

Care4UHomecare Ltd

# Care4UHomecare Ltd

## Inspection report

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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Inspected but not rated**

Is the service caring?

**Inspected but not rated**

Is the service responsive?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

Care4UHomecare Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of the inspection there was one person using the service. We were able to carry out an inspection but we could not rate the quality of the service as we had insufficient evidence on which to do so.

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

The person had been receiving support with personal care since August 2019. The person's relative told us they were unable to fully comment about the care and support their family member received as the two current care workers had only been working with them for a short period of time.

The relative was happy with how the care and support was being delivered and felt the care workers were developing a positive relationship and understood their family member's needs.

The person's care needs were assessed and care workers had a good understanding of how they liked to be supported. Samples of daily records showed their needs were being met.

Both care workers had completed a training induction programme and had been introduced to the person before starting work with them. Care workers felt supported in their role and spoke highly about the registered manager.

The person was supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

The registered manager had systems in place to monitor the quality of the service and due to the size of the service, had regular correspondence with both the relative and care workers. The relative was positive about the management of the service and felt confident the registered manager would deal with any issues immediately.

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 service was registered with us on 25 May 2017 and this is the first inspection.

### Why we inspected

We had scheduled to inspect this service in May 2018 based on the registration date of the service. However, the provider was dormant and not providing any personal care. We planned an inspection again in December 2018 but again no personal care was being provided. This was the first inspection.

### Follow up

We were not able to rate the service at this time and will return to complete a further inspection in line with our re-inspection guidelines. We will continue to monitor intelligence we receive about the service until we return. If any concerning information is received, we may inspect sooner.

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

We always ask the following five questions of services.

### **Is the service safe?**

We did not have sufficient evidence to rate the safety of the service.

Details are in our safe findings below.

**Inspected but not rated**

### **Is the service effective?**

We did not have sufficient evidence to rate whether the service was effective.

Details are in our effective findings below.

**Inspected but not rated**

### **Is the service caring?**

We did not have sufficient evidence to rate whether the service was caring.

Details are in our caring findings below.

**Inspected but not rated**

### **Is the service responsive?**

We did not have sufficient evidence to rate whether the service was responsive.

Details are in our responsive findings below.

**Inspected but not rated**

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

We did not have sufficient evidence to rate whether the service was well-led.

Details are in our well-led findings below.

**Inspected but not rated**

# Care4UHomecare 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 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 Care Act 2014.

#### Inspection team

This consisted of one inspector.

#### Service and service type

Care4UHomecare Ltd is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. A registered manager is a person who is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the provider four days' notice because the service is small and we needed to ensure the registered manager would be available to assist us with the inspection.

Inspection activity started on 17 December and ended on 24 December 2019. We spoke with one relative on 17 December 2019. We visited the office location on 18 December 2019 to see the registered manager and to review care records and policies and procedures. We made calls to care workers between 23 and 24 December 2019.

#### What we did before the inspection

We reviewed information we had received about the service since their registration. This included one significant incident that occurred at the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our

inspections. We used all of this information to plan our inspection.

During the inspection

We reviewed a range of records. This included one person's care and medicines records and two staff files in relation to recruitment, training and supervision. We also reviewed records related to the management of the service, which included a range of policies and procedures, spot checks and the most recent minutes of a team meeting.

We spoke with three staff members. This included the registered manager and two care workers. We were unable to speak with the person as they were unable to fully communicate over the telephone so we spoke with their relative.

# 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 for this service. We did not have sufficient evidence to rate the safety of the service.

Systems and processes to safeguard people from the risk of abuse

- The provider had an appropriate safeguarding policy in place and staff had a good understanding of their safeguarding responsibilities. Staff had completed safeguarding training and it had also been discussed during the interview assessment.
- The person's relative told us they felt the service their family member received was safe. They said, "Even though the carers are new, I do feel they are in safe hands and I'm updated with any issues."
- The provider had dealt with one safeguarding investigation related to a person who used to use the service in April 2019. We saw the registered manager had investigated and took the appropriate action.

Assessing risk, safety monitoring and management

- The provider had completed a range of risk assessments to ensure any risks could be managed. This included the person's mobility, skin integrity and nutrition and hydration. There were guidelines for staff to follow to keep the person safe.
- If care workers were unable to access the property, they were to speak with the neighbour as they were also keyholder. The relative told us staff had been introduced to the neighbour and details had been recorded in their care plan. The relative added, "That was good and I was pleased they did that."
- Although a home risk assessment had been completed, we saw best practice had not been followed to include fire safety information. The registered manager acknowledged this and said they would update the risk assessment.

Staffing and recruitment

- Safer recruitment procedures were followed to ensure staff were suitable to work with people who used the service. Disclosure and Barring Service (DBS) checks for staff were in place along with appropriate references and identity documents. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- We did note that gaps in employment history for one staff file had not been recorded during the interview process. The registered manager said this had been discussed but had not been recorded at the time. They said this would be completed for all future applicants.
- There were two care workers to support the person and their relative confirmed there were no timekeeping issues and they stayed the full duration of the visit.
- As the service was small, the provider did not have an electronic call monitoring (ECM) system in place to confirm visits had been made. However, the registered manager had regular contact with both care workers and the relative to ensure calls had been made.

Using medicines safely

- There were procedures in place to ensure people received their medicines safely. Staff completed training during their induction and the registered manager observed and assessed their competency. Care workers confirmed this but formal records were not kept.
- A medicines risk assessment had been completed with information for care workers about the level of support needed. Samples of medicine administration records (MARs) had been completed and were returned to the office to be checked for any errors.
- Although we saw MARs were being completed and there were no gaps in recording, we saw they had not always been completed in the most conventional way. We shared The National Institute for Health and Care Excellence (NICE) guidelines for managing medicines in the community to ensure they were following best practice.

#### Learning lessons when things go wrong

- There were processes in place for the reporting of any accidents and incidents and the registered manager was aware of procedures to follow. There had been no incidents or accidents at this service, so we were unable to see whether this process was used effectively.
- We saw supervision meetings had taken place with a former care worker when issues had been highlighted. The registered manager added, "I am constantly reminding the staff the importance of reporting and recording any issues."

#### Preventing and controlling infection

- There was an infection control policy in place and staff had completed infection control and basic food hygiene training. Staff confirmed they could pick up personal protective equipment (PPE) from the office or it could be dropped off during a home visit.
- The person's care plan had information for staff to ensure safe hygiene practices were followed for the disposal of waste. Spot checks by the registered manager recorded the use of PPE and the cleanliness of the home environment.



# 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 service. We did not have sufficient evidence to rate whether the service was effective.

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

- The person using the service had been assessed before they started receiving any care and support. The initial assessment covered the person's overall health and medical history to ensure staff had an understanding of their needs.
- We saw the person had been reassessed recently when their needs changed and required support with personal care.

Staff support: induction, training, skills and experience

- Both care workers had completed an induction. We saw one care worker who had just started in November 2019, had met and shadowed the other care worker to understand the person's care and support needs.
- Both care workers had recently completed the three-day training induction programme which was focused around the Care Certificate. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment.
- As the person had a mild cognitive impairment, we saw both care workers had also completed a dementia awareness training course when they first started. The relative said, "They do have a good understanding of my [family member's] needs and they seem experienced."
- Staff were positive about the training and support they received. Records confirmed one care worker had a recent supervision, with the other care worker scheduled in the coming weeks.

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

- The person using the service was supported to eat and drink as this was part of their agreed care. Information about the support needed was included in their nutrition and hydration assessment.
- Samples of daily records showed the person was regularly supported at mealtimes and staff were encouraged to offer fluids at every visit. One care worker said, "I discussed with their relative about meal plans and any likes and dislikes."

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

- Although there was no relevant health and social care professional involved, the registered manager told us they liaised regularly with the relative to update them on any changes or if further support was needed. The relative was positive about how well they were kept updated.
- Samples of daily records showed that care workers recorded any changes in health and wellbeing and reported it to the office. Care workers had a good understanding of any issues that would need to be

reported to the office and were confident in the response of the registered manager.

#### 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 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.

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.

- Care records showed the person needed support making decisions in their best interests and their representative had been involved, having the legal authority to consent to their care and support. There was information for staff to ensure they followed best practice.
- Staff completed training on the MCA during their induction and understood the importance of supporting people with their decisions. One care worker said, "We offer choices with everything that we do. We don't force them to do anything they don't want to."

# 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 service. We did not have sufficient evidence to rate whether the service was caring.

Ensuring people are well treated and supported; respecting equality and diversity

- Although both care workers had only worked with the person for a short time, their relative was positive about their attitude and interaction. Their comments included, "One is very bubbly and has built up a good relationship" and "The staff are motivated and so far both have engaged very well so I have no complaints."
- Both care workers had been introduced to the person before they started supporting them. Care workers understood it was important to develop a relationship and felt the relationship was working well since they had started. One care worker added, "They are a lovely family to work with and we have shared some lovely stories."

Supporting people to express their views and be involved in making decisions about their care

- The registered manager had regular contact with the person's relative to discuss the current care and support and had a good understanding of their needs. Care plans and reviews showed the person and their relative had been involved in decisions about their care.
- The relative said, "If anything pops up, we have a discussion and update the plan. She gives it to me to review and to sign off if all is OK."

Respecting and promoting people's privacy, dignity and independence

- Care workers had a good understanding about the importance of respecting people's privacy, dignity and promoting their independence and it had been discussed during the interview assessment. One care worker said, "It is all about encouragement with [person]. We just keep going in and encouraging them with everything."
- The person's care plan had information for staff about personal care tasks they could manage themselves and reminded staff to ensure their dignity was respected during personal care. Samples of daily records showed that when care workers entered the property in the morning, they announced their presence and knocked on the person's door if they were still in their bedroom.

# 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 service. We did not have sufficient evidence to rate whether the service was responsive.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The person's relative told us they were happy with the care and support their family member received and felt the staff team provided a personalised service. They added, "When there was a change in the funding, we wanted to stay with them as we have stability, feel comfortable with them and get person centred care."
- We saw the provider was able to offer a flexible service. For example, we heard conversations in the office about calling the relative to check what times were suitable for them over the upcoming Christmas period.
- Care workers had a good understanding about the person's needs. One care worker said, "After having the introduction and doing shadowing, there is good information in the care plan which is very helpful and gives me a good understanding."
- Samples of daily records showed care workers met the person's care needs that had been agreed and reported any changes or issues to be followed up.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The person's communication needs were recorded during their initial assessment with information for staff to know how best to communicate with them. Although it was not needed at the time of the inspection, the registered manager said they could provide information in other formats if needed, such as large print, Braille or in another language.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider's care plan had a section to cover people's religious and cultural needs, including cultural dietary needs and whether they needed to be aware of any personal care habits or gender of care staff.
- The person was not being supported to access the local community at the time of the inspection but their relative hoped this would be a possibility when the weather became warmer. They added, "The carer encourages them very well and with their energy and empowerment, it would be a blessing to get them out in the summer."
- Care workers knew it was important to engage in regular conversation with the person and their relative confirmed staff were engaging well.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and was given to people and their relatives in the service user guide when they started using the service. There was also a concerns policy if people or their relatives did not wish to raise their issues through the formal process. The registered manager said, "I deal with any small issues straight away and discuss them with the care staff."
- The person's relative told us they had been happy with how the registered manager had dealt with a few issues when the package started. They added, "[Registered manager] is very approachable, responds well, takes things on board and follows them up."

#### End of life care and support

- End of life care was not being provided at the time of the inspection. The registered manager explained the procedures they would follow and what support they could access if they started supporting people at this stage of their life. They added, "We'd need to know what stage it was, what support was needed and what experience the staff had."
- The provider had an end of life care policy in place and staff had access to training if this support was 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.

This is the first inspection for this service. We did not have sufficient evidence to rate whether the service was well-led.

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

- The person's relative was positive about the registered manager. They told us they had reassurances with the organisation and had trust in the staff team. They added, "I can contact them at anytime and am happy with the responses I get."
- Both care workers were positive about the culture of the service. Comments included, "[Registered manager] is very open and honest and tries her best to sort out any issues. I like that about her and have 100% confidence in her" and "I haven't been here long but from what I've seen so far, I feel I can confide in her and discuss any issues. It is very positive."
- A care worker visited the office to meet with the registered manager during the inspection for a catch up and a cup of tea. We observed a warm, welcoming and friendly environment.

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

- During a recent review, the person's relative completed a satisfaction questionnaire about the service and gave feedback about the current care workers. They highlighted they were unable to fully comment about the new care worker however the initial feedback was positive and a working relationship was in progress. The relative told us, "It's early days but so far so good."
- Both care workers complimented the registered manager and how they kept them involved and updated. One care worker said, "I always get a good response or she gets back to me right away. She is very professional and I like the way she works. She is very caring and is trustworthy, she doesn't palm us off."
- We saw one care worker was being supported to complete vocational qualifications in health and social care. They said, "It is good to know that they will fund it and I'm looking forward to increasing my experience."

Continuous learning and improving care

- There were systems in place to monitor the service and ensure people were happy with their care. Due to the size of the service, the registered manager had regular correspondence with the person's relative and both care workers.
- We saw a recent team meeting discussed the current care package, if there were any issues or concerns and what needed to be shared with the person's relative. Spot checks were also carried out in the person's home to check on the service and ensure accurate records were being completed.
- Daily records and medicines records were returned to the office and checked for completeness and accuracy. We saw one care worker had been spoken with regarding the content of information they had

recorded. The relative told us they were happy with the level of detail within the daily records.

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

- The registered manager understood their regulatory responsibilities regarding notifiable incidents and had submitted a relevant notification since their registration.
- Care workers told us they had regular contact with the registered manager and complimented the support they received to help them understand their role.
- Care workers told us unannounced spot checks were done to check the service was meeting the person's needs and for the registered manager to carry out observations of their competency. They added, "They checked my interaction, how I was supporting the person and how I was presenting myself."

Working in partnership with others

- The registered manager had attended engagement events with local authorities across three London boroughs, with the aim of promoting their organisation. They were also part of a home care provider forum in the London borough of Lewisham.
- The registered manager had signed up to volunteer at a homeless shelter over the Christmas period in the local community.