff team worked well together and supported the registered manager.

The staff team was committed to providing a high-quality service and keeping people safe. They had undertaken training so that they were skilled and knowledgeable to effectively meet people's needs. Staff understood their responsibilities to report any concerns.

Staff encouraged people to be as independent as possible and respected people's privacy and dignity. Staff knew people well. Staff managed the risks to people's health and welfare.

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.

People were given choices about the way in which they were cared for. Staff listened to them and knew their needs well. Care plans contained information about each person's individual support needs and preferences in relation to their care and we found evidence of good outcomes for people.

Recruitment practices were safe and relevant checks had been completed before staff worked at the service.

Medicines were managed safely.

People and relatives told us staff were able to meet their needs and were respectful of their individual preferences. People said staff who supported them were kind and caring.

People and relatives confirmed the service did not miss any care calls and that staff were usually on time.

People received care and support from a small group of staff, which provided consistency.

The managers of the service actively sought the views of people and their relatives about the running of the

service and they dealt promptly with any concerns that people raised.

The provider had informal systems in place to monitor and improve the quality and safety of the service provided.

More information is in the full report.

Rating at last inspection

At the last inspection we rated this service Good. The report was published on 15 December 2016.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor this service.

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 remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive	Good ●
Is the service well-led? The service remains well-led	Good ●

Care 4 U Ltd

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 planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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.

Service and service type

Care 4 U Ltd is a domiciliary care agency providing care to people in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We carried out the inspection visit on 21 June 2019. It was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available at their office.

What we did

Before our inspection, we reviewed the information we held about the home which included statutory notifications and safeguarding alerts and the Provider Information Return (PIR), which the provider completed before the inspection. The PIR 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.

During our inspection we went to the service's office and spoke with the registered manager and the project manager. We looked at three care records and four staff records; we also looked at various documents

relating to the management of the service. After the inspection visit we spoke to four people who used the service and four relatives, we also spoke to three care workers.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People and relatives we spoke with, told us they felt safe using the service. Comments included, "Completely safe, in fact I feel we are more like friends, I enjoy (carers) company." And "Very safe, very pleasant and nice people, most certainly trust them."
- The agency had systems in place to protect people from abuse and avoidable harm. Staff knew what to do and to whom to report if they had any concerns about people's safety.
- A member of staff told us "We discuss safeguarding, looking at the signs and symptoms at our staff meetings. I am able to contact (name) our manager at any time to discuss anything that raises a concern for me."

Assessing risk, safety monitoring and management.

- The staff assessed all potential risks to people and put guidance in place so that the risks were minimised.
- Risk assessments were developed that maximised people's independence and ability to remain in control of their life
- Environmental risks and potential hazards within people's homes had been identified and were managed appropriately

Staffing and recruitment

- The registered manager followed a recruitment policy so that they were as sure as possible that people were suitable to work at this service. They carried out checks, such as criminal record checks and references.
- There were enough staff to meet people's needs and keep people safe. People told us they had never had any missed calls.
- People and their relatives told us they knew the staff well and had built good working relationships with them. A relative said "Compared to other companies we use, Care 4U are always reliable, has never missed a visit. We are really happy with the service."

Using medicines safely

- Records and discussions with care staff evidenced that care staff had been trained in the administration of medicines and their competency assessed.
- We looked at a file of MAR sheets that had been returned to the office from people's homes and saw that there were no gaps and entries had been signed by care staff and audited by managers.
- A person told us ""I take my own pills, I get a gentle reminder when she(carer) asks if I have taken them."

Preventing and controlling infection

- The provider had systems in place to make sure that infection was controlled and prevented as far as possible.
- Staff had undertaken training and were fully aware of their responsibilities to take appropriate measures to protect people from the spread of infection.
- Staff had access to personal protective equipment, for example, gloves and aprons. This helped to minimise the risk of infections spreading

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- The management team would review risk assessments and care plans following incidents to prevent re-occurrence.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's preferences and care needs had been recorded and those who used the service were given the opportunity to be involved in the care planning process. A person told us "The manager came here and did an assessment before I started the service, and this is updated yearly."
- The registered manager considered protected characteristics under the Equality Act. For example, they asked people about any religious or cultural needs they had so that they could plan for those needs to be addressed. Staff were aware of equality and diversity issues.
- The registered manager told us that they kept up to date with good practice in many ways, including attending meetings and reading numerous publications. This ensured that staff delivered care in line with all relevant guidelines.

Staff skills, knowledge and experience

- Staff had undertaken training in a range of topics so that they could do their job well. Most staff had achieved nationally recognised qualifications in care.
- A relative told us "Trained definitely, she knows how to use the rota stand hoist, the carer gives her clear and precise instructions so she helps out. They always check that she is secure before they move her."
- New staff completed an induction which included, completing mandatory training and working alongside experienced members of staff before working alone.
- Staff felt very well supported. They had supervisions and appraisals and comments included "I find these supervisions meeting useful in refreshing the memory and I am able to discuss any concerns I have" and "the manager always gives me feedback on what my clients have said about me."

Supporting people to eat and drink enough with choice of a balanced diet

- People were encouraged to get involved in decisions about what they wanted to eat and drink. People received support to maintain independence and prepare their own meals.
- Not everyone received support with their meals. Some people told us that their relatives managed their meals, or they had meals that just needed heating up.
 - A member of staff told us "I reheat food and encourage people to eat. I make sure I leave people with water to drink during the day to ensure that they are taking enough fluids."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other agencies such as social workers, GPs, district nurses and occupational

therapists to make sure that people's needs were met.

Supporting people to live healthier lives, access healthcare services and support

- Where people received additional support from healthcare professionals this was recorded within their care records.
- The registered manager and staff were aware of the processes they should follow if a person required support from any health care professionals.
- When concerns were noted regarding people's health and wellbeing, information was shared with GPs, district nurses and other relevant healthcare professionals.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA. In community settings any restrictions placed on people are known as community DoLS.

- At the time of our inspection there was nobody who was subject to a community DoLS.
- The registered manager sought appropriate consent to care. They visited people to go through their care plans to ensure they understood and consented to care.
- Staff continued to have a good understanding of these pieces of legislation and when they should be applied. People were encouraged to make all decisions for themselves
- Care plans were developed with people and we saw that people had agreed with the content and had signed to receive care and treatment and gave their consent.
- A staff member told us "I always give people their choice, priority is to my clients. If someone didn't want to have their shower, I would offer them a strip wash, if they didn't want that I would respect their wishes."

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us that staff were kind and caring. Comments included "So caring, she (carer) holds (relative's) hand while she uses her walking stick and walk out into the garden, always talking to each other" and "Kind and caring always doing extra things for (relative), certainly never rushes to get the job done."
- Staff spoke about people with respect and compassion. It was clear they had good relationships with people. One staff member told us, "it's just understanding a person's needs, and treating them with kindness and respect first, and show that I am concerned about them I would respect their wishes."
- Staff we spoke with were knowledgeable about people's preferences, personalities and things that were important to them. This indicated staff had caring relationships with the people they looked after.
- People and their relatives told us their individual needs and wishes in respect of their values, culture and religion were respected.
- People and their representatives were regularly asked for their views on their care and their plans. A relative told us "Care plan review is done every 6 months due to her changing health. I am fully involved."
- Staff told us that they had enough time to engage with people to make sure that each person had everything they needed
- People who used the service confirmed that they usually had their needs met by a small group of staff and that they always knew who was going to be visiting them
- Most staff had worked for the agency for many years, this meant there was consistency and continuity in care.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values
- People were enabled to be as independent as possible and staff knew where they needed to encourage people or remind them. A person told us "They know I am quite an independent person and once I am in the shower they leave me to wash myself while they prepare my breakfast or if I ask them for a sandwich for my lunch."
- People had no concerns about the way staff treated them. Staff described ways they protected people's privacy and dignity, such as knocking on doors, and closing the curtains.
- A staff member told us, "One of my clients likes to wash her private bits herself I stand outside the door until she has finished and calls me and then I bring her towel to cover her up."
- The service recognised people's rights to confidentiality. Care records were stored securely in locked cabinets in the office. There was a confidentiality policy in place, which complied with General Data

Protection Regulation (GDPR) law, which came into effect on 25 May 2018.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and their relatives told us they were happy with the care and support provided. One person said, "Nothing needed to improve the service for me, I like this company and enjoy my carers company. After six years if I didn't like I would have moved to another service."
- Staff confirmed they checked people were happy and had everything they needed before they left them.
- People's care plans contained clear information about people's specific needs, their personal preferences, routines and how staff should best support them.
- People received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.
- Care plans gave staff detailed guidance so that staff knew each person's individual likes and dislikes.
- Each care file also contained "a summary of care". The project manager told us that this provided a summary of all the information that care staff needed to know about the person they were visiting.
- We saw there was good recording in the care worker's contact notes. This included a note of what the person ate and drank, and what their general mood and presentation was like during the visit.
- When people's needs changed this was quickly identified and prompt, appropriate action was taken to ensure people's wellbeing was protected.

Improving care quality in response to complaints or concerns

- We looked at the complaint's records held at the office and noted that the service had not received any recent complaints.
- People told us that they had never had to formally complain. They were comfortable raising any issues. They were confident that the registered manager would address and resolve these quickly.
- A person told us "No complaints from me, if there was a problem I would speak to the manager who would soon sort it out."

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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- People and relatives told us that the managers at the service were visible and known to them and approachable. Comments included, "Top service, well managed, if short staffed the manager comes out himself" and "From what I see the service is run very well and they employ good carers."
- Staff were fully aware of their responsibility to provide a high-quality, person-centred service.
- Staff told us of the positive management structure in place that was open and transparent and available to them when needed. One staff member said, "It's a good company to work for. We always have a Xmas lunch, we have staff meetings three to four times a year. I am able to voice my opinion, everyone gets an opportunity to bring up any issue and a manager who works hard to make sure we are happy."
- The registered manager promoted transparency and honesty. They had a policy to openly discuss issues with relevant parties if anything went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were happy, and proud to be working at the service. One member of staff told us, "The manager cares about us, always there for us. Our needs are met and our clients are happy."
- The registered manager understood their legal duties and submitted notifications to CQC as required.
- Spot checks and telephone monitoring were taking place on a regular basis. The service user spot checks included reviewing the care records kept at the person's home to ensure they were appropriately completed and to see if care was being provided according to the person's wishes.
- However, we saw that there were no spot checks undertaken to observe care workers whilst they undertook caring tasks. We discussed this with the project manager who told us that he would take action to address this issue but as the service was so small he could rely on feedback from people.

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

- The provider and staff team encouraged people and their relatives to express their views about the running of the service. Staff felt involved in the running of the service and had opportunities to have their say about how the service could improve.
- The provider sent surveys to people and relatives each year. They also fed back the results to people when

the results had been analysed, and had an action plan to address any issues raised?

Continuous learning and improving care

- Although having an informal process to monitoring, the registered manager was aware that if their business grew they would need to improve the quality checks undertaken by formally documenting their findings and developing service development plans to address any issues they identified.
- The agency was in the process of implementing an electronic call monitoring system to ensure that staff always arrived on time.
- 'The registered manager kept themselves updated with new initiatives and guidance by attending regular 'provider forums' in the local authority.

Working in partnership with others

- The registered manager worked with social workers, GPs and district nurses to ensure relevant information is passed on and there is continuity of care.