

Desired Care 4 U Limited

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This was an announced inspection, which took place 03 February 2015. We gave the provider 48 hours notice that we would be visiting the service. This was because the service provides domiciliary care and we wanted to be sure that staff would be available. This was the first inspection of the service.

Desired Care 4 U Limited is a privately owned service, which provides a personal care service to people living in their own homes.

There was a registered manager in post at the time of our inspection. 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.

All the people we spoke with said they received a safe service. Clear procedures were in place to ensure that people received a service that was safe; staff followed the procedures to ensure the risk of harm to people was reduced. The risk of harm to people receiving a service

Summary of findings

was assessed and managed appropriately; this ensured that people received care and support in a safe way. Where people received support from staff with taking prescribed medicines, this was done in a way that ensured the risk to people was minimised.

People told us that they felt that there were enough staff employed to meet their needs and offer them a reliable and flexible service. Everyone that used the service and their relatives felt the staff that supported them were trained and competent. Staff received the training development and support needed to ensure they did their job well and provided an effective service. Staff practice ensured that people's rights were protected.

People received support with their food and health care needs where required. People were able to raise their concerns or complaints and these were thoroughly investigated and responded to, so people were confident they were listened to and their concerns taken seriously.

Everyone spoken with said they received a good quality service. The management of the service was stable, with robust processes in place to monitor the quality of the service.

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 said they received a safe service, procedures were in place to help in keeping people safe and staff knew how to reduce the risks of harm happening to people that used the service.

Risks to people were assessed and managed appropriately and there were sufficient staff that were safely recruited to provide care and support to people.

Good



Is the service effective?

The service was effective.

People said they received effective care and support. Staff were trained and supported to ensure they had the skills and knowledge to support people.

Staff practice ensured that people's rights were protected.

People were supported with food, drink and health care needs where needed.

Good



Is the service caring?

The service was caring.

People said they received care and support from staff that were caring.

People were able to make informed decisions about their care and support, and their privacy, dignity and independence was fully respected and promoted.

Good



Is the service responsive?

The service was responsive.

People said their needs were met in a way that suited them and met their expectations.

People were able to raise concerns and there were clear procedures in place to respond to people's concerns and complaints.

Good



Is the service well-led?

The service was well led.

People were confident in the quality of service they received.

The service was monitored to ensure it was managed well. The management of the service was stable, open and receptive to continual improvement. A longstanding registered manager was in place and all conditions of registration were met.

Good



Desired Care 4 U 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.’

This inspection took place on 03 February 2015 and was announced. The provider was given 48 hours’ notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection was undertaken by one inspector.

In planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required

to send us by law. We contacted the local authorities that purchase the care on behalf of people, to see what information they held about the service. We sent 23 questionnaires to people that used the service and their relatives and four staff. Seven people that used the service and three staff returned the questionnaires and we reviewed the result and comments as part of our inspection.

During our inspection we spoke with three people that used the service, three relatives, six care staff and the registered manager. We looked at, safeguarding and complaints records, compliment cards and sampled three people’s care records; this included their medication administration records and daily reports. We also looked at the recruitment records of two care staff, minutes of staff meetings, completed questionnaires sent to the service by people that used the service and their relatives, and quality assurance records.

Is the service safe?

Our findings

All the people that used the service and relatives spoken with told us that people received a safe service. One person told us, “I feel very safe with them.” Another person said, “I feel safe, absolutely.” A relative said, “Yes the service is safe absolutely first class. I couldn’t fault them.”

There were clear procedures in place to help staff to minimise the risk of abuse and harm. All staff spoken with and records looked at confirmed that staff had received training on how to keep people safe from harm. All staff knew about the different types of abuse and the signs to look for which would indicate that a person was at risk. Staff understood how to report concerns both within the service and external agencies that they could contact, should they have any concerns about people’s safety. Where concerns about people’s safety had occurred the manager kept us informed, and records looked at showed that staff followed the provider’s procedure to keep people safe.

People using the service and relatives, spoken with said they were confident in the staff ability to support and managed any identified risks to their care. One person told us, “I need to be hoisted and they do this safely.” Another person told us there were no risk to the care they received.

Before we inspected the service, we received concerning information which indicated that where people required two staff to care for them safely, there were occasions when only one staff was sent to provide the care. Some people we spoke with required two staff to care for them safely and they told us this was always provided. One person told us, “Always two staff at each visit and they always come together.” Staff spoken with said that the appropriate equipment was provided to support people’s care and they were trained and competent to use the equipment to ensure people received safe care. Staff told us that the policy was for two staff to use moving and handling equipment and that these policies were always adhered to.

All staff spoken with said that risk assessments and risk management plans were available in people’s homes to tell them how to care for people safely. Records looked at confirmed this and we saw that risk assessments were reviewed regularly. All staff knew the procedures for

reporting new risks and all confirmed that when new risks were reported, prompt review was undertaken to ensure the risk of harm to people and staff were reduced. Staff told us that a senior member of the staff team was on call at all times, so that staff had access to guidance and support in an emergency situation.

Before the inspection we received information stating visits were being missed, because staff were not available to provide the calls. This indicated that there were not enough staff to provide the care and support that people needed. Everyone spoken with told us that there were enough staff to ensure people received a reliable and safe service. People and their relatives told us that the staff were reliable and that visits were never missed. One person told us, “Reliable service and no missed visits.” Someone else said, “On the odd occasion they are late, I phone the office and they send someone else.”

Staff spoken with said there were enough staff to provide the care. We saw that there were robust systems in place to ensure each care calls were allocated and that the office would be alerted within five minutes if the care worker did not arrive. This gave managers the opportunity to check with the person receiving the service and the staff member, to ensure there were no issues that would prevent the care from being delivered.

All staff spoken with said all the required recruitment checks required by law were undertaken before they started working. Records looked at confirmed this.

People received safe support with taking their medication where required. People that required support with taking their medication told us that where this was part of their care, staff always gave them the necessary support needed. One person told us, “They always give me my medicine.” Medication administration records (MAR) looked at confirmed this. The MAR charts looked at did not indicate the time medication was given, we spoke with the registered manager, who said this had already been identified through their monitoring process, and plans were in place to address this. All staff spoken with knew the procedure for supporting people with their medication and said they received training to ensure they followed the procedures.

Is the service effective?

Our findings

Everyone that used the service and relatives that we spoke with said they thought the staff were well trained and knowledgeable. One person commented, “They are trained and competent, no problem with them at all.” A relative told us, “I think the staff are trained and very knowledgeable and understand my husband’s needs.”

All staff spoken with said they had the training needed to enable them to perform their role. A new member of staff told us about the induction process they had undertaken and how this equipped them for their role. The staff member told us, “I felt the induction supported and prepared me to work on my own.” All staff spoken with said they received supervision and appraisal and attended team meetings to support them to do their job. We saw that the provider adopted a planned approach to staff training, supervision and appraisal, which was monitored and reviewed to ensure they were effective.

Everyone that used the service, spoken with said staff sought their consent before providing care. One person told us, “I agree and gave consent to my care.” Another person said, “They always ask for my consent.” All staff spoken with said they ensured that they explained things to people and always sought their consent before providing care and support.

All staff spoken with said they had received Mental Capacity Act (MCA) and Deprivation of Liberty Safeguarding training and that they would report any concerns about people’s capacity to the registered manager. Records looked at confirmed this. The registered manager told us about a situation where a relative wanted to make changes to a person’s care, because the relative thought the person did not have the capacity to make informed decisions. The manager said they had undertaken a MCA assessment to prove that the person did have the capacity to make decisions about changes to their care. This showed that the manager had acted to ensure the person’s rights were protected.

We spoke with the relative of a person who received support with eating and drinking. They told us that staff offered the support their relation needed and had no concerns about how the person using the service was supported in this area. The relative said, “They help to feed my brother and they do that all right.” All staff spoken with were aware of how to support people who may be at risk of not eating or drinking enough to keep them well. Staff said they would report any concerns and ask the person’s permission to call the doctor and encourage them to have fortified drink and food supplements.

People using the service and relatives spoken with said they were confident that staff would contact the doctor if they were not able to do so themselves. One person said, “If I am unwell they would call the doctor.”

Is the service caring?

Our findings

All the people we spoke with said they were treated well by staff and that the staff were caring. One person commented, "They are very caring and supportive."

Another person said, "Staff always have a smile, very caring towards me and my husband and have a nice manner." A relative told us, "The carers are able to communicate with [person's name] and [person's name] is comfortable with the regular carers and us as a family are comfortable."

People spoken with said they had information about the service to help them to make up their mind about whether or not to use the service. Records showed that people had a service user guide, which could be made available in different formats and languages if required.

People spoken with said that staff listened to their wishes and did as they asked, so that care was delivered in line with people's expectations and wishes. One person said, "They are doing the job I want them to do." Another person told us, "I can't find any fault with the carers." Someone else told us that their, "Care package was working well."

All the people we spoke with said their privacy, dignity and independence were respected by staff. One person told us, "They maintain [person's name] privacy and dignity."

Another person told us, "Privacy and dignity respected, spot on." Someone else commented, "They do help with my confidence and my independence will improve." A relative told us that staff were sensitive to the specific needs that their relation had. Another relative told us that the care provided helped their relation to remain independent.

All staff spoken with gave good examples of how they ensured people's privacy, dignity and independence were maintained. This included, discussing the care with people to ensure they were in agreement, making sure doors and windows were kept closed whilst providing personal care and people were covered when they received support with their personal care. We saw that policies and procedures were in place to guide staff on how to maintain confidentiality, privacy and dignity. Staff said and records showed that they signed a confidentiality agreement, which confirmed they would not discuss people's personal information outside of the care environment. Policies and procedures stated that privacy and dignity formed part of the staff induction and training and staff spoken with confirmed this. From discussions with people that used the service and their relatives, it was clear that staff adhered to the provider's policy on maintaining people's privacy and dignity.

Is the service responsive?

Our findings

Everyone using the service spoken with said they were involved in assessing their care needs with staff and were involved in planning their care, so they decided how they wanted their care and support to be delivered. One person told us, “They did an assessment and we were involved all along.” Another person said, “The care plan is reviewed and we are involved, so it is agreed.” Someone else commented, “We were involved in the care plan and had an in depth assessment about needs before we started using the service.”

Everyone said that they received care and support in line with their needs and expectations. One person told us, “They are wonderful. It’s an excellent service and I am very satisfied.” Another person said, “The service is absolutely first class. I couldn’t fault them.” A relative told us, “They provide care in line with [person’s name] needs.”

We saw that the provider had systems in place to match the individual needs of people with the skills, personality and preferences of people that used the service. Staff spoken with confirmed that the matching process included, a choice of staff based on staff gender, language culture and ethnicity. This ensured that the right staff were placed with people to ensure people received the service they wanted.

A recent compliment card sent to the provider, by a relative read, “A very big thank you for maintaining a wonderful carer for dad. Dad was very anxious... and did not believe you would find him anyone suitable.”

Some people had complex needs that required staff to visit them several times per day. They all commented on the reliability of the service and how well staff responded to their needs. Another compliment card we saw read, “Some people pass through this world and leave it as they found it. But people like you take the time to do special things for others and make the world more beautiful. Thank you...”

All the people we spoke with knew how to complain about the service and were confident their concerns would be listened to, acted upon and resolved to their satisfaction. One person told us, “I know how to complain would ring [registered manager’s name] if worried, and it would be sorted out there and then.” A relative said, “We had one issue with my sister not being comfortable with one of the carers and we told them about it and they resolved it. So confident they will listen.” Another relative said, “Never had any concern, If I had concern I would speak with the manager and she would deal with.” Records of complaints sampled showed that they were investigated and responded to in line with the provider’s policy.

Is the service well-led?

Our findings

All the people spoken with said they thought the service was managed well. All said they could contact the registered manager when they needed to. People knew the registered manager by name and referred to her as friendly and helpful. One person told us, “The manager has been very good to me and she is a very nice person.”

Everyone thought that the staff group on a whole were friendly and provided a good quality service. One person told us, “They are all wonderful. It’s an excellent service and I am very satisfied.” Another person said, “Well-led service. Using service for one year and I have had no problems.” We saw that some people had sent compliment cards to the service expressing their satisfaction with the service provided.

In discussion with us, the registered manager was open about her assessment of the service. All care staff spoken with commented on the support and professional way the service was managed. Staff told us about additional equipment that the provider had purchased to ensure they were able to fulfil their jobs and deliver the care irrespective of the weather conditions. A member of staff told us, “Very professional management and they are supportive.”

People told us they were asked if they were happy with the service during their care review and from surveys conducted by the provider. One person said, “Questionnaire received to ask if happy with the service.” Records looked at showed regular review of people’s care and that people were able to give feedback on the quality of the service at each review meeting. In addition, we saw that people were asked to give feedback on the quality of the service they received and these were analysed for trends and learning. Analysis of recent questionnaires that we saw showed a high level of satisfaction with the service.

Staff spoken with said they were able to make suggestions for improvement to the service. Staff said they did this during staff meetings and individual supervision sessions and a suggestion book was in place, should staff wish to make suggestions outside of the formal processes. All staff confirmed they were able to raise concerns about poor practice and felt they would be listened to and action taken by the manager and provider.

There was a registered manager in post with no changes of managers so the management of the service was stable. Before the inspection we asked the provider to send us provider information return, this was a report that gave us information about the service. This was returned to us on time and was well completed. Information in this document matched our findings at the inspection. All conditions of registration were met and the registered manager kept us informed of events and incidents that they are required to inform us of.

We saw that there were robust systems in place to monitor the service which ensured that it was delivered as planned. This included the person nominated as the responsible person, conducting regular audits, which included sampling care records, speaking to staff and people that used the service. We sampled a copy of the recent audit undertaken and we saw that this was comprehensive and an action plan was developed for any improvements that the provider wished to make. The manager told us that these actions would be monitored in her regular supervision with the nominated person to ensure they were actioned. Records seen were organised, up to date and in good order and all management systems supported a good quality service.