

Care4Now Ltd

# Care4Now

## 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

Care4Now is a domiciliary care service providing personal care to 3 people over the age of 65 living in their own homes.

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

People received safe care from staff who understood how to support them and who they knew well. Risk assessments in place assessed risks associated with people's care and health needs and gave direction to staff about how to minimise known risks and keep people safe. If people required support to receive their medicines, this was done safely and as prescribed. Recruitment processes in place ensured that only those staff assessed as safe and competent to work with vulnerable adults were recruited. There were sufficient numbers of staff available to meet people's needs. Care staff understood the importance of taking precautions to reduce the risk of spreading infection.

People's capacity to make day-to-day decisions had been considered and assessed. The service was working within the requirements of the Mental Capacity Act 2005. New staff received a period of induction when then completed training and worked alongside an experienced staff member. All staff received an ongoing programme of training to keep their skills and knowledge up to date.

People were supported by care staff who cared for them and we received positive feedback about how people were treated with respect and dignity. People's cultural needs were known by care staff and care was provided in a way which supported people's equality and diversity characteristics.

Care plans were person centred and gave comprehensive information about the person, their needs and how they wished to be supported. People's communication needs were considered, and information was provided in ways people could understand.

Checks and audits in place enabled the service to monitor, learn and improve the quality of care and support people received. Feedback was obtained from people and relatives to help improve the service. Staff felt supported by 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)

### Why we inspected

This was a planned inspection of a newly registered service.

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.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was safe.  
Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.  
Details are in our well-led findings below.

Good ●

# Care4Now

## Detailed findings

### Background to this inspection

#### The 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

This inspection was completed 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.

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

#### Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be available to support the inspection.

Inspection activity started on 24 November 2021 and ended on 29 November 2021.

#### What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. 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

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

People supported by the service either were unable to speak to us or declined the offer to provide feedback. We spoke with two relatives of people supported by the service about their experience of the care provided. We spoke with the registered manager and a care worker.

# 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 newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

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

- Relatives said they felt people who were supported by the service were safe. One relative told us "It is difficult to find people who are good in this line of work, but the people who support [Name] are very trustworthy and I know they are safe."
- Staff received training and had a good understanding of how to protect people from abuse. Staff were aware of the possible signs of abuse and the steps to take to report their concerns.
- Staff knew and understood the term 'whistleblowing' and named external agencies such as the CQC or the local authority who they could contact to raise their concerns without fear of recrimination.
- The registered manager was aware of their responsibilities around reporting any safeguarding concerns identified to them to the appropriate authorities although they had not needed to do this at the point of our performance review and assessment.

### Assessing risk, safety monitoring and management

- Risks associated with people's care needs had been assessed and gave guidance to care staff on how to safely support people to minimise those known risks.
- Assessed risks included moving and handling, choking, skin integrity, falls and the environment.
- Staff were aware of people's risks and how they were to support them to remain safe.

### Staffing and recruitment

- Staff were recruited safely. The registered manager completed checks prior to employment to assess potential new staff's suitability for the role. These included obtaining references confirming past conduct in similar roles, a criminal record check and proof of identity. This ensured that only those staff assessed as safe to work with vulnerable adults were recruited.
- Each person receiving care and support were allocated regular care staff to ensure they received consistent support from staff who they knew.
- Relatives confirmed staff always arrived on time and stayed for the required time.
- There were enough staff to meet the needs of people they currently supported safely.

### Using medicines safely

- Not everyone who was supported by the service required support to administer medicines. When care staff were responsible for administering medicines, information was recorded in the person's care plan which included information about the medicine, what it was prescribed for and any known side effects.
- When people had been prescribed medicines that were to be given 'as and when required' (PRN), a PRN protocol was available to care staff which gave direction and guidance on how and when to administer the medicine.

- All staff had received medicines training. Regular checks were carried out by the registered manager to ensure people were receiving their medicines safely and as prescribed.

#### Preventing and controlling infection

- Relatives told us staff followed appropriate infection control procedures in order to help keep people safe.
- The provider was accessing regular COVID-19 testing for staff in line with national guidance.
- Staff had received training about the use of PPE and infection prevention and control, the registered manager completed observations to ensure staff were following the guidance correctly.
- The provider's infection prevention and control policy were up to date and had been updated during the COVID-19 pandemic.

#### Learning lessons when things go wrong

- No accidents or incidents had occurred over the last year. The registered manager told us that there was a review system in place where discussions were held with staff so that lessons could be learnt to prevent similar incidents wherever possible.

# 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 Good. This meant 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; 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.

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.

- Where possible, people had been involved in making decisions about all aspects of the care and support that they received, and this was clearly documented within their care plan.
- When people were assessed as lacking capacity to make decisions, care planning and best interest decisions had been recorded which involved relatives and health care professionals as required.
- Care staff gave examples of how they supported people to make decisions. One staff member explained, "We have to assume people have their capacity but if not, we have to make decisions in their best interest. Anything we do personal care, medication or food everything we try and get consent, I give them choices and as I get to know the person, I get to know what they like."
- People's needs were assessed together with the people and their relatives and involved professionals. Staff told us they found people's care plans easy to follow and said they covered people's needs effectively.

Staff support: induction, training, skills and experience

- Relatives confidently told us the care staff were appropriately skilled and trained in their role. One relative told us staff were "Fantastic, they are brilliant."
- Care staff told us, and records confirmed they received regular training and support which enabled them to carry out their role effectively. This included supervisions and annual appraisals.
- Topics covered through training included end of life care, dementia care, falls prevention, safeguarding, moving and handling and first aid.
- All staff employed received a comprehensive induction. This included a period of shadowing of an experienced care staff until the staff member was assessed as competent to work independently.

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

- People were supported with their nutrition and hydration needs when this was an assessed need.

Relatives told us people were supported to have food and drinks that met their dietary requirements and preferences.

- People's likes, dislikes and preference in relation to food and drink had been clearly documented within their care plan. Information recorded also included any specialist dietary requirements and support needs and how care staff were to support people with these.

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

- The service supported people to access a variety of health care professionals and agencies to ensure they received the appropriate support where this was an assessed need. This including referring to and accessing health care professionals which included occupational therapists, speech and language therapists and physiotherapists. The service also supported people to attend appointments where required.

- Relatives felt that their and their relatives' health care needs were appropriately met and that they were always kept updated about any concerns or developments.

- Care staff maintained regular logs of people's health and wellbeing, so that the team could work together to ensure people received effective care and support.

# 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

- Relatives told us, "Staff go above and beyond to make sure [Name] feels cared for." Another relative said the registered manager "Is very caring and is very good with [Name] who is declining in health, we are very pleased with the service, really delighted."
- Care staff understood each person's needs were different in relation to equality and diversity and told us they would support them according to their choices and wishes. People's needs and wishes around specific cultural or religious needs had been clearly documented within their care plan.

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

- People's likes, dislikes and how they liked to receive their care were recorded within their care plan.
- The registered manager and the care staff team demonstrated that they knew people very well. The registered manager told us, "The most important part is that we look after people the way they want to be cared for. We are a small team and know people very well."
- Care staff explained that the people were always supported in ways that they wished to be and that gaining their consent was an important part of the process. One care staff member told us, "Every single person has their own personalised care package."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives confirmed that care staff were very respectful of their privacy and dignity. A relative stated, "They treat my [relative] with lots of dignity, it's as if they were looking after their own family member."
- Care staff gave examples of how they ensured people's privacy and dignity was always upheld. One member of care staff told us this included providing personal care in areas which could not be overseen by others, explaining to people what they were doing and gaining consent.
- Care staff also understood the importance of supporting people to maintain their independence and gave examples of how they helped people to do this. One staff member said "We encourage to do things for themselves, so they don't lose what independence they have. Like feeding themselves, you let them do as much as they can as long as they are willing and able to do that."

# 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 Good. This meant people's needs were met through good organisation and delivery.

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

- People and their relatives were involved in the initial assessment and care planning and in any care plan reviews when they took place.
- Staff knew people's individual needs and preferences well as they worked closely with them and understood their risk assessments and care plans.
- Care plans were personalised, detailing health needs, backgrounds and people who were important to them. Care plans were kept up to date so they remained reliable for staff to follow.

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.

- Staff had a good understanding of the AIS and people's communication needs were assessed and documented within their care plans. Staff were knowledgeable on how different people expressed themselves. Staff told us they took time to listen and engage with people.
- People's communication needs were regularly reviewed and information on individual's communication preferences and useful communication strategies for staff were documented.

Improving care quality in response to complaints or concerns

- Relatives told us they knew who to speak with if they had any complaints to raise and were confident their concerns would be appropriately addressed.
- Since registering with CQC the service had not received any complaints. However, we saw processes in place which would enable the service to record, investigate and take appropriate actions in response to a complaint.

End of life care and support

- The service was not currently providing any end of life care at the time of this performance review and assessment. However, the registered manager worked closely with people and their relatives to ensure their wishes for the end of their life were recorded.
- Staff had received training about how to support people and their relatives as they reached the end of their life and were aware of how to work with other health and social care services to provide a pain free and dignified death.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 service had a positive culture. Staff told us the registered manager was always available to provide support when needed, they said they were consistent and led by example.
- People's voice was noted throughout care plans which detailed the person's view on each topic of their care.
- The registered manager worked positively with external professionals to achieve positive outcomes for people.
- The registered manager understood their responsibility to inform relatives if there had been any errors or incidents whilst providing care. There had not been any incidents reportable under the duty of candour at the time of this performance review and assessment.

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

- Staff and relatives spoke highly of the registered manager and told us that they were available and approachable at any time.
- The registered manager completed regular checks and quality audits to monitor the quality of care people received with a view to learning and improving. This included the review of records, oversight of medicine administration and unannounced spot checks.
- Where issues were identified the registered manager made sure that these were addressed immediately, and processes put in place to prevent any future re-occurrences.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager told us that they were regularly in contact with the people they supported and their relatives. The registered manager also delivered some of the care calls so was able to speak to each person they supported regularly.
- Regular contact enabled the service to obtain feedback from people and their relatives about the quality of care that they received and where issues were identified these could be addressed immediately.
- The registered manager told us that they were regularly in contact with individual care staff to exchange information and guidance.
- The registered manager also used technology as a way of maintaining contact with the staff team. Regular

memos were sent through to staff via email and for immediate information exchange instant messaging through mobile phones was utilised. One staff member told us, "[Registered manager] is always available, they send us information we need and talks through any changes with us. If there's anything I'm not sure about I know they are always there for me."

- The service worked well with other agencies to support people's care and wellbeing. This included a variety of health and social care professionals.
- The service was a single provider but had established relationships with other local service providers in order to share good practice and learn from each other.