Caring 4 U (Uk) Limited

# Caring 4 U (UK) Ltd

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Good** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

The inspection took place on 3 August and 15 September 2016 and was unannounced. On 3 August we visited the office and carried out a number of visits to people who received a service. We also telephoned additional people who used the service on 15 September.

The service provides care and support to people in their own home. Care is provided by staff who visit throughout the day and night, as well as live in care for some people. At the time of our inspection 68 people were receiving a service.

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.

We brought the inspection of this service forward in response to information we received regarding an incident during which a person received a serious injury. During the inspection we found that the service was operating effectively and well in most areas. However we also established that the incident that had been brought to our attention had not been well managed in that risks had not been effectively assessed, actions taken were not appropriate and the management response indicated a lack of clear systems which was a concern to us. Although this was an isolated incident the seriousness of it has informed the judgements in this report.

Staff had received training in safeguarding people from abuse and understood their responsibilities. However one safeguarding concern (regarding the incident mentioned above) had not been appropriately referred to the local authority.

The service assessed risk well and provided clear guidelines for staff to help reduce the likelihood of risk. However this had not been the case for one person who sustained a serious injury and actions taken in response to the incident did not effectively manage the incident.

Staffing levels were assessed and kept under review. There was a recruitment procedure in place which ensured that staff were safe to carry out this kind of work and had the required skills and experience.

Medicines were administered safely and records related to medicines were accurate.

Training and support was provided for staff to help them carry out their roles and increase their knowledge about the health conditions of the people they were caring for. There was a robust induction process which trained, monitored and supported staff. Additional and specialist training was provided for staff to enable them to support people with complex health needs.

People gave their consent before care and treatment was provided and staff had received training in the Mental Capacity Act (MCA) 2005. The MCA ensures that, where people lack capacity to make decisions for themselves, decisions are made in their best interests according to a structured process.

People were supported with their eating and drinking and staff helped to ensure that people had access to the food and drink they might need after staff had left for their next call. Staff also supported people with their day to day health needs and worked in partnership with other healthcare professionals.

Staff were caring and people were treated respectfully and their dignity was maintained.

People were involved in planning and reviewing their own care and were encouraged to provide feedback to enable the service to learn and grow. There was a commitment to preserving people's own skills to maintain their independence.

Formal complaints were managed well. Informal complaints, gathered as a result of the regular feedback the service encouraged, were dealt with promptly and to the satisfaction of the people raising the issue.

Staff understood their roles and were well supported and valued by the management team. There was an open and positive culture which staff and people using the service valued. The management team demonstrated a commitment to using innovative practices to improve the service.

Quality assurance systems were in place to monitor the delivery of the service. However one serious incident had not been effectively managed or investigated by the provider and relevant authorities had not been notified.

We found several breaches of regulations during this inspection. You can see what action we have told the provider to take at the back of this report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe.

Staff were trained in safeguarding people from abuse and understood their responsibilities.

Risks were assessed and managed well in most cases but one incident had been poorly managed.

Medicines were administered safely.

Emergency plans were in place to make sure people did not go without the care they needed.

### Is the service effective?

**Good**

The service was effective.

Training, including specialist training to support complex needs, was provided for staff to assist them to carry out their roles. Staff were well supported through their induction.

People gave their consent before care was provided.

The service supported people to maintain a good diet and to look after their health.

### Is the service caring?

**Good**

The service was caring.

Staff knew the people they were caring for well.

People who used the service, and their relatives, were very positive about the way the staff provided care.

Staff were kind and treated people with respect and maintained their dignity.

### Is the service responsive?

**Good**

The service was responsive.

People were involved in assessing and planning their care and their individual needs were met.

People's choices and preferences were recorded in their care plans and they were supported to give feedback about their care.

The service actively sought out people's views and any complaints were responded to appropriately and promptly.

## Is the service well-led?

**Requires Improvement**

The service was not always well led.

Required notifications had not been sent to CQC and to the local authority in response to a serious incident. Management of this incident had not been carried out in a structured way and no formal investigation had been undertaken.

People, their relatives, and staff were involved in developing the service.

Staff understood their roles and were well supported and valued by the management team.

Quality assurance systems were in place to monitor the delivery of the service.

# Caring 4 U (UK) Ltd

**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 3 August, when an unannounced visit was carried out. We also telephoned people who used the service to gather feedback from them on 15 September 2016.

The inspection team consisted of two inspectors.

Before we carried out our inspection we reviewed the information we held about the service. This included any statutory notifications that had been sent to us. A notification is information about important events which the service is required to send us by law.

We spoke with seven people who used the service, three relatives of people who used the service but were not able to speak with us directly, six care staff, one senior care staff, the assistant manager, the client care manager, the registered manager and the director. We accompanied care staff on some care visits to observe their care practice.

We reviewed seven people's care plans, medication records in people's homes, five staff recruitment files, staffing rotas and records related to the monitoring of the quality and safety of the service.

Requires Improvement

# Is the service safe?

## Our findings

People told us they felt safe using the service. One person said, "I have never had any problems or concerns". A relative commented, "I feel perfectly confident for [my relative] to be with them". We found that systems were in place to reduce the risk of abuse and to ensure that staff knew how to spot the signs of abuse and take appropriate action. Staff had received training in whistleblowing and safeguarding people from abuse and were able to tell us what they would do if they suspected or witnessed any of the different forms of abuse.

Staff knew how to report concerns both within the company and to external agencies and were provided with the information they needed. One told us, "We have a card with external [numbers] and whistleblowing [information]". Two staff members told us about occasions when they had spoken to their line manager about healthcare professionals they had observed to be using unsafe practice. We were also aware of another staff member who had informed us about concerns they had regarding a specific incident.

Before our inspection we had been alerted to an incident where a person who used the service had sustained a serious injury requiring hospital admission following unsafe moving and handling. We investigated this incident and found that a person's new wheelchair had not been fully risk assessed and staff had not been alerted to any possible issues related to the chair. Actions taken at the time of the incident were also not in line with best practice designed to further reduce the risk of injury.

We looked at the person's care plan and risk assessment and noted that although instructions for general moving and handling were mostly clear and detailed, it was not recorded that the person's lap belt should be securely fastened when they were using their wheelchair. Staff and records also presented us with a contradictory picture of whether the person was able to operate the lap belt themselves. We also noted that the incident had not been referred to the local authority as a safeguarding matter for them to investigate.

This was a breach of the Health and Social Care Act 2008 Regulated Activities Regulations (2014) – Regulation 12 (1), (2) a, b and c.

However, it is fair to say that in the majority of cases risks had been assessed and actions taken to reduce these risks as much as possible. People's risks associated with their mobility, pressure care, taking their medicines and their likelihood of having a fall had been assessed and were clearly documented in their care plans.

Specific risks were assessed such as potential serious healthcare risks associated with blocked or kinked catheters. The risk assessment set out very clear processes for staff to follow in order to minimise this risk. People had been involved in the assessments and had signed their care plans appropriately. Staff were well informed about individual risks people faced and demonstrated they knew how to minimise these. In the event of severely reduced staffing levels or bad weather the service had a plan in place which was designed to prioritise calls to the homes of people who lived alone or who had very high care needs.

People received care and support often from regular staff who knew them well. People were kept informed if a member of staff was running late or if a different member of staff was coming to carry out their care visit. One person said, "It tends to be different people. At the start I had the same person most of the time….I get a rota at the start of the week". People told us that staff turned up on time and missed calls were very rare. One person said, "It's not always the same person but I always know who's coming. [We] get a rota at the start of the week and if there are any changes someone calls and tells me." Other people also confirmed this.

One relative told us about a missed call and said that the office had responded quickly when they alerted them. They also added that the recently introduced electronic system, where staff log in and out at each call and are tracked by the office, would mean that any future problem would be highlighted much sooner. Staff told us that an effective out of hours service operated to give them advice and guidance outside of the usual office hours should they need it.

Most people told us that if two staff were needed to help them with their mobility or personal care this always happened. However one person said that there had been occasions when this did not happen due to sickness or annual leave. Before a new care package was agreed the manager carried out an assessment of the staffing levels needed and kept these under review as people's needs changed. People with live –in care staff were also positive about the staffing levels and continuity of staff. Staff told us that there were enough staff to carry out the tasks they needed to within the time allotted. One staff member said, "There's enough time per visit… I don't leave people without a chat. I'm 25 minutes late for my supervision today as I stayed to chat!"

Recruitment records showed that staff had followed an application process, been interviewed and had their suitability to work with this client group checked with the Disclosure and Barring Service. Robust checks of people's references had been carried out and their identity and legal right to work established.

Medicines were well managed by the service and people told us they were happy with the way staff supported them to take their medicines. People who were living alone were supported with the ordering and collection of their medicines. Records showed that staff had received the appropriate training to enable them to administer medicines and spot checks were carried out by senior staff to check good practice was sustained. Medication administrations records were audited each month as part of the on going monitoring of the service.

Good

# Is the service effective?

## Our findings

The majority of the people we spoke with were very positive about the care provided and about the skills and competence of the staff. One person who used the service said, "It works well. They look after me very well". Another person who used the service said, "I'm more than happy. I've never had a problem at all. They are all very nice and caring. I have no complaints whatsoever. The staff go out of their way to help". A relative commented, "When new [staff] have come a carer has trained them so that they know how to look after [my relative] in the way that [they] like".

Training, such as basic life support, medication, food hygiene and moving and handling, was provided before people began to work in the community with the people who used the service. One member of staff said, "I spent four days in the office 9-5 doing training. I had two weeks shadowing and I have [staff member] who sees me for supervision".

Some staff had received specialist training such as catheter care, bowel management and skin integrity for people with spinal cord injuries and percutaneous enteral gastronomy for people who had their food directly into their stomach via a tube. Before providing services for people with spinal cord injuries the client care manager had spent two days at a spinal injury unit gathering information and speaking to healthcare professionals. One senior member of staff told us that they had recently received a training request from a member of the care staff team for training related to PRN medicines for people with dementia. PRN medicines are those which people only take as and when they need them, rather than consistently.

Live-in care staff had a manual which outlined the specific requirements of this role. These staff members were contacted regularly over the phone and staff were encouraged to visit the office for informal support. Staff received annual appraisals, supervision and spot checks to ensure sustained good care practice.

Two people who spoke with us made a distinction between the more experienced care staff and the newer members of staff. One person said, "Some of the staff are quite young and don't know how to manage [my relative's] behaviour". Another told us, "Some seem to be more experienced than others but that is what you would expect really". We found that the induction for new staff was comprehensive and new staff were well supported to develop their skills which meant that this concern would hopefully reduce over time. All new staff completed the care certificate even if they had previously studied for nationally recognised care qualifications. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It relates to minimum standards that should be covered as part of induction training of new care workers.

The management and care staff demonstrated an understanding of the Mental Capacity Act (MCA) 2005, and staff had received training in this. The MCA ensures that if people do not have the capacity to consent for themselves the appropriate professionals and relatives or legal representatives should be involved to ensure that decisions are taken in people's best interests. We saw that people had been involved in decisions about their care and indicated their consent at each stage. Relatives had been appropriately involved in decisions about people's care. Staff were clear about the need to establish people's consent before care and

treatment was provided and were able to describe what action they would take if a person refused care. Staff showed an understanding of people's rights.

We observed that staff encouraged and supported people to prepare and eat their meals and ensured they had access to food and drink once the care staff had left. Staff supported people to eat at an appropriate pace without rushing them. Care plans contained detailed and clear guidance for staff to follow. Where a person had been identified as at risk of choking and needed a pureed meal we noted that the care plan stated that meals should be pureed individually 'so that it looks appetising rather than a brown mush'. We observed staff served up each part of the meal individually pureed.

People told us that staff supported them with their healthcare needs and worked well with other healthcare professionals such as GPs and district nurses. One person had a physiotherapy plan which had been put in place by a healthcare professional and staff had received additional training so that they were able to support the person with regular exercises. The service also worked with speech and language therapists to support people with swallowing difficulties and a high risk of choking. We noted that one person who had spent a long period of time in hospital had continued to receive visits from one member of staff who advocated for them regarding their care needs related to their diabetes as they felt these were not being well managed by the hospital.

Good

# Is the service caring?

## Our findings

People who used the service, and their relatives, were happy with the way care and support was provided. One person said, "The carer that [my relative] has most of the time is like a daughter to her. [My relative] loves her to bits. There's nothing she would not do for my [relative]". Another person said, "The staff go out of their way to help". A third person we spoke with explained, "[We have] built up a good relationship together. They know me well".

We found staff were patient, kind and caring in their interactions with people and were passionate about their roles. One told us, "They are allowing someone into their home and their lives and we have to respect that". Another member of staff said, "I would recommend this [service] to anyone. We keep people's dignity and work to keep people in their own homes".

Staff knew the people they were supporting and caring for very well and were able to tell us about people's histories, preferences and their care and support needs. Each person had a visit that was long enough for staff not to be too rushed. Some night visits lasted only 20 minutes and required staff to carry out one particular task such as repositioning a person in bed. Other visits were for a minimum of 30 minutes in order to give staff sufficient time to carry out their care tasks.

People told us that they were told who would be coming to visit them and felt the service kept them informed about matters that concerned them. People were fully involved in decisions about their care and their opinions were sought and recorded. Care plans reflected people's involvement and were appropriately signed when they were drawn up and when reviewed. One person commented, "It's in the house but I don't look at it – don't need to as the carer knows what to do and how I like things done".

Care plans contained information about how care staff should communicate with people. For example one stated 'give me time to answer '. Another advised staff that the person's voice could be quite weak when they were tired. People were encouraged to be as independent as possible and care plans documented how important this was, especially for people who were building up their skills following trauma such as a spinal cord injury. One care plan stated 'Please note that I am able to assist and reassure my carer as to how I like things done … Just ask me'.

Staff were very aware that they were working within a person's home and often sharing a space with other family members. This was particularly the case for some live-in carers and we found that care plans had addressed this issue sensitively and advised staff to make sure they assessed when they could step back to give the family space. Care plans stated that staff did not always have to be present in the same room as the person, but within easy reach. People told us that staff treated them and their family respectfully.

Good

# Is the service responsive?

## Our findings

People received care that met their needs and took into account their individual choices and preferences. Staff knew the people they were supporting and caring for well. One person told us, "They know what I want before I say it!"

Initial assessments of people's needs were carried out by the client care manager who spent time with the person and, if appropriate, their relatives to ensure that the service could meet people's needs. We saw evidence that additional training was sometimes carried out with staff in order to be able to care for the person. For example staff were trained by a physiotherapist at the local hospital to deliver a gentle exercise programme to a person whose health condition made it very difficult for them to get out of bed in the mornings. The exercises were designed to gently stretch their limbs and once trained the staff were signed off as being competent to deliver this support. Staff told us they were well informed about each new client's needs and that care plans were clear and helpful for them as they got to know a new client.

The initial assessments were thorough and formed the basis of a very detailed and person centred care plan which people had clearly contributed to. Care plans were kept in people's homes and had been shared with relatives, where appropriate. Care plans documented the help and support people required and stated exactly how staff should provide this. They also clearly documented what the person was still able to do for themselves and there was a strong commitment to increasing and maintaining people's skills and independence. We noted that one care contained written information supplemented by clear photographs of exactly how the person needed to be supported to ensure they were comfortable when seated and at rest in bed.

There was a section of the care plan called 'grieving' which was concerned with people's emotional support needs. Care plans reflected people's feelings of loss, for example, where someone had sustained a life changing injury or their healthcare condition impacted greatly on their life and the lives of their family members. Staff demonstrated they were sensitive to people's emotional wellbeing.

Staff told us that they were made aware of any change in a person's needs and were able to request that a new assessment was carried out if they felt that a person's needs had changed significantly. Where possible staff were enabled to provide consistent support to the same clients. One staff member said, "They tend to give us the same people so everything is familiar to us and to them". Each person who used the service had a communication book which was used to share information with other staff and family members who also had caring responsibilities for the person.

The care and support people received was subject to on going review. All the care plans we viewed, aside from the incident previously mentioned where one person's moving and handling care plan had not been updated, had been appropriately reviewed when a person's needs had changed.

The provider sent questionnaires to people who used the service every six months in order to get feedback and invite people to share their ideas for any improvements the service could make. This system had now

been replaced with a complete review of the care package to be done via the new electronic system with their keyworker. All the feedback we viewed was positive and people who used the service confirmed that they were asked for their views on their care. One person said, "Yes recently I went through something with someone". Another person told us, "Every now and then someone from the office calls us or comes round to see how things are going".

We saw that the service had a complaints policy and people told us they knew how to make a complaint if they needed to. The provider had received two formal complaints in the last year and both had been appropriately responded to and dealt with in line with their complaints policy and to the satisfaction of the people making the complaint. One relative told us that they felt that their informal complaints had not always been resolved and we have fed this back to the registered manager. However another relative was keen to praise the way the service respond to any informal concerns. They said, "[They] don't lie to me, if there's a problem they phone me and [they're] open about it and we sort things out. I like that it makes you feel happy and confident about things and what is happening".

Requires Improvement

# Is the service well-led?

## Our findings

Although many aspects of the service were operating well and to a high standard, we carried out this inspection in response to information we had received from staff, about the way an incident where a person had been seriously hurt, had been managed. During the investigation of this incident it became clear that whilst other care plans we viewed were well written and regularly reviewed we noted that the moving and handling information for this person could have been more detailed in order to give sufficient guidance to new or inexperienced staff members.

The response to the incident by senior staff also gave cause for concern as we felt that, although well intended, some immediate practical actions taken may actually have placed the person at greater risk. Although senior staff told us that lessons had been learned from this incident we noted that staff involved had not all been spoken with as part of a formal investigation or disciplinary process carried out by the registered manager.

This was a breach of the Health and Social Care Act 2008 Regulated Activities Regulations (2014) – Regulation 17 (1), (2) (a).

When a serious incident occurs and a person sustains an injury the registered manager is required to formally notify CQC. In this case we would also expect that a local safeguarding referral should have been made. Neither of these actions were carried out and we would not have been aware of this serious incident had a member of staff not alerted us themselves.

This was a breach of the Care Quality Commission (Registration) Regulations 2009 – Regulation 18 - (1), (2) (a) (iii).

Aside from the incident outlined above we found that there was clear leadership in many aspects of the service. Staff described the manager as supportive and approachable and relationships were good. Staff told us that there was always a senior staff member available to support them if they needed this. Team meetings were held monthly and tasks and responsibilities were assigned to individual staff. Exit interviews were conducted when staff left in order to identify any future learning regarding staff retention and recruitment.

Staff achievements were recognised with a 'carer of the quarter' award and staff valued the way they were appreciated by the management team. One staff member said, "It is very open. I have never worked for a company like this. There's always someone there on the end of the phone". Staff and customers received newsletters to keep them up to date with current issues.

The service had recently changed to an electronic record system which was designed to reduce the capacity for error and enabled senior staff to remotely monitor the way the service was delivered. The system would immediately highlight if a visit was running late or had been missed out completely and staff would be able to take prompt action. It was also easier for staff to be quickly made aware of any change in a person's care

needs. Staff were positive about the electronic records. Paper records were also in place and were clear and well organised. Although the service had moved offices on the day of our inspection we found that requested documents were located quickly.

Systems were in place to monitor the quality of the service. Call times were reviewed monthly and any outliers, such as a 30 minute call which only took 10 minutes, were investigated. Care plans and MAR charts were regularly reviewed and spot checked by senior staff as well as spot checks of staff care practice. A training matrix gave an overview of the training provision at the service and identified if staff were due to have any of their training refreshed. Records, such as reviews and assessments, were sampled to ensure that their quality was consistent.

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 | Regulation 18 Registration Regulations 2009 Notifications of other incidents<br><br>The provider failed to notify the Care Quality Commission about an incident which resulted in a person who used the service experiencing prolonged pain. Regulation 18 - (1), (2) (a) (iii). |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The provider failed to ensure that care was provided safely as all risks were not effectively assessed and mitigated. The provider also failed to ensure that staff had the necessary skills and competence to provide care safely. Regulation 12 (1), (2) a, b and c. |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The provider failed to effectively operate a system to assess, monitor and mitigate risks relating to health, safety and welfare of the people who used the service. Regulation 17 - (1), (2) (b). |