

Social Care 4U Limited

Social Care 4U

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Social Care 4 U is a domiciliary care agency that was providing personal care to two people at the time of the inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:

People told us they felt safe at the service.

People were safeguarded from the risk of abuse at the service and staff knew how to whistleblow.

Risk assessments lacked information needed to reduce people's known risks.

Safe recruitment practices were followed to ensure vulnerable people were kept safe.

Medicines support people received at the service was not clear. Staff had been trained in medicines and there were medicine policies in place ready to use.

The registered manager and staff had completed appropriate training that was up to date.

People did not receive an initial recorded assessment of their needs.

Consent to care and treatment was sought before care began.

The service supported people with meal preparation and encouraged healthy eating and drinking.

People were encouraged to be independent and to make their own choices.

Care plans did not contain people's preferences, likes and dislikes.

People, relatives and staff gave positive feedback on the management of the service and the service they received.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; however the policies and systems in the service did not support this practice.

We made two recommendations in relation to assessing people's care needs and end of life care.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Rating at last inspection:

The service was registered by CQC on 1 October 2010. This was the service's first inspection since registration as they have not been providing any regulated activities until recently.

Why we inspected:

This was a planned comprehensive inspection based on CQC's scheduling process to check the safety and quality of care people received.

Improvement action we have asked the provider to take:

Please see the 'action we have asked the provider to take' section towards the end of the report.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. 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?

The service was not always Safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always Effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was Caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always Responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always Well - Led.

Details are in our Well - Led findings below.

Requires Improvement ●

Social Care 4U

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. This inspection was planned 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.

Service and service type:

Social Care 4 U is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing. It provides a service to older adults, younger disabled adults and children. 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 gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection started on 3 April 2019 and finished on the same day. We visited the office location on 3 April 2019 to see the registered manager; and to review care records and policies and procedures.

What we did:

Before the inspection, we asked the provider to complete 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.

During the inspection we spoke to the Director of the service. We viewed two people's care plans, four staff recruitment files, training records, criminal records check, policies and procedures relating to the management of the service.

After the inspection we spoke with the registered manager, three care staff and a person who used the service.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Using medicines safely

- Staff had completed medicine training and there was an overarching medicines policy.
- Medicines support was not clear in one of the care plans. Daily logs stated medicines were being given and a care plan stated medicines were being taken. There was no medicine risk assessment, or a record of medicines people were taking.
- The director advised after the inspection that they had now introduced medicine administration records to record medicines administered.

Assessing risk, safety monitoring and management

- During the inspection we found people did not have appropriate risk assessments to keep them safe where they were at risk of falls. Moving and handling risk assessments were present but lacked detail. We raised the issue of the lack of risk assessments with the director of the service and were advised these would be updated. The risk assessments submitted after the inspection did not provide sufficient information about how staff were to support people and to reduce the risks they faced.
- Staff described what they did to protect people, but this information was not within the risk assessment. A member of staff said, "I don't leave [person] alone as they could fall, I'm very careful when walking with [person] support them at every minute."
- Where equipment was used there was no reference to the safe use of the equipment such as a wheelchair. One person had a percutaneous endoscopic gastrostomy (PEG) tube in place. This is a tube which is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding or provide medicines. However, there was no risk assessment in place for this.
- Environmental risk was reduced as staff removed hazards that could cause people to trip inside their home. Staff were also encouraged to check electrical equipment each time they visited to ensure it was safe for use.
- Staff were allocated to provide 24-hour support. The director advised this meant there was always a member of staff to assist with people's needs; however, this did not negate the risks identified above.

The above issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the carers, one person said, "Yes I do."
- Staff had received training in safeguarding adults.
- Staff at the service understood how to protect people from abuse and they provided examples of different types of abuse. A member of staff said, "If I saw bruises I would let the local authority know, I'd raise a

concern and let the registered manager know. I wouldn't want [person] to get hurt." Another member of staff said, "I'd report it to the office, I'd log everything down. I can go to the GP, social services or the CQC."

- The registered manager and a director were aware of their responsibilities in relation to reporting and responding to safeguarding matters. They told us they expected staff to report all concerns to them and to escalate to social services or the CQC if they needed to whistleblow. The director said, "Staff contact us about everything, we are in contact with the carers daily."

Staffing and recruitment

- Staff at the service were recruited safely.
- Appropriate checks were performed before people began to work at the service. This included verifying staff identity, qualifications, references, proof of address and completing a criminal records check.

Preventing and controlling infection

- The service had an infection control policy and procedure and staff were trained in infection control.
- Staff told us they were provided with personal protective equipment (PPE) which included gloves and aprons to minimise the risk of infection. A member of staff said, "There's a lot of PPE in the house."

Learning lessons when things go wrong

- The service had an emergency policy and procedure. Staff told us they would report incidents directly to the registered manager.
- At the time of the inspection there had been no incidents.
- Staff told us the registered manager and director would always discuss best practice to avoid incidents.

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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- There was no evidence of an initial assessment when people started to use the service. The only paperwork was that provided by the local authority. The director advised they went to see people at the start of the care package to ask them their needs but this had not been recorded.
- We were sent a completed care plan but the needs that had been documented were brief.
- People were supported to make their own choices. The provider had identified people's needs and choices were not being listened to and they told us people were encouraged to say or express what they wanted. A member of staff said, "I offer choice, for example the TV or iPad. [Person] knows what she wants, she knows how to scroll I give her the remote so she can choose."

We recommend the service seeks advice and guidance from a reputable source about assessing people's needs.

Staff support: induction, training, skills and experience

- People we spoke with told us they thought the carers knew what they were doing.
- Staff told us they felt supported at the service and received regular training. The registered manager told us staff had to complete all their training so that it was up to date otherwise they could not work with people receiving a service.
- Staff completed a number of different training courses which included; health and safety, moving and handling, dementia care, first aid, food hygiene, Mental Capacity Act, hand hygiene, equality and diversity, fire safety and principles of person-centred care.
- Staff we spoke with told us they had supervision on a monthly basis to discuss their role and the people they worked with. A member of staff said, "The [Director] just pops in any time to have a discussion." However, there were no records to confirm that supervision took place regularly with staff. After the inspection the director sent us supervisions that had been completed during May 2019.

The above was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

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

- People were supported to make healthy food and drink choices. Staff told us they took people to the library to learn about healthy eating and to reduce the consumption of unhealthy foods. A member of staff said, "Told [person] about drinking and eating healthy. [We] went to library so they can understand and lose weight."

- Staff told us they helped people cook light meals in their home.

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

- Contact information for the health professionals involved in people's care were listed in their care plan. These included the GP, speech and language therapist, social services, dentist and nursing team.
- Staff worked well with health professionals involved in people's care and called them for advice if they were concerned about their health or equipment people used.
- A member of staff told us they encouraged people to walk more so that they would feel better and maintain a healthy weight.

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

- People had signed to give consent to care.
- Staff asked for people's permission before delivering care. A member of staff said, "I always ask and tell [person] what I am going to do before I do it." Another member of staff said, "We cannot do anything without giving a choice. Clothes we open the wardrobe."

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.

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

- People told us they liked their carer's. A person said, "They're perfect and yes, they are kind."
- The registered manager and director told us they observed caring interactions between staff and the people they supported when they performed spot checks. The registered manager said, "I've seen them [staff] hugging and sitting very closely to [person] they will point to things, total interaction with her singing and talking to her. There's a closeness and compassion, the [staff] have really got it."
- Staff spoke fondly of the people they supported.
- Staff had completed training in equality and diversity.
- The registered manager explained how equality and diversity was to be respected in everything they did while supporting people. They gave an example of how the service respected the different religious beliefs observed by the people and their relatives.

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

- People were supported to express their wishes and were always consulted about decisions around their care.
- Staff told us they always asked people what they wanted. A member of staff said, "I can't just do something, I ask [person]. It's her choice."
- Staff explained where a person was non-verbal, they would spend time with the person and would ask their family so they could understand what different gestures meant.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected at the service.
- To maintain people's privacy during personal care a member of staff said, "We make sure the windows are shut when dressing. We close the curtains and the doors are shut."
- People were encouraged to maintain the skills to help them remain as independent as possible.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs
People's needs were not always met. Regulations may or may not have been met.

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

- People told us the staff did meet their needs at the service.
- At the time of our inspection the service had not completed care plans for people.
- The director sent to us updated care plans after the inspection. However, these were not personalised to explain people's preferences and different types of support they needed. For example, the management team and staff told us people enjoyed cooking cultural meals, however, this was not documented in the care plan. Also, in the instance where someone was PEG fed, there was no reference to its use within the person's care plan. However, staff described the procedures they followed to ensure the person's safety and comfort when using the PEG.

The above was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care staff and the management team knew the people they supported very well, and they advised this was learnt from spending time with them and speaking to their relatives. A member of staff told us, "[Person] likes going to the cinema, karaoke and restaurants."
- The Accessible Information Standard (AIS) applies to people using the service (and where appropriate carers and parents) who have information or communication needs relating to a disability, impairment or sensory loss. People's communication needs were documented in their care plan. Care plans stated whether people could communicate verbally or used gestures or body language. Staff told us they also supported people with picture books to support communication needs.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and details about how and where to complain were provided within the service user guide provided at the start of the service.
- People using the service told us they had not felt the need to raise any complaints or concerns. Records showed the service had not received any complaints.
- A person using the service told us they would approach the registered manager or the director if they had any concerns. Staff told us they would escalate concerns to the management team of the service if people were not happy with the service.

End of life care and support

- At the time of our inspection we were advised no one required end of life support. The director of the service advised staff had not received training in end of life support. (blank line added)

We recommend the service seeks guidance about supporting people with end of life care planning.

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- People using the service liked the management of the service. A person said, "[Registered manager] and [Director] are great."
- Staff gave positive feedback about the management. A member of staff said, "I've worked with lots of managers but [Director] is wonderful. Another member of staff said, "Yeah I can come to the office whenever I want, that's how free and comfortable I am with management."
- The registered manager and director understood their duty to be open and honest and report matters when things went wrong.
- The service had a quality assurance policy and an auditing policy and procedure. However, these were not in operation at the time of the inspection.
- The systems in place to monitor the quality of the service were not effective as they failed to identify the lack of risk assessments, care plans, effective medicines management and the need to document staff supervisions.

The above was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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

- Staff were clear about their role and the need to provide quality care to people they supported. Staff told us they were constantly given support from the registered manager and director. A member of staff said, "They [Registered manager and Director] are very supportive. They check on us, spot checks, come unannounced to the house and come check the paperwork." The same member of staff said, "We do have monthly meetings. They come [to] discuss issues at the house. They also talk about how to improve care, like the cleaning. They wrote down what to do."
- However, records of audits were not present to demonstrate people's daily logs were being checked and that spot checks were taking place as advised by all staff.
- After the inspection we were sent records of meeting minutes by the director of the service. These documented staff needing to be aware of their roles and responsibilities and guidance for best practice.

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

- The registered manager and staff knew people and their relatives well which enabled positive

relationships to develop and good outcomes for people using the service.

- The service involved relatives and met with people receiving care to discuss how to improve care.
- The quality of the service was also monitored using surveys sent to relatives. Records confirmed this. An analysis of the feedback had not been performed as the sample received was small.
- The registered manager advised they had received positive feedback from other health professionals, but this data had not been captured by the service.

Working in partnership with others

- The registered manager advised they wanted to increase engagement by attending forums to support their work in social care.
- The service worked closely with all the health professionals involved in people's care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The lack of care plans meant that the provider had not established that the care and treatment provided was appropriate, met the needs of service users or reflected their preferences. 9 (1) (a) (b) (c) (3) (a) (b) (c).</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users. Risk assessments did not mitigate against risk. The management of medicines was not safe. 12(1) (a) (b) (g)</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not established or effective to monitor the quality of the service and to mitigate against risk. 17 (1) (a) (b)</p>
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Evidence of appropriate staff supervision to monitor their role was not present. 18 (2) (a).</p>

