

Care4us Health Care Limited

# Care4Us Health Care

## Inspection report

29 Caspian Road  
Manchester  
M9 7JB

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29 April 2022

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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

### About the service

Care4us Healthcare is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection the service were supporting 11 people with personal care needs. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People and professionals working with the service gave positive feedback about the service. People were supported in a caring way by staff who understood the importance of treating people with dignity and respect.

Staff were responsible for administering medication to some people who used the service. We found staff had received training and competency checks as part of their induction process. We found examples of medication administration records (MARs) where medication which was administered from blister packs had not been recorded individually. This is not best practice in line with NICE guidance. At the time of the inspection the service were in the process of transitioning to electronic MARs. The system showed individual medications were listed. We have made a recommendation the service refer to the guidance and continue with this best practice.

Staff training records were not up to date. At the time of the inspection the service were transitioning between two systems to record their online training. The registered manager was in the process of collating the information. Staff had completed the induction process including observation shifts prior to supporting people with care.

Staff and people using the service spoke positively about the registered manager and the provider. Staff told us they were supported on calls by the management team as part of their induction process. We received positive feedback about the care being provided by staff.

Care plans were personalised to people's needs and preferences. We saw examples of care plan reviews which involved the person using the service and their family. Staff understood the importance of treating people with dignity and respect. A person using the service and a relative of a service user felt they received good care from staff.

The management team had good oversight of the service and were in the process of implementing a new electronic system. The system enabled the registered manager to monitor call times and the completion of care tasks.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 27 August 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Care4Us Health Care

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave a short period of notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 27 April 2022 and ended on 4 May 2022. We visited the location's address on 29 April 2022.

#### What we did before the inspection

We reviewed information we had received about the service since they registered. We used the information

the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we held about the service. We used all this information to plan our inspection.

During the inspection

We reviewed records relating to the running of the service including four care plans, three staff files and policies. We spoke with one person who uses the service and to a service user's relative. We contacted professionals who had worked with the service. We spoke with five staff including three care assistants, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Care plans clearly indicated if people required support with their medication.
- At the time of the inspection the service were in the process of transitioning to recording the administration of medication onto an online system. Paper records were also in place.
- Medication audits did not always identify when there had been missed signatures on medicines administration records (MAR). One medication audit showed individual medicines had not been listed on the MAR. For example, the MAR stated 'blister pack'. The new electronic records show individual medicines listed.

We recommend the service reviews national guidance around the administration of medicines to ensure administration is correctly recorded.

- Staff told us their competency to administer medication was assessed during their induction. Staff competency in this area was also reviewed during spot checks.
- One relative told us, "There has never been a mistake or any problem" regarding the administration of medicines for their relative.

### Systems and processes to safeguard people from the risk of abuse

- The service had a safeguarding policy in place. Staff were aware of signs of abuse and what to do if they had any concerns.
- One person told us "I really do feel safe with them."

### Assessing risk, safety monitoring and management

- Appropriate risk assessments were in place to support people's needs.
- Risk assessments were reviewed in line with a change in needs. For example, when a person commenced end of life care.
- People were provided with a service user guide when their care package commenced. This included information about who to contact if there were any concerns.

### Staffing and recruitment

- Staff were recruited safely. For one person, the registered manager stated they had received no response to a reference request from a person's last employer in health and social care. The registered manager had requested an additional reference for this person.
- At the time of the inspection the service were actively recruiting additional care staff. People told us they

were supported by a consistent staff team.

#### Preventing and controlling infection

- Staff told us that personal protective equipment (PPE) was readily available in people's homes. Staff were aware when PPE should be worn.
- One person using the service told us, "They wear their PPE."

#### Learning lessons when things go wrong

- There were no accidents and incidents or safeguarding concerns recorded at the service.
- The service had a form in place to record safeguarding incidents which included a section for reflective practice.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Needs assessments were completed for people when their packages of care commenced.
- Care plans were put together based on the information in the needs assessment.
- The management team also ensured they attended the person's home when the package commenced so that any necessary updates could be made.

Staff support: induction, training, skills and experience

- The service had a training matrix in place. This matrix showed training had not been completed by all staff. The training system had been upgraded and the management team explained not all staff had transferred to the new system. Where staff had completed training on the old system the dates of training had not consistently been recorded. The registered manager was in the process of updating the training records onto one system.
- Staff completed an induction when they commenced employment. Staff explained they shadowed the nominated individual and existing staff during their induction period. Staff were then observed to complete the induction process.
- Spot checks and supervisions were completed for staff. Actions such as training to be completed were recorded. One person had a supervision in February and the requirement to complete their outstanding training was discussed. At the start of the inspection there were still gaps in the training for this person. During the inspection additional training was completed.

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

- Staff supported people with eating and drinking. At the time of the inspection there was no one using the service with identified swallowed difficulties.
- People were supported to eat food and drink of their choice.

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

- The local authority brokerage team told us the service responded promptly to their requests.
- Care plan reviews showed the service had liaised with other relevant health care professionals and included this in the care plans.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- Some staff had completed training in the Mental Capacity Act.
- We checked whether the service was working within the principles of the MCA.
- Staff understood the importance of consent when supporting people with their needs.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We received positive feedback about the care provided by staff. The service had an equality and diversity policy in place.
- Care notes showed people received the support outlined within their care plans. One relative told us, "They (staff) take great care."

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

- Staff supported people to be involved in making decisions about their care. Care plan reviews were held with people using the service and their relatives. These reviews gave people the opportunity to express their views.
- One relative explained how the care provided had been changed following the feedback they had given.
- Staff understood the importance of including people in making decisions about their care and gave examples how they supported people's involvement. For example, offering people choices.

Respecting and promoting people's privacy, dignity and independence

- Care plans were reflective of promoting people's independence. Staff showed an awareness of the importance of encouraging people's independence. One relative told us "They support (person) to be as independent as possible."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were personalised and included people's personal preferences. Care notes reflected people's involvement in the care they received.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans included a section about each person's communication needs.
- The complaints policy was in an accessible format including pictures.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans included a section about people's interests and hobbies.
- The service adjusted the call times, where possible, for people to enable people to participate in things which were important to them. One person told us, "They (the service) change times to suit my lifestyle."

Improving care quality in response to complaints or concerns

- The service had appropriately investigated a complaint. We received positive feedback about the registered manager's response to a concern which had been raised.
- Records showed appropriate discussions were held with staff to drive improvements at the practice at the service.

End of life care and support

- Staff supported people with end of life care. Care plans had been updated following a deterioration in people's health.
- Care plans clearly explained the role of district nurses and care staff in providing end of life care. Staff showed good knowledge around end of life care.
- The service had received positive feedback from the relative of a person they had supported at the end of their life.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People using the service spoke positively about the impact the care provided by staff had on their lives. "The moment they came in that first day they put me at my ease with their professionalism."
- People, staff and professionals gave positive feedback about the management at the service. One person's relative told us "It (the service) is well managed."

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

- The registered manager and nominated individual had a good oversight of the service. At the time of the inspection they were in the process of embedding an electronic monitoring system at the service.
- The electronic system alerted the registered manager if staff were running late or if care tasks had not been recorded as completed. The registered manager then contacted staff and updated the system if necessary.
- We found one medication audit did not identify a gap in administration. The nominated individual explained gaps in audits were investigated but this had not been consistently recorded. The nominated individual provided assurances people had not missed their medication.

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

- Staff told us they felt supported and they could contact the registered manager or the nominated individual if they had any concerns.
- People were able to give feedback during care plan reviews. The management team also provided care to people and were regularly engaging with people using the service.

Continuous learning and improving care, how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We received feedback the service had taken concerns seriously and responded appropriately.
- One person who uses the service told us, "They're up front and informative with me."

Working in partnership with others

- We received positive feedback from the local authorities who worked with the service. "They are a brilliant provider."

