

Careing For U UK Ltd

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Inspection report

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Date of inspection visit:
31 January 2018

Date of publication:
22 February 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This comprehensive inspection took place on 31 January 2018. We gave the provider 2 days' notice of the inspection as the service was small and provided care and support to people living in their own homes and we needed to make sure the registered manager would be available to assist with the inspection.

This service is a domiciliary care agency. It provides support to mainly older adults. At the time of this inspection there were three people receiving care and support from the service.

Not everyone using Careing For U Ltd receives a regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in post, who was also the owner. 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.

Following the last inspection on the 1 March 2017, we rated the key questions, 'Is the service safe?' and 'Is the service well-led?' 'Requires Improvement' and the service overall was rated 'Requires improvement'. We also found a breach of the regulation in relation to good governance and asked the provider to complete an action plan to tell us what improvements they would make at the service. They told us they would make the necessary improvements by 4 April 2017.

During this inspection we found that the provider had made improvements to the quality assurance systems at the service. The provider had introduced audits on different aspects of the service, such as people's care records and staff files. This helped them to monitor the service and to make adjustments where necessary. Improvements had also been made to the recruitment procedures. Literacy tests had been introduced and the provider verified references where this was needed to check they were genuine.

Feedback from people's relatives was positive. They described care workers as caring, reliable and friendly.

The provider had systems to safeguard people from abuse. Care workers completed safeguarding training and knew how to report any concerns.

Care workers confirmed they were well trained and supported by the registered manager. Support was provided through one to one and group meetings. Training was provided on various topics and refresher training had been arranged that was relevant to care worker's roles and responsibilities.

People's needs had been assessed in line with good practice guidance and they had been able to express their views and preferences. People did not require assistance with health appointments but any changes

were acted on by the registered manager.

Care workers carried out minimal tasks relating to meal provision. However, they recorded the meals and drinks given to people so that their nutritional needs could be monitored.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The systems in the service supported this practice.

There were sufficient numbers of care workers employed to meet people's needs.

The provider had arrangements to help protect people from the risk of the spread of infection as the care workers wore protective equipment, such as gloves and aprons, when providing care.

Relatives told us they knew how to make a complaint and there were systems in place to manage and respond to complaints.

People did not need support with managing their medicines. However, care workers were trained to provide this service as and when required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were systems to safeguard people from abuse. Care workers completed safeguarding training and knew how to report any concerns.

The provider had carried out appropriate recruitment checks.

The risks to people's safety and wellbeing were assessed and planned for.

There were sufficient numbers of suitable care workers employed to meet people's needs and keep them safe.

The provider had arrangements to help protect people from the risk of the spread of infection.

People managed their own medicines independently or via the help of their relatives.

Is the service effective?

Good ●

The service was effective.

People's needs and choices were assessed in line with current legislation and standards.

People were cared for by care workers who were trained and supported by the provider.

The provider was working within the principles of the Mental Capacity Act 2005.

People's health needs were assessed and recorded and were supported to meet these needs via their relatives.

Care workers heated meals for people and provided them with fluids to ensure they were hydrated.

Is the service caring?

Good ●

The service was caring.

Relatives told us their family members were treated with care and respect.

People were involved in making decisions about their care and expressing their views.

People's privacy, dignity and independence were promoted.

Is the service responsive?

Good ●

The service was responsive.

People using the service received care and support that was very personalised and responsive to their needs.

The provider had systems to respond to complaints they received.

The registered manager planned for care workers to receive end of life care training so they would have an understanding of this when they supported a person who required this type of support.

Is the service well-led?

Good ●

The service was well-led.

There were systems to assess, monitor and improve the quality of the service.

People using the service were invited to share their views about the service so that the provider could act on any feedback.

The provider worked closely with other professionals in order to meet people's needs and to review service delivery.

Careing For 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.

This inspection took place on 31 January 2018 and was announced. One inspector carried out the inspection.

We gave the provider 2 days' notice of the inspection as the service was small and provided care and support to people living in their own homes and we needed to make sure the registered manager would be available to assist with the inspection.

We reviewed the information we held about the service. This included the last inspection report, statutory notifications about incidents and events affecting people using the service. We also viewed the provider's action plan sent to us after the last inspection.

At this inspection we spoke with the registered manager. We reviewed the care records for two people using the service. We also looked at two staff recruitment files and records related to the running of the service. These included, checks and audits carried out on care records, care workers and satisfaction surveys to monitor quality in the service and make improvements.

We emailed seven care workers prior to the inspection for their feedback on the service and six responded to us.

Following on from the inspection we spoke with one relative on the telephone and emailed a second relative for their views on the service. We made several attempts to speak with one person using the service but were unable to make contact with them.

After the inspection the registered manager sent us the staff training plan and a sample of policies and procedures.

Is the service safe?

Our findings

During our inspection on 1 March 2017 we made a recommendation as the provider had not ensured that they were following safe recruitment practices. The provider had not checked that references were genuine and had not carried out literacy tests to ensure care workers could read and write English.

At this inspection we saw that the provider carried out a range of checks when employing staff. Care workers confirmed recruitment checks were carried out before they worked with people using the service. One confirmed, "I was interviewed and I was asked to provide two reference contact details and I had a new DBS (Disclosure and Barring Service) check." Staff personnel files showed this to be correct. We also saw completed application forms, proof of ID and a check from the DBS regarding any criminal record. The registered manager confirmed that the DBS check would be renewed every three years or sooner if a care worker left the service and re-joined after being absent for more than one month. This helped to ensure the registered manager had all the required up to date information before people received a visit from care workers.

A relative told us that they felt safe with the care workers visiting their family member. They said that the care workers were "professional." They told us they felt they could report concerns to the registered manager if something was wrong.

The provider had a safeguarding policy and procedure in place and the registered manager confirmed that all care workers were given a copy of this so that they knew what action to take and to follow best practice. The care workers confirmed they would report any concerns to the registered manager. They told us, "If I see any sign of abuse, I report it to my manager" and "The company has a safeguarding policy. During staff meetings safeguarding procedures are discussed."

There had been no reported safeguarding concerns since the service started operating. The registered manager was aware of their responsibilities to report any safeguarding concerns to the Care Quality Commission (CQC) and the local authority.

The registered manager assessed risks to people using the service as part of the initial assessment process. People's care records included assessments of possible risks and guidance for care workers to mitigate risks identified. For example, there was an assessment of the person's home environment so that care workers were made aware of any risks that existed. Risk assessments seen were individual to the person, such as risk of choking and mobilising safely.

The registered manager confirmed there had been no incidents and accidents reported to them since they started offering a service to people. There was a document in place to record significant events, such as if a person fell whilst receiving personal care support and the registered manager confirmed care workers knew the procedure to report to them any concerns or issues.

Where people had a specialist armchair or a hospital bed these details were noted in their care records so

that the registered manager was aware who provided the equipment and when it was due a service. There were no visits that required two care workers at the same time or where a hoist needed to be used.

We viewed a sample of the care worker's rotas and saw they had enough time between visits to travel to their next visit. The relative we spoke with said the visits were on time. They said if the visits were a few minutes late they were notified. There were some occasions where the visits noted in daily records had been earlier or later than the times noted on people's care records. The registered manager had checked late calls for January 2018 and there had been three late calls noted and the family had been notified that care workers were running late. There had been a visit where the usual care worker had not been able to attend and the registered manager told us they had offered a different care worker to carry out the visit but the family had declined this offer. There had been no missed calls recorded.

There were sufficient numbers of care workers working in the service and the relatives we spoke with who had been receiving a service for over a year confirmed they had the same care workers visiting since they started using the service. One relative told us, "[Person using the service] knows them [care workers] by name and loves them both." Care workers also said they worked with the same people. This provided reassurance to the person and continuity of care.

The provider had arrangements to help protect people from the risk of the spread of infection. The care workers received protective equipment, such as gloves and aprons. The relative confirmed the care workers wore these during the visit. Care workers received training on infection control to help ensure they followed guidelines and minimise any risks to people.

As we found at the previous inspection, people using the service did not require any support to take their prescribed medicines and a relative we spoke with confirmed this. Care workers had received training on medicines management and were aware what support people required with their medicines. The registered manager was aware of their roles and responsibilities if care workers started to undertake this task. They knew if medicines were administered then a Medicine Administration Record needed to be completed and checked by them to ensure people safely received their medicines.

Is the service effective?

Our findings

The provider assessed people's needs and choices before they started using the service in line with good practice guidance. There was information relating to their physical, social care needs and needs around personal care. Some of the people using the service had technology, such as a care line in their homes so that in the event of a fall or problem they could use this to call for assistance. The registered manager matched care workers to people depending on their needs and requests from the person for a particular care worker. A relative told us they had been involved in these assessments along with their family member and were happy with the way in which care was planned.

The provider's policies and procedures referred to relevant legislation that provided them with the guidance and information they needed to fully inform staff on how to safely and legally support people using the service.

People were cared for by care workers who were trained, supported and supervised. We saw a compliment from a relative who confirmed the "Carers are well trained." One care worker said, "My manager supports us." We saw evidence that new care workers received an induction and spent time shadowing experienced care workers so they could see how to carry out a visit and follow the agreed tasks in the care plan. One care worker confirmed, "My manager went with me before started working with a client to show me everything." The registered manager told us this was common practice so that people met with the care worker who would be visiting them and therefore could feel more at ease receiving a service.

Care workers received training that was in line with the requirements of the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Care workers had the opportunity to study for a nationally recognised qualification in social care to continue their professional development. The registered manager confirmed that none of the care workers they employed had enrolled for this course. However, they said that some had expressed an interest and they were encouraging the care workers to sign up to further develop their skills and knowledge.

When we asked care workers what training they had completed recently, their comments included, "I attended dementia awareness and privacy and dignity" and "My service user is a diabetic and I was given training by a nurse." Training records showed that care workers had a mix of training on a range of subjects. This included, fluids and nutrition, awareness of mental health and equality and diversity. Care workers could also undertake refresher training online to remind them of relevant legislation and how to support someone appropriately.

We saw care workers also received support through one to one supervision. They were given updates on people using the service and information on working in social care from the registered manager through phone calls, texts and meetings.

The registered manager carried out spot checks on the care workers. These were unannounced visits where

they observed how the care workers performed. The visits included gaining feedback from people using the service. We saw that where issues about performance had been identified these had been acted on by reminding the care worker on what is expected of them. For example, wearing their uniform or identification.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who use the service and 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.

The registered manager confirmed that no-one using the service was being restricted and the people using the service had the mental capacity to make decisions about their care. We saw the registered manager had in place a mental capacity assessment tool for when they needed to consider if someone might struggle to understand and consent to the care being provided to them.

Care workers received training and information about the MCA. They told us, "My client can choose what they want and make decisions" and "Any decision made on their behalf must be in the service user's best interests."

The registered manager confirmed there was no one using the service who was at risk of malnutrition or dehydration. People lived with their relatives and mainly care workers warmed up meals that were already prepared for people. Care workers confirmed "I record how much they have eaten and leave them with a drink." We saw evidence of this in the sample of daily records viewed. Other care workers also told us that they always left the person with a drink at the end of their visit to help ensure they were hydrated.

People's health needs were recorded so that care workers had information about any particular needs that they needed to be aware of. People were supported by their relatives to access healthcare services. Care workers also confirmed that if they observed anything different with a person's usual demeanour they would inform the registered manager so that they could take action.

We saw that, where the provider identified a change in a person's care or support needs, they communicated this promptly to the local authority and agreed changes to the support they provided. For example, we saw the length of the visit times were adjusted when a person needed extra time.

Is the service caring?

Our findings

A relative gave us feedback on the care workers. They said "Care workers were good at communicating with us and they understand everything that needs doing." They confirmed care workers were "respectful and polite." A second relative commented, "[Person using the service] is greeted in a cheerful manner. They [care workers] both kneel down beside them to have a chat to see how they are doing before commencing with the tasks. This approach shows care and love for someone of my [person using the service] age. In addition we saw a written compliment from a relative sent to the registered manager. They commented, "The carers are excellent" and "They never cut corners."

Where people had stated they preferred to have support from a female care worker this was arranged for them so that they would feel comfortable. One relative told us, "My [person using the service] does not mind having female staff visit them even though they are male."

A relative confirmed that the care workers were mindful of respecting their family member's dignity when offering personal care. They told us, "Both carers take care to close the curtains and doors when tending to personal needs so that [person using the service] is not exposed to me or anyone else who may be in the house." Care workers also said they provided personal care in private to ensure the person felt happy with this type of care being provided.

Some people and their relatives had requested care workers wear shoe protectors when entering their home. The registered manager confirmed these were given to care workers in order to adhere to people's requests.

People's care plans detailed how people communicated. Care workers spoke Punjabi which the three people using the service spoke and so could communicate with them in their preferred language. The registered manager worked as a care worker when needed. The registered manager knew everyone who was being cared for and offered them a service which reflected their individual wishes.

We saw evidence that the registered manager had provided some information in Punjabi as well as English for people who preferred this. For example consent to receiving care and visit times were in Punjabi. The registered manager confirmed they could produce any documents in another language or in large print if people required this.

Care records also showed that care workers supported people to be as independent as possible. Care plans included information about what each person could do for themselves and what help they needed. Their personal preferences were noted and included details that were important to the person. For example in one person's records it was noted, "They love to wear lipstick" and on another person's records it stated, "Does not like someone to touch their religious books without washing their hands."

People's religious and cultural needs were taken into account and written in their care records. If people attended a place of worship this was noted. We saw for one person their liked listening to religious prayers

and the care workers put these on via the electronic tablet the person had.

People using the service were able to contribute their views on the care and support they needed. People met with the registered manager at the initial assessment stage and at review meetings. However, a relative confirmed they had their mobile number and could contact them at any time if they had a query. The registered manager told us all people using the service had a family member to represent them if they were unable to give their views on their care. We saw a copy of a letter the registered manager had given to people outlining details of local advocacy services so that they could seek support from an independent person if they wanted to.

Is the service responsive?

Our findings

A relative told us the service met their family member's needs. Care plans were very personalised and included clear guidance on how to support the person. Information specific to the person was noted, such as "I like to wear two vests in the winter" and "I can manipulate the taps to adjust the temperature." One relative confirmed the care workers carried out all the tasks noted in the care plan. We saw people had signed documents agreeing to the care and support they needed and records made it clear people had choices to help them feel in control of their lives.

Each plan included a brief life history and information about significant people and events in the person's life. This helped care workers have an understanding of people's support network and background. Emphasis was placed on helping people decide on the care they wanted to receive so that they felt in control of their lives.

The care workers recorded how they had cared for each person during the visit. These records were checked by the registered manager to make sure they reflected the care which had been planned.

A relative told us there was a care plan in their home and that care workers recorded their visits. Care workers confirmed there was a care plan and risk assessments in the homes they visited. The care records we saw showed these had been reviewed. Both relatives we spoke with said the registered manager visited them to check their family members and to see if they were all happy with the service.

One relative confirmed, "I feel comfortable calling the manager when I have any questions or queries. She is very proactive and responsive to our needs." Another relative said they would contact the registered manager if they had a complaint. However, they stressed to us that they had never had to make a complaint. The provider had a procedure for responding to complaints they received from people using the service or others and we saw they had reviewed this in August 2017. The procedure included clear timescales for responding to complaints and we saw the two complaints were resolved within these. For one complaint the registered manager had visited the person and observed care being carried out so that they could offer further advice and guidelines to the care workers. This was then resolved satisfactorily and they understood the need to have an overview of complaints to identify any systemic issues.

There was no-one receiving end of life care. End of life care wishes were discussed with people and their relatives where people were happy to discuss this. The registered manager had plans to request end of life training to provide care workers with information and support in this area of work that they might be a part of in the future.

Is the service well-led?

Our findings

We received positive feedback on the registered manager from the two relatives we spoke with. One told us, "The manager has high standards and expects the same from all her staff. She is a very caring and gentle person and has recruited staff similar to her." A second relative was also happy with the service and said they had met with the registered manager when they carried out checks on the care worker and during review meetings. They told us they had a good relationship with them.

During our inspection on 1 March 2017 we found that the registered manager had various audits in place but not all of these effectively identified where improvements needed to be made.

At this inspection we found many areas had improved and were being checked by the registered manager and consultant who worked alongside them.

There were regular audits on people's care records and staff files. This was to check on the information and ensure documents were legible, up to date and accurate. A calendar was in place so that the registered manager could easily see when review meetings had been planned and carried out with people using the service. They also kept a record of when spot checks on care workers had taken place which helped to identify anyone who required a check on their work.

The registered manager held staff meetings with the care workers so that they could communicate how they wanted care workers to work and to offer additional support. These meetings also provided care workers with a chance to discuss important subjects relevant to their work. We saw that in the January 2018 meeting safeguarding and privacy and dignity were talked about and in December 2017 end of life care was looked at.

In order to gain feedback on the service so that improvements could be made the registered manager had carried out satisfaction surveys for people using the service and their relatives. Comments were favourable and included, "I would not hesitate to recommend the company to other clients."

The registered manager had an action plan in place which each time they met with the consultant they identified areas for improvement. This helped them plan the workload and see what was working well and what needed further work.

Overall we could see the registered manager had made improvements to the running of the service. They had introduced more formal quality assurance systems since the last inspection which helped enable people to receive a good service.

Care workers spoke highly of the registered manager and working for the service. Some of their comments included, "The registered manager is polite and respectful," "If I have any issues, I can discuss them freely with her. I do not feel any fear to discuss anything" and "I am pleased with the way they [registered manager] places emphasis on customer care."

The registered manager received support from a consultant who visited the office approximately twice a week to provide guidance. The registered manager was enrolled on a nationally recognised leadership and management course to further develop their skills and knowledge. They were aware of accessing updates on social care and best practice guidance from external sources such as Skills for Care, which is a training organisation to support providers and staff working in social care and the local authority. They were familiar with the United Kingdom Homecare Association (UKHCA), which is the professional association of home care providers. However, as they were running a small service they confirmed they had not yet become a member until the business expanded.

The provider worked with health and social care professionals to support people appropriately and for joined up care. We saw evidence that the registered manager made relevant referrals and contacted professionals when they felt people required more support or needed equipment to continue to live in their homes safely.