

Care 4 Me Limited

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Inspection report

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Date of inspection visit: 23 March 2015
Date of publication: 12/06/2015

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 

Overall summary

The inspection took place on 23 March 2015 and was announced.

Care 4 Me Limited provides personal care for people in their own homes. There were approximately 100 people using the service when we inspected and there was a registered manager in post.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and were protected from the risk of harm and that they were happy with the staff that visited them in their own home and felt that the care staff understood them and their needs in order to care for them safely. People had their individual risks reviewed and plans were in place to manage them safely. People were supported to take their medicines when required.

Staff received regular training and supervisions. They told us this helped them understand how to care for people and were given regular feedback on their performance. Staff told us they had the training to support people with care and that training they had targeted training when this was required too.

Summary of findings

People were cared for by staff that understood how to care for them. People's care needs were detailed in care plans and they told us they were involved in making decisions about their care. People regularly spoke to the manager and care staff about they needed and feedback on the care delivered. People were supported to prepare meals and were supported by staff to access health professionals where this was appropriate. People told they thought highly of the care staff and that there had never been a reason to complain.

People received care from a regular staff team that knew them well and understood how to treat them with dignity.

People told us that their home was treated with respect and that care staff ensured that they were happy with the care. Care staff followed people's requests and left people's home exactly as they would want it left.

People told us they felt the manager was accessible and open. People felt comfortable contacting the manager if needed and telling them about any issues they may have. The manager made regular checks to ensure people received they care they needed and that they were happy with the service provided. The manager liaised with the provider to ensure that the provider had a good understanding of the service and were working together to develop the service further.

Summary of findings

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.

People received care from staff that understood how to keep them safe.

People were supported by staff who knew how to care for them and that they received consistent care from them.

Good



Is the service effective?

The service was effective.

People were supported to eat and drink where this was identified and they enjoyed the food prepared for them and that they were involved in deciding what they ate.

Staff knew how to support people and when to contact other health professionals when necessary.

Good



Is the service caring?

The service was caring.

People were happy with the care they received. People felt involved in planning and designing their care and that care staff treated them with dignity.

Good



Is the service responsive?

The service was responsive.

People received care that was responsive to their needs and kept under regular review.

People felt that they were consulted about the service and that they could feedback to the manager about how their care was delivered. People told us were happy with the care they received.

Good



Is the service well-led?

The service was well led.

People benefitted from a service which was well led.

Staff were supported by a manager they felt they could talk to. Staff described open communication where they could raise issues or concerns.

The provider made regular checks to ensure that care was delivered and that people received the care they needed.

Good



Care 4 Me Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 23 March 2015 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care service and we needed to be sure that someone would be in. There were two inspectors in the inspection team.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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. We also reviewed the information we held about the service and looked at notifications they sent us. A notification is information about important events which the provider is required to send us by law.

We spoke to with 17 people who used the service by telephone. We spoke with 7 care staff, the manager and the provider.

We looked at 6 care records, daily notes, charts about people's medicines, staff training records, meeting minutes, and quality audits that the manager and provider completed.

Is the service safe?

Our findings

People felt safe with the care staff coming into their home and providing care to them. One person told us, “I feel very safe. They’re tremendous.” Another person told us, “I’m very happy.”

Staff told us they could report concerns they had to “The manager or to someone at the office.”

Staff we spoke to understood that people needed to be kept safe and one staff member acknowledged that they had raised an issue previously about a colleague they had concerns about and this was responded to.

People’s risks were assessed when they first started receiving care and were reviewed regularly and recorded in people’s care plans. This included equipment they may need to use and the appropriate instructions for that person. It also included ensuring that people had the correct number of care staff to provide the care they needed. Staff told us that if ever there was an emergency situation or they needed to care for people they had not normally cared for, they would also get a telephone call from the office to relay to them specific information about caring for the person. The provider undertook checks to ensure that staff were safe in people’s home. For example, when people had pets or if there had been incidents, the manager worked with people and their families to ensure that staff were safe and that people were not left without care.

Some staff described how they felt that more staff would help support the team further as there was a demand for their services and work was being turned down. When we spoke to the provider, the provider acknowledged that recruiting and retaining staff was a challenge and the location, which has an ageing population and low working population contributed towards this. We asked people about whether they experienced any difficulty receiving care and whether they received the same care staff. People overwhelmingly told us that they had where possible, received care from a consistent team of carer staff and as such they felt they had a good relationship with care worker and they knew how to care for them. People described to us that the manager would pop in and check that people were happy with the care. People were introduced to new care staff by the manager or the senior care staff and also to ensure that they were familiar with people’s individual care needs. People told us they were happy with this process.

The provider told us that some people looked after their own medicines and some were supported by staff. People told us they were happy with the support care staff gave them to take their medicines. People’s records provided care staff with information about how what people needed and any other issues to be aware of, such as the duration of the course of treatment the person required. The provider told us about checks they made on staff to ensure that people received the medicine they needed. We saw that there were regular audits of medications by the manager and as such people received their medication when needed.

Is the service effective?

Our findings

People told us staff knew how to care for them. One person told us, “They’re very good. They’re very well trained.”

Staff told us they felt supported to do their job. They told us that they had regular supervisions meetings and they had plenty of opportunity to discuss any issues they may have. One staff member told us, “I’m very happy with my job. We know how to work together.” A further staff member told us, “I can always speak to someone. They’re very nice.” Staff also noted that they felt there had been an improvement in their training. One staff member recalled how a member of staff had made a mistake with some equipment. Staff were trained again to use the equipment in order to raise confidence. Staff also told us about training they wanted to pursue in order to support their work and how they were supported by the manager and the training lead to undertake this.

People who were supported by staff that prepared their meals told us they liked and enjoyed the food they were given. One person told us, “They always ask me what I’d like to eat and I tell them.” Staff we spoke to were aware of people’s health and nutritional needs as well as their likes and dislikes. For example staff could recall to us what certain people liked to eat. Care plans also detailed this information for care staff to refer to as well. One staff member told us, “There’s plenty of information in the care plan.”

People were able to consent to their care and treatment and supported to develop their care plans.

One person told us, “Whenever there’s a change they come around and speak to me about it.” Staff also told us that if they were concerned about people’s ability to consent they would raise it with the manager and make them aware of it. Records showed that people’s needs and wishes had been included. For example, how the person wanted their personal care delivered or the level of support needed.

We spoke with staff who were clear that people had a choice when they were offering personal care and support to people. One staff member told us about how they talked to the people they cared for to understand their individual needs, “I understand [the person cared for]. We work for each other.”

People were supported to look after their health. One person told us, “Anytime I want something, they arrange it for me. Doctors, dentists – whatever.” Another person told us, “The girls know exactly what they’re doing. They keep me looked after.” One relative also told us about how care staff had recently called an ambulance when they became concerned for a person’s health. We also asked staff whether they knew how to support people if they became concerned about people’s health. Staff told us they would “Talk to someone at the office” or call an ambulance if needed.

Records also showed that people were supported to have access to other professionals in support of their healthcare needs. For example, speaking to a nurse, social worker, GP or calling the ambulance when needed.

Is the service caring?

Our findings

People told us they felt well cared for and that they thought highly of the care staff. One person told us, “They’re tremendous.” Another person told us the care staff were “All lovely.”

We asked staff about the people they cared for and all staff spoke in a positive and respectful way. One member of staff told us, “They’re really nice, I have no problems.”

People told us they felt involved in the care they received. One person told us, “They leave my house exactly how I’d want it kept and I’ve never had a problem.” Another person told us, “They always do what I ask them.” A further person told us, “They always make me a cup of tea and we have a good laugh.” Another comment we received was, “They always ask me if there’s anything extra I want doing or if they can get my anything from the shop.”

Staff told us they involved people in their day to day care. Staff described to us some of the decisions they involved people with. One staff member told, us, “I always ask them what they’d like for tea.” Another staff member told us, “Before I leave, I make sure they are happy with everything.”

We asked the provider to describe to us how they involved people in shaping their care so that it met people’s needs. People told the manager about the care they needed in review meetings and also during spot checks that the manager undertook. One person described to us how the asked for a care staff member to be changed because “She didn’t do a lot.” People felt they could be open and honest with the manager about what they needed and whether it met their needs or not. One person said, “I very rarely bother them....but they do whatever I need.”

People were supported to maintain their dignity and respect. One person said, “They’re really good. They’re very respectful.” Another person told us, “They’re very respectful. I’ve got a lot of lovely carers.” Staff were able to tell us about how they made sure people maintained dignity and respect. One staff member told us, “We’re in people’s home’s so we need to be mindful....we need to treat people how we would want to be treated

Is the service responsive?

Our findings

People felt they received the care they wanted and needed. People told us that they were involved in making decisions about how they were supported and cared for. One person told us about the carers, “They’re brilliant – I’m very well looked after.”

We asked the provider to show us how they involved people in decisions that affected their care. They told us that they met with people and designed the care plans based on their needs and requests. These were reviewed every 12 months but sooner if there was a change in the person’s care needs. We reviewed a number of people’s care plans and saw that there were details for carers to follow relating to people’s likes, dislikes, preferences for food as well when the person like to get up and go to bed. We also reviewed a recent questionnaire sent out to people asking them whether they had any preference for a male or female carer.

People told us about how they and their families were involved in planning their care. One relative we spoke to told us, “The Manager comes around and talks through everything.” The relative also described to us about how

their family member had had a period in hospital and how the care was adjusted to meet the person’s needs and how staff now needed to use a hoist and this had been arranged. People told us they felt that they could also tell care staff about anything in particular they needed doing for that day. One person told us, “They always ask me, if there’s anything else I need doing.” Another person told us, “I can get them to help me with whatever I need.”

People we spoke to told us they had never needed to make a complaint and had been very happy with the service. When we asked if they knew how to make a complaint if they needed to, they told us, “I’d ring the office if I needed, but I have never needed to.” People also told us about how they fed back to the manager about the care staff that supported them. Although all the people we spoke to were satisfied, one person did say that there had been an occasion when they had contacted the manager about changing the care staff and this had been done for them.

Processes were in place to acknowledge, investigate and respond to people’s complaints. People were aware of the complaints process. Complaints were dealt with by the manager in the first instance and also shared with the provider.

Is the service well-led?

Our findings

People were supported by a team of carers that they knew well and who they felt understood their needs. People told us that had confidence in the carers and the service delivered what they expected it to.

All staff we spoke to told us they felt they could speak to the manager about any issues or concerns they may have and gave us examples of when they had done so. For example, one staff member said, “If I need time off or don’t know something they’re really helpful.” They also felt that they were able to honestly feedback any issues they may have. One staff member told us about how the training had been improved based on the feedback collated from care staff. The improved training had given care staff more confidence to do the job. Staff were also encouraged to speak to the Manager if they had concerns about other staff. Staff told us that they were comfortable in doing this and approaching the manager. Staff also us that they were happy with the communication they received from the service. They told us they received regular updates and it also helped that they could talk to people in the office.

People were reassured that the manager regularly undertook spot checks and visited them to make sure they were happy with the care they received. Staff were observed in people’s homes to ensure that the care being delivered was satisfactory and that it met the person’s

individual needs. People’s care was adjusted based on their changing needs and people told us the manager would come out and speak to them when it was necessary to change care.

The manager undertook a number of other checks to make sure that the care staff delivered a satisfactory service. People received annual questionnaires to check on satisfaction levels, which the provider could then analyse and respond to. The manager, together with the team also regularly checked care plans, medication sheets as well as shadowed care staff to ensure that care staff were doing what they were supposed to. People were introduced to new staff by the provider so that people’s concerns about new staff could be allayed. The provider also regularly checked that staff attended calls when they were supposed and people told us that care worker generally attended on time and were informed if there was ever going to be a delay. One person told us, “They come in and check up on things and especially the new girls.”

We reviewed comments and compliments that the provider had received about the service and noted that these had been reviewed. These were shared with the provider by the manager to ensure that the provider had a good overall perspective of some of issues raised. This supported the manager and provider to understand people’s views and helped shape systems that enabled the provider to deliver safe and effective care such as ensuring that people had carers of a gender they were comfortable with.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.