

Care 4 U Hampshire Ltd

# Care 4 U Hampshire Ltd

## 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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Care 4 U Hampshire Ltd is registered to provide personal care to people in their own homes. The aim of the service is to promote independence and a better quality of life, to enable people to remain in their own homes.

Ten people were receiving personal care at the time of this inspection. The service also provides people with support for domestic tasks, shopping and social activities.

The service has a registered manager, who is also the owner and service provider. 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 received overwhelmingly positive feedback about the service, the provider and the staff. People and their relatives felt the provider and staff went out of their way to support them in a kind, caring manner and went above and beyond what was expected to meet their needs.

The provider and staff were skilled at supporting people at the end of their life and worked hard to ensure both the person and their relatives were looked after well at a difficult time.

The provider and staff understood the importance of involving people and their relatives in their care and providing care that was personalised to their individual needs.

Staff understood how to identify, report and manage any concerns related to people's safety and welfare. There were systems and processes in place to protect people from harm, including how medicines were managed.

Safe recruitment practices were followed and appropriate checks had been undertaken, which made sure only suitable staff were employed to provide care for people. There were sufficient numbers of experienced staff to meet people's needs.

Staff were supported to provide appropriate care to people because they were trained and supervised. There was an induction, training and development programme, which supported staff to gain relevant knowledge and skills.

Staff assisted people to obtain advice and support from other health professionals to maintain and improve their health or when their needs changed.

The service was responsive to people's needs and staff listened to what they said. Systems were in place to

help ensure any concerns or complaints were responded to appropriately.

There was an open and inclusive culture within the service, which encouraged people's involvement and feedback . The provider demonstrated an open management style and provided leadership to the staff team.

## 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.

Care workers had a clear understanding of what constituted potential abuse and of their responsibilities for reporting suspected abuse.

Risks associated with the provision of care were assessed and care workers were aware of the procedures to follow in the event of an emergency.

Staffing levels were sufficient and organised to take account of people's needs and where they lived.

Care workers were aware of their responsibilities in relation to assisting people with medicines.

### Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to deliver effective care to people.

Staff had a good awareness of and implemented legislation to protect people's rights.

People were supported to access healthcare when required.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

The provider and staff spent time building relationships of trust with people and frequently exceeded people's expectations of care.

The provider and staff provided personalised care that met people's health and emotional needs and went the extra mile to provide additional support where it was needed.

The provider and staff were skilled in supporting people at the end of their life.

People and their relatives were involved in decisions about their care and their privacy, dignity and confidentiality was respected.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received personalised care that was responsive to their needs.

People and their relatives were involved in reviews of their care and changes were clearly communicated.

People and their relatives were confident to share any concerns and these would be acted on.

### **Is the service well-led?**

**Good** ●

The service was well led.

Staff received support and felt well informed.

People and relatives were encouraged to give their feedback about the service.

The provider played an active role in quality assurance and ensured the service continuously developed and improved.

# Care 4 U Hampshire 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 visits took place on 26 February, 2 March and 15 April 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available in the office. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked other information that we held about the service and the service provider, including notifications we received from the service. A notification is information about important events which the provider is required to tell us about by law.

We sent out survey questionnaires in 2015 to eight people who used the service, eight relatives, one member of staff and three community professionals. Seven out of eight people who used the service and one staff member responded.

During the inspection we met and spoke with two people who used the service. We spoke with the relatives of four other people who used the service by telephone. We spoke with the provider, who is also the registered manager, two members of the office staff and two care workers. We looked at care records for six people. We also reviewed records about how the service was managed, including staff training and recruitment records and a customer satisfaction survey.

Following the inspection we contacted three health and social care professionals and asked for their views about the service. We received one response and their feedback is reflected in this report.

# Is the service safe?

## Our findings

All the people who responded to our survey questionnaire said they felt safe from abuse or harm from their care workers. They informed us their care and support workers did all they could to prevent and control infection.

Staff were given aprons, gloves and hand gels to help ensure there was no cross infection from individual to individual. Staff were also each given a bag that contained safety equipment such as a personal first aid kit, face masks, torch and personal alarm. People confirmed that staff used personal protective equipment (PPE) when providing care.

Staff knew and followed procedures to help keep people safe. These included procedures for making sure that access arrangements to people's homes remained confidential and protected people. People confirmed that care workers wore identity badges when visiting people in their homes. Where care workers undertook shopping tasks for people, expenditure records were kept in the person's file in their home. Staff had the knowledge and confidence to identify safeguarding concerns and to act on these. They were aware of guidance in relation to safeguarding and whistleblowing procedures. Staff were able to speak clearly about the possible signs of abuse to look for as well as who to report to. Staff were confident any concerns they raised to the provider would be addressed. Staff completed financial transaction records whenever they handled people's money for tasks such as shopping. The person receiving the service also signed the form.

Care workers told us there were enough staff to provide care, for example when two staff were required to support a person, and they received training in relation to moving and repositioning people. The provider declined to accept a referral from another agency due to the impact this would have on other people receiving the service. There was an effective rostering system that allocated care workers to people in line with their needs.

The provider followed safe staff recruitment practices. We looked at recruitment records for three staff and these showed that relevant checks had been completed. The records included evidence of Disclosure and Barring (DBS) checks. DBS checks provide confirmation that staff are not on the list of people barred from working in care services. References from previous employers and employment histories were also on file. These measures helped to ensure that only suitable staff were employed to support people.

Risk assessment and management plans were in place in relation to each person receiving care in their own home. These included risk of falls, scalds and burns. Care workers continually assessed risks associated with the provision of personal care in people's own homes. Staff carried mobile phones and contacted the office to raise any concerns or report changes so that appropriate action was taken. Examples of this included contacting a person's family to replace a leaking kettle and liaising with the community nursing team about changes in a person's mental health needs. The provider continuously monitored the safety and well being of people through a system of reviews. Adjustments to care plans and additional risk assessments were completed and agreed with the person.

Each person also had a detailed risk assessment for medicines. These provided information about whether the person understood what their medicines were for, directions for how to take them, whether they remembered to take them, and whether they felt the medicines were effective. The risk assessments also took into account whether there were any excess amounts of medicines in the home, if the person had any difficulties with swallowing medicines, reading labels, opening or pouring medicines, and what they were able to self-administer. This information helped to provide safe and personalised care to people. Staff had received training in relation to medicines and were aware of their role and responsibilities in helping to ensure these were managed safely.

## Is the service effective?

### Our findings

All the people who responded to our survey questionnaire told us they received care and support from familiar, consistent care workers. They said care workers arrived on time and had the skills and knowledge to give them the care they needed.

Staff told us they got the training they needed to enable them to meet people's needs, choices and preferences. A record was kept of the training each member of staff had completed and this also showed when training updates were due. A member of staff said their training included an induction and refresher training and they had recently completed a level two diploma in health and social care. Certificates for diplomas awarded to staff were displayed on the wall in the office. Another member of staff said "You're well supported here" and "Training is very good and updated each year. Training included essential training such as moving and positioning, health and safety, food hygiene and safeguarding. The provider delivered a lot of the additional training around palliative care to help staff understand how to support people and their families. A healthcare professional told us they felt the staff had the qualities and skills to deliver effective care.

New staff followed a clear induction process. The service had not had any new staff but was set up to follow the Care Certificate for inductions when a new person is appointed. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. One person told us a care worker had shadowed another to learn about the person's care and support.

Staff felt they were well supported. Staff received regular supervision and appraisal which enhanced their skills and learning. A member of staff confirmed they had regular supervision including spot checks, which "Ensure we're doing everything right". Staff received feedback from the spot checks to help with their own learning and development.

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 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. Staff had received training in the MCA and understood their responsibilities. One relative told us that staff had phoned them to ask for consent to them contacting the GP. Care plans indicated that people were able to make their own decisions and /or with support from relatives. A person had indicated on their consent form that they chose to consult with their relative over decisions of care.

Where people required support in relation to food and drink this was recorded. Care workers understood the importance of protecting people from the risk of poor nutrition and dehydration. A care worker told us how they encouraged people's appetite through different food options and how meals were presented.

The service supported people to receive appropriate health care when required. Records showed and care staff told us about incidences when the service contacted external health professionals to support people's health and wellbeing. The service quickly and effectively managed any health concerns with people and had built up strong relationships with the GPs and district nurses. A healthcare professional told us they had a very good working relationship with the service and that they were particularly good at liaising with them to support people at the end of their life.

An office board was used in conjunction with verbal handovers to help ensure staff were kept informed of changes in people's needs. The information recorded on the board showed the service was well organised. For example, dates and times of hospital discharges and reviews, care plan updates, new care packages, training and supervisions, and other information such as ordering supplies.

# Is the service caring?

## Our findings

Without exception, people who responded to our survey questionnaire and people and their relatives we spoke with said they were happy with the care they received. People and their relatives were overwhelmingly positive about the service they received.

One relative told us "I couldn't fault it. I would recommend it to anyone. They went beyond their remit"; Another relative told us the provider and staff "would stay longer if required. They go the extra bit". Other relative comments included the service was "Something of a life saver"; The provider "particularly will go way beyond what is required".

Letters and cards received by the service were also full of praise for the service, saying staff gave 100% of themselves and thanking the service for the love, care and kindness shown to their relatives. One relative had put a message in the local newspaper thanking the provider and the staff for the love and care shown to their relative.

We were given several examples of where the service had exceeded people's expectations and gone the extra mile to deliver personalised care to people. One person told us that the staff "Always come in with balloons and cards on her birthday". A care worker had "Come and stayed during her 100th birthday" and the provider and her husband "helped to clear up afterwards. The provider had also "decorated her room, took a photograph, put it in a magazine and got the mayor in", therefore making the day special and memorable for the person and their family. Other people told us how staff would do additional things when they had finished delivering personal care which really helped them. This included hanging washing out or doing the washing up. If there was any time remaining during a visit "They just sit with her". We were told for one person the provider "had a gap at lunchtime, so popped in and cooked her a meal".

Throughout our inspection, we found examples of a strong person centred culture from the provider and the staff. The provider told us about a time when a person's telephone stopped working. The staff member contacted the telephone provider. Concerned that it could leave the person for up to 24 hours without being able to contact anyone in an emergency, the staff member tackled the telephone provider again and provide the person with a topped up mobile phone with the office and their numbers on in case there was an emergency during the night.

The service was particularly skilled at supporting people at the end of their lives and providing support to families during difficult times. Relatives told us about times when staff would stay longer at no additional charge, often to complete additional tasks. When a person had health issues, the provider told the relative to phone them at any time "They'd be up here within 15 minutes. They are all brilliant". Another relative told us that the provider offered support at any time of day or night. The provider ensured that before they took on the care of someone at the end of their life, all the correct equipment was in place and they worked with other professionals to ensure individual needs were met.

The advertised service ends at 20.00 but when providing end of life care, the provider had often stayed

overnight to support the person and their family at this critical time. Staff were also highly motivated to provide exceptionally compassionate care and had also provided support for hospital and GP appointments in their own time.

The service fostered an atmosphere of care and support to both enable and encourage people using the service to live as full, interesting and independent a lifestyle as possible. The provider and staff made positive suggestions to help people stay in touch with the community. For example, a person with diabetes and poor eyesight benefitted from suggestions about local library services and audio books. This meant the person could still keep their hobbies.

The provider and the staff told us about developing positive relationships with people and building up trust. They respected people's individuality and had received training on equality and diversity. The provider told us how they were building a relationship and gaining the confidence of a person living with dementia. They had spent time sitting with the person and just having a cup of tea. The person's relative told us that as the person's confidence and trust grew they had started to wear their alarm and take their medicine.

The provider also sought creative ways to help people living with dementia feel supported. An A4 laminated sheet with the picture and name of the staff member was used to communicate who would be visiting that day to help reassure people and remind them who they were expecting.

The positive relationship continued with and extended to people's relatives who no longer used the service. One such relative visited the office during the inspection and was welcomed, listened to and reassured about a concern they had. They told us "This is one of the best, the very best". For people without any family, the provider offered a free home cooked Christmas meal.

People and their relatives told us they were involved with their care. They told us they were encouraged to participate in care planning and reviews. Care and support plans were written in a way that respected people's wishes and individuality. For example, one person's plan informed staff to open the curtains when they arrived but not to turn on the light. People and their relatives were involved in making decisions such as whether to have a do not resuscitate order and they were supported sensitively to make these decisions.

Staff treated people with dignity and respect. People confirmed staff respected their privacy and dignity. Staff told us that the values and principles of privacy and dignity were covered in their training. One member of staff told us the provider introduced them to people receiving care and talked them through the care plan. Relatives told us the care workers respected confidentiality, for example they did not talk about other people's care.

The provider and staff extended their care and support even when they were not able to offer a service. They understood the stress of finding support and would provide information to families on where to look for a service and what help they should expect.

## Is the service responsive?

### Our findings

People and their relatives told us the service was responsive to their needs. They told us "They are always there when they say they will be. They would ring if they were going to be late". Another relative felt the service their relative received was "Consistent care from people who know and understand her". They also commented "They're very flexible" regarding times. They said if their relative was not ready to go to bed, staff "Will leave her in her bed clothes and come back later after another visit".

The provider made an initial consultation visit to all prospective service users to ascertain their needs face to face. They used this visit to listen to the person, their families and friends if present, to gain as much information as possible. If they are fully convinced they can meet the requirements and expectations of the person they will offer a service. A draft care plan is then discussed with the person. Care plans were very personalised to the person and continually reviewed.

Care records contained the thorough assessment of the person's needs and a detailed care plan laying out a schedule and methods for meeting the needs. Care and support tasks were broken down into steps providing guidance about what to do from the moment of arrival at a person's house until departure.

Once service delivery commenced, a review was held after the first 12 weeks or sooner if needed. As a result of such a review and by listening to people and responding to needs, changes had been made to the care being provided for a person who was living with dementia. Records of reviews showed plans were updated to reflect changes in people's support needs.

Staff demonstrated knowledge and understanding of people's care and support needs and the strategies in place for meeting them. They were consistent in what they told us about how individuals communicated their needs and wishes and the agreed methods for staff supporting them. Staff told us they read the care plans, either in people's homes or in the office and both copies of the care records were updated when a person's needs changed. A relative told us staff responded well to their relative "Dad is calmer with Care 4 U staff. They can calm him down. They ask him what's wrong".

One member of staff told us "Care planning reflects people's values and beliefs" They demonstrated a broad knowledge of people's needs.

Relatives told us communication with the staff and the provider was good. The provider spoke of effective listening: "Listening for the one word" a person may speak that will give the listener an insight into their needs and what is important to them at that time. The provider also made use of picture symbols to assist people to communicate their moods and feelings. They told us "This can help pinpoint what time of day is best to deliver care".

Relatives told us staff also engaged their relative in activities. One relative told us they took their relative out in the garden in the summer and "Go to cafes and have cakes".

The service had a complaints procedure that contained details of each stage of a complaint and names of people to contact. The provider confirmed there had been no complaints in the last 12 months. The provider had received nine written compliments about the service from people's relatives, thanking them and their staff for the care their family members had received. Relatives told us they felt confident about raising any concerns and staff communicated with them about any changes.

## Is the service well-led?

### Our findings

People and their relatives were, without exception, positive about the management of the service. One relative told us they felt the service was "outstanding" and they had a lot of friends who had used the service. Another relative said the service had "Taken a weight of us".

Everyone who responded to our survey questionnaire said they would recommend the service to another person. Staff told us they would recommend the agency to a member of their own family. People and their relatives told us they knew who to contact in the care agency if they needed to and information they received from the service was clear and easy to understand.

The provider was passionate about the service they provided and said they followed the six values of care, compassion, communication, competence, courage and commitment. The values and passion were evident throughout the service. A member of staff told us the provider "Has such a high standard and I stand by that with her". They confirmed that the provider communicated their vision and expectations to staff and was "Always on the end of a phone". They said the provider "Goes above and beyond", for example taking on care workers' shifts during bad weather and walking to a person's house to ensure care was provided. Another member of staff told us the provider was passionate about providing end of life care at home and passed this on to staff "In a very supportive way". They said the provider shared the values and skills of "Involvement, gentleness, supporting and reassuring families and being professional".

The provider was also in day to day charge of the service. They were clear about their responsibilities to notify us of incidents and important events in accordance with their statutory obligations. They demonstrated the skills of good leadership. The provider told us they kept up to date by keeping in touch with hospital colleagues and community teams as well as carrying out their own research. Staff also told us they like to research medical conditions to widen their understanding.

The provider had built strong relationships with relevant professionals and within the community to ensure the service continually improved and the needs of people using the service remained paramount. Through the working relationship with healthcare professionals, any concerns were escalated quickly. A health care professional told us they "would go to Care 4 U in the first instance" and they are "disappointed if they are not able to take on a package of care because they are already fully booked" or cannot cover the geographical area.

The provider told us they worked with house managers in the housing scheme where the agency provided care to some people. The house managers were given a time sheet of the individual the care workers attended to so they could be aware when staff were entering and leaving the building.

Health and social care students had been supported to visit the agency to learn about domiciliary care provision and the provider was looking into extending this aspect of the service.

The provider had set up the service to meet the needs of people and provide high quality care. They

ensured they were available and worked alongside staff to provide on-going support and guidance. The rotas were designed to ensure the work and travel schedule meant staff were able to arrive on time and stay for the agreed length of time.

Staff told us they would feel confident about reporting any concerns or poor practice to the provider or senior staff. The provider asked what they thought about the service and took their views into account. The service operated a no blame culture and staff were clear about whistleblowing procedures. The staff in the office gave them important information as soon as they needed it.

Staff felt well supported and took part in team meetings when they discussed practice issues and shared information, such as when new people started using the service. Staff said they felt communication was good among the team and they were listened to. The provider told us they worked with all the staff on a day to day basis and encouraged open communication. An open and transparent culture was evident throughout the service.

The provider employed an external company to carry out health and safety audits and received medical device alerts that inform services about any current potential risks relating to various equipment and practices. The provider continually monitored the service provision through the use of spot checks with staff and feedback from people and their relatives. The provider was clear about continually striving to improve the service offered.

Three people whose records we saw had responded to the provider's satisfaction questionnaire. This asked people to rate all aspects of the service, such as the reliability and friendliness of staff, their punctuality and appearance, quality of care, needs being met, and how any concerns were handled. Two people had each rated one aspect as 'good', all other responses rated the service as 'excellent'.

The provider sent newsletter to people and their families providing updates about the service and other useful information. The service also signposted people to other community services they may find useful.