Care4U WE Ltd

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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

Summary of findings

Overall summary

This was an announced inspection which took place on 16 May 2018.

Care4U WE Ltd provides care to people living in 'supported living' settings. Everyone using the service receives a regulated activity. The Care Quality Commission only inspects the service being received by people provided with personal care, help with tasks related to personal hygiene and eating. Thirteen people living in three residences were receiving regulated activity and were supported so they are able to live as independently as possible. Accommodation ranges from three to six people sharing a tenancy. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living, this inspection looked at people's personal care and support.

This was the first inspection of the service which was registered on 17 May 2017.The service was rated as good in all domains. This means the service is overall good.

A registered manager was not running the service. However, there was a manager in post and they had applied to be registered with the CQC. A registered manager is a person who has registered with the CQC 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.

Staff understood how to protect the people in their care and knew what action to take if they identified any concerns. General risks and risks to individuals were identified and action was taken to reduce them, as far as possible. People were supported to take their medicines safely (if they needed support in this area) and medicines given were recorded accurately. People were supported by care staff who had been safely recruited although records needed to reflect that more accurately. People benefitted from receiving care from an appropriate number of staff to ensure their needs could be met safely and effectively.

People were assisted by care staff who had been fully trained and were appropriately supported by senior staff to make sure they could meet people's complex and varied needs. Care staff were effective in meeting people's needs as described in plans of care. The service worked closely with health and other professionals to ensure they were able to meet people's specific needs.

People were assisted to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Care staff supported and encouraged people to make their own decisions about all aspects of their care.

People benefited because they were supported by caring and committed staff. Care staff built close relationships with people and knew their personalities, preferences and needs. The management team and care staff were aware of people's equality and diversity needs which were noted on plans of care.

Maintaining and developing people's independence was recognised as a vital and core value of the service.

People were supported by a highly person centred and responsive service. The service was committed to meeting individuals' current and changing complex needs. People's needs were reviewed regularly to ensure the care provided was up-to-date. Everyone was able to verbally communicate but care plans included information to ensure any specific individual communication methods were understood.

The manager was described as very approachable, supportive and 'hands on'. The manager and the staff team were committed to ensuring there was no discrimination relating to staff or people in the service. The service assessed, reviewed and improved the quality of care provided.

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.

The medicine administration system ensure people were given the right medicines in the right quantities at the right times.

The service had some issues with recruitment records which they rectified after the inspection. However, the rest of the recruitment process ensured management could be as certain as possible that the staff chosen were suitable to work with vulnerable people.

Care staff were trained in and understood how to keep people safe from all types of abuse.

Risk of harm to people or staff was identified and action was taken to keep them as safe as possible.

Is the service effective?

Good

The service was effective.

Staff met people's individual, diverse needs in the way they needed and preferred.

Staff were well trained and supported to enable them to provide effective care and support.

The service worked closely with other healthcare and well-being professionals to make sure people were able to continue to live in their own homes.

Is the service caring?

Good

The service was caring.

People received care from a respectful and caring staff team who recognised people's equality and diversity needs.

The management team and the scheduling systems supported care staff to build positive relationships with people to enable

them to offer suitable care to meet their needs.

Is the service responsive?

Good

The service was responsive.

People were offered a flexible service that responded to people's individualised needs, in the way they preferred.

People's needs were regularly looked at and care plans were changed as necessary with the involvement of people, their families and other professionals, as appropriate.

People knew how to make a complaint, if they needed to. The service listened to people's views and concerns and ensured that any issues were addressed and dealt with as quickly as possible.

Is the service well-led?

Good

The service was well-led.

The quality assurance process was effective and identified any improvements needed.

Staff felt they were well supported by the management team.

People were asked for their views on the quality of care the service offered.

Care4U WE 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 service was registered in May 2017, the first inspection took place on 16 May 2018 and was announced. The service was given two working days' notice because the location provides a domiciliary care service. We needed to be sure that the appropriate staff would be available in the office to assist with the inspection. The inspection was completed by one inspector.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us to give us some key information about the service, what the service does well and improvements they plan to make.

We looked at all the information we have collected about the service. This included notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We looked at paperwork for five people who receive a service. This included support plans, daily notes and other documentation, such as medicine administration records. In addition we looked at records related to the running of the service. These included a sample of health and safety, quality assurance, six staff recruitment and training records.

On the day of the inspection we spent time with the manager and the nominated individual/provider. We visited two houses and spoke with five people and three staff who lived and worked in the homes. We requested information from five local authority professionals including the local safeguarding team. We received two replies. After the inspection we received one written comment from people and/or their representatives after the day of inspection.

Good

Is the service safe?

Our findings

People's care was provided by care staff who had been checked to ensure, as far as possible, they were suitable and safe to work with people. Recruitment processes were robust but were not always rigorously followed. They included inquiries such as Disclosure and Barring Service (DBS) which were checks to confirm that employees did not have a criminal conviction that prevented them from working with people. Application forms were detailed and fully completed. However, there were missing references in three of the six staff files seen. The manager knew the three staff as they had worked with them previously. They therefore felt they were safe to start work prior to the receipt of references. The manager agreed to audit all eleven staff files within two days of the inspection and rectify all omissions within one week. The manager sent evidence and confirmed the week after the inspection this work had been completed.

People's needs were met safely by staffing ratios designed specifically to meet individual's needs. People had shared and one to one care hours provided by the local authority. For example some people had one to one hours to enable them to access work. Each house had a consistent staff team and the service was building a bank staff team to support in times of sickness or staff shortage. Currently, the service did not use staff from other agencies as they felt consistency was an important element of the safe care they offered. Office staff and the manager supported staff teams in event of emergency cover being needed.

Care staff kept people as safe as possible from any form of abuse. People told us they felt, "Very safe." One person said, "I feel very safe for the first time in a long time. It feels good." Staff were clear about their responsibilities with regard to keeping people safe and were able to describe under what circumstances they would report a safeguarding issue. Staff were aware of the whistleblowing policy and would follow it, if necessary. However, they were confident that the manager would take immediate action to safeguard people. A staff member told us they felt people were very safe and treated very well. The local authority advised us that there were no safeguarding concerns about the service.

The service had developed health and safety policies and procedures to keep people and staff as safe as possible. Generic health and safety, environmental and individual risk assessments were in place. Risk assessments were completed for each of the houses and included areas such as cleaning products and fire safety. A detailed fire assessment and fire evacuation practices were in place alongside personal evacuation and emergency plans for individuals. Generic risk assessments covered all areas of safe working practice such as lone working and manual handling (items not people).

Individual's risk assessment and risk management plans were an integral part of their care plan. A part of the care plan was entitled, "My plan for keeping safe and well and for keeping others safe and well." People were asked how they would want others to respond to risk and what they would like done to reduce the risk. Identified risks included areas such as finances, travel and self-neglect. The service had systems to record and audit any accidents or incidents to ensure learning was taken from them. However, none had occurred since registration.

People were supported to take their medicines safely. The amount of support required by individuals was

clearly noted in care plans. Some people were assisted to self-medicate and others were given their medicines by staff. Risk assessments were completed for people who took some or all responsibility for their medicines. Trained care staff, whose competency was assessed regularly, administered medicines. Medicine administration records (MARs) recorded the times and quantities of medicines given. Records reflected that the medicines and dosages prescribed were correctly administered. MAR sheets and administration practices were audited monthly and any shortcomings were identified and discussed with staff members. There had been one medicine administration error and one medicine recording error identified in the previous 12 months. These had been dealt with appropriately.

The service supported some people who had complex needs but these generally did not manifest as severe behaviours that caused distress to others. Care plans reflected any specific information and/or behaviour plans needed to assist staff to meet any special needs people had. When necessary these were developed with the help of community specialists such as psychologists and mental health teams. The service did not use any form of physical restraint to support people with their behaviours.

Good

Is the service effective?

Our findings

The staff team was very effective in meeting people's particular needs. People benefitted from a service which identified their specific needs during a robust assessment process. People were involved in determining what care they wanted and needed and the way in which they preferred it to be delivered. Their families and other relevant people were involved in the assessment if it was appropriate and people wanted them to be. People signed to say they agreed with the content of the care plan.

People's individual plans of care specified the support they needed to meet their health and well-being needs. People were supported to meet these needs which included areas such as managing good nutrition, personal care and medication. The service worked with other professionals in the community to effect the best outcomes for people. Examples included GPs and district nurses. For example district nurses trained staff to support people with specific health issues. One to one care was broken down to specific times and activities to be pursued during those times for specific individuals. Care plans were of a high quality and ensured staff were advised how to meet people's needs.

People were provided with assistance to understand what a healthy diet was and why it was important. However, they could choose to eat what they wanted and did not always accept the advice and encouragement of the staff. Care staff were skilled at persuading and encouraging people to eat healthily and they joined in with people who were choosing to lose weight or take up exercise. Eating and drinking and other nutritional requirements were risk assessed and any needs were identified. The service assisted people to choose, purchase and prepare their meals. Records for food and fluid intake were kept if necessary.

People's rights were promoted by a staff team who understood the issues of consent and decision making. Care plans described how staff could support people to make their own decisions and choices and take as much control of their lives as they could. People were supported to make decisions which were not always popular with friends or relatives but which they had a right to make. People's records contained information with regard to people's legal representatives and who could make decisions on their behalf.

The service understood the Mental Capacity Act 2005 (MCA). The 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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In the community people can only be deprived of liberties if agreed by the Court of Protection. The manager regularly discussed whether people's liberty was restricted with the appropriate authorities. No actions had been taken, to date, with regard to making applications to the Court of Protection to restrict people's liberties.

Care staff were trained and supported to enable them to assist people with their diverse individual needs. Staff members told us they had good training opportunities and induction training covered all necessary

areas. The manager said training was an area for improvement as whilst staff had received all the necessary basic training they wanted them to complete more detailed training in specific areas, as quickly as possible. Nine of the eleven care staff were experienced and had received training in previous roles. Four staff had completed a recognised social care qualification, one was currently completing one and a further four care staff had applied to access a course.

People received support from care staff who had been provided with induction training which enabled them to offer care effectively. One staff member told us, "I received a good induction and was confident I could work with people, especially after the shadowing." Care staff were required to complete the care standards certificate (a nationally recognised induction system which ensures staff meet the required standards for care workers. Care staff completed a one to one (supervision) meeting with senior staff every month and competency was assessed as necessary. The service had plans to complete appraisals every year. At the time of the visit staff had been in post for less than 12 months.

Good

Is the service caring?

Our findings

People were supported by a caring and committed staff team. People said, "Staff are kind and help you as much as they can." One person said, "They make you feel like they really care."

One of the main goals of the service, which was reflected in people's individual goals, was to encourage and support people to be as independent as possible. Care plans contained detailed information about how people should be supported to maintain and develop their independence. One person told us how they had been encouraged to increase their independence which had made them feel, "More in control of my life." Risk assessments assisted care staff to help people retain and develop as much independence, as was appropriate, as safely as possible.

People were provided with care by staff who established close working relationships with them. A team of care staff were allocated to each service so the people who lived there benefitted from continuity of staff. This enabled people to build relationships with staff and vice versa. People who had lived in some of the houses for a matter of weeks knew staff well and spoke of their trust and fondness for particular staff members. The manager and staff team had an in-depth knowledge of people's needs and up-dated care plans and risk assessments as they got to know people better.

Care staff protected people's privacy and dignity and treated people with great respect, at all times. One person said, "It is the first time in many years I have felt respected and treated like a proper grown up." Another said, "I have my own door key, so I lock my door and keep things private." Other people told us they were always treated with dignity and their privacy was always respected. One experienced (from other services) staff member said they had never worked in a service where people were so respected. Staff understood how to speak to people in a respectful way and assisted people whilst preserving their dignity. Examples of treating people with respect given included treating people as equals, promoting their independence and respecting their wishes and choices.

People's diverse physical, emotional and spiritual needs were clearly recorded in care plans and included areas such as background, sexuality and social inclusion. People's diverse needs were met as identified in their individual plans care. The service had an equality and diversity policy which included people and care staff.

People were able to verbalise but any other methods used to enhance communication were clearly noted on care plans, as necessary. These included body language and interpretation of mood. Information was presented to people in ways they found easiest. For example, pictures and symbols accompanying written communications to aid people's understanding. People were encouraged to give their views of the service in various ways. They included house meetings for people and the manager talking to people on a one to one basis to get feedback.

People's personal information was kept securely and confidentially in the care office. People kept some records in their home in a place of their choice or in a locked staff room/office in the house. The provider

had a confidentiality policy which care staff understood and adhered to.

Good

Is the service responsive?

Our findings

The service was committed to providing people with responsive and flexible care which met their changing needs. People's needs were fully assessed prior to them moving into the house. The service took into account the needs of other people who lived there and the skills and attributes of the staff team. People were not offered care unless the service could meet their needs. However, it was clear that residence in the house was not dependant on care being received by Care4U WE Ltd. The local authority did pay for joint hours for some people but additional one to one hours were purchased to meet people's individual needs.

People's views, choices, current and changing needs were included in highly person centred written plans of care that enabled care staff to support people appropriately. Plans of care were up-to-date, changed quickly, as necessary, and included detailed information for staff to offer responsive care. People's preferences and choices featured prominently in their individual plans of care. People told us staff listened to them and responded to any requests or worries they had. One person said, "They help you when you need it but don't interfere if you don't." Another said of staff, "They're great they are always there for you."

People and those who they chose to be were fully included in the review process. Care plans were reviewed six weeks after people began using the service and thereafter when necessary or a minimum of annually. Plans of care showed that reviews had been held whenever people's needs changed or there were any concerns about an individual's well-being. People told us they were involved in their reviews and the care planning process.

People were supported with activities and social inclusion by the service. A staff member told us one of the company's driving forces was to, "Support people to appreciate and enjoy their life." Some people had one to one time for specific activities. The service developed specific, personalised activity plans for people dependant on the hours contracted by the local authority. Each house used the staffing hours creatively for each individual ensuring people, as far as possible, were able to choose what activities to be involved in. For example one house used bank staff to ensure people could choose to stay at home if they did not wish to go out in a group. People told us they were involved in activities and were very much enjoying their lifestyle. For example one person was involved in paid work. They were accompanied by a staff member to support them and ensure the experience was rewarding and successful for the individual. Another person told us they had had more experiences in the past three weeks than they had in the previous three years. They gave examples of being supported to be involved in a choir, line dancing and attending various social clubs and groups. Additionally people were supported to keep pets and be involved in the maintenance of their homes. This gave those involved a feeling of well-being, ownership and importance.

People's communication needs were met and the service produced information in formats that assisted individuals to understand it. Individual communication plans were developed if people had specific communication needs. The communication systems reflected the requirements of the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they were given.

The service did not tolerate any form of discrimination. The registered manager and staff team understood how to protect people from any form of discrimination and were knowledgeable about equality and diversity with regard to the protected characteristics. People were supported to follow their chosen lifestyle and preferences.

The service had a detailed complaints policy and procedure which they would follow if they received complaints. Simplified complaints procedures were displayed in communal areas of the houses affording easy access to people and visitors. People told us they had no complaints and if they were, "A bit worried" about something staff took immediate action to sort it out. The service had received no complaints and no compliments since registration.

Good

Is the service well-led?

Our findings

People benefitted from a well-led service. The previous registered manager had left the service in December 2017. The current manager had been in post since December 17. They were experienced in care and appropriately qualified. In November 2017 the local authority had concerns about the management of the service and were not awarding them any new contracts. However, by 17 January 2018 the new manager had completed an action plan, the local authority was reassured the service was being well–led and began contracting with it. The latest local authority quality monitoring visit report acknowledged the "considerable" improvement the new manager had made to the service. The application, for the manager to register with the Care Quality Commission, was currently being processed.

People who use the service knew the manager and were comfortable to approach them and discuss their activities and other news. People told us they liked the manager and saw them, "Quite a lot." The manager and staff told us there was a regular management and provider presence in the houses and staff felt well supported. One staff member said if there was ever any issues in the house the manager or nominated individual/provider would always 'turn up' to support staff. They described the manager as open and approachable. One staff member told us the manager had made major improvements to the service. A number of the staff team had joined the manager who they had worked with in previous employment. Staff told us it was an excellent company to work for and they felt that they and people who use the service were, "Really valued." They gave an example of the provider organising transport home for staff and a person who uses the service when they couldn't find appropriate transport late in the evening.

The views and opinions of people, staff and others were listened to and they were given a number of opportunities to express them. People told us they were involved in reviews, attended house meetings and were happy to tell staff and/or the manager and provider if they had any views about the care they received. One person told us they thought they got very good care and would certainly, "Make it clear" if not. The service held monthly staff meetings in the different houses and three monthly staff meetings in the office. Staff told us they felt their views were listened to and valued. They felt safe to discuss any issues or approach any subject. Annual surveys were sent to people, commissioners, families and other interested parties.

People benefitted from a service that was well governed by the manager and provider. People were very positive about the quality of care they received making comments such as, "It's the best place I've lived" and, "Everything's very, very hunky dory". A number of quality assurance systems were in place and were used regularly to monitor all aspects of the service. These included regular audits of areas such as finances, daily contact sheets and any incidents or accidents. A full audit of the service which follows CQC key lines of enquiries is conducted every six months. Any improvement needed was clearly noted and an action plan developed to ensure the improvements were completed in a timely manner.

Actions taken, to benefit people, as a result of the various auditing and quality assurance processes included six weekly customer meetings and supplying advocacy information. The service had also provided fire signage (as necessary) and completed detailed fire risk assessments. There were some aspects of the service, such as recruitment paperwork, which had been identified as needing improvement but the service

had focussed on the areas that directly impacted on people, such as care plans, as their priority.

The service engaged with relevant community professionals to ensure people were provided with the best possible care. A professional told us, "The communication between the provider and the council is good."

People's individual needs were recorded on extremely good quality, up-to-date care plans. They informed staff how to provide care according to people's specific choices, preferences and requirements. Most of the records relating to other aspects of the running of the service such as audits were, accurate and up-to-date. However, staffing records were not always fully complete. All records were well-kept and easily accessible.

The manager kept up-to-date with all legislation and good care guidance. For example they understood when statutory notifications had to be sent to the CQC, understood the Accessible Information Standard and were fully aware of the new General Data Protection Regulation.