Caring 4 U (Uk) Limited

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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

The inspection took place on 22 August and 5 September 2017 and was announced.

Caring 4 U is a domiciliary care service that provides personal care to people living in their own homes. The service serves the local community around Braintree. They provide a service for adults, who are predominantly older and who may be living with dementia or adults who have a physical or learning disability. At the time of our inspection there were approximately 50 people using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had appointed a general manager to assist them in the daily running of the service.

The manager had addressed concerns we had raised at our last inspection regarding the management of risk. The risk assessment process had been improved so that staff now had better quality information to enable them to support people safely. There was a pro-active approach to safeguarding and staff worked well with professionals to minimise risk.

Staff were safely recruited and well deployed so that they had enough time to meet people's needs. There were electronic systems in place to record the administration of medicine which were well understood by staff and managers and provided accurate, current information of the support being provided with medicines.

Staff were well supported in their role. There were effective and innovative measures in place to develop staff skills, such as access to high quality clinical information, which enabled them to meet a complex range of needs.

There was a good understanding of people's capacity to make decisions. The service met its responsibilities under the Mental Capacity Act 2005 and ensured decisions were made in people's best interests.

There was a good awareness about people's abilities, needs and preferences when supporting them to eat and drink. Staff worked extremely well with other professionals to meet people's needs which enabled people with complex needs to be supported to continue living in the community.

The manager enabled staff to develop caring relationships with the people and families they supported by ensuring consistent rotas and enough time to meet people's needs in a relaxed manner. Staff knew how to communicate with people and what their preferences were. Privacy and confidentiality was promoted in the office and out in the community.

Support was flexible and tailored creatively around people's needs. The service had been designed so that people's needs were central to the way staff were deployed. Care plans were detailed and person-centred and equipped staff with the necessary information to meet people's needs. There were improved systems to ensure people's care was reviewed as required. There was a pro-active approach to resolving people's concerns.

The manager delegated well and ensured the service was run efficiently. Office and care staff understood their roles and functioned well as a team. There was a commitment to innovation and best practice, especially in the use of online technology and the development of clinical skills. There were effective systems in place to support staff and to monitor the quality of the support people received.

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 improved systems to assess and minimise risk.

Staff knew how to support people to remain safe and what to do if they had concerns about their wellbeing.

Staff were recruited and deployed safely.

There were effective processes to support people to take their medicines safely.

Is the service effective?

Good

The service was effective.

Staff had varied opportunities to develop their skills to meet a complex range of needs.

People were enabled to make their own choices about the care they received.

Staff supported people to maintain a balanced diet of their choice. They worked well with other professionals to promote people's health and well-being.

Is the service caring?

Good

The service was caring.

Staff were enabled to develop positive relationships with people and their families.

There was a culture in which people's dignity and privacy was respected.

Is the service responsive?

Good

The service was responsive.

Support was personalised and tailored around people's needs.

There were improved arrangements to review support when people's needs changed.

There was a pro-active approach to resolving people's concerns.

Is the service well-led?

Good

The service was well led.

The manager ensured the service was run effectively by staff who worked well together and understood their roles and responsibilities.

The hands on approach by the manager helped ensure standards were maintained.

There was a commitment to developing best practice.

Caring 4 U (UK) Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 22 August and 5 September 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to respond to our queries. The registered manager was not available at our first visit so we returned to meet with them at a later date to gather more information about the running of the service.

The inspection team consisted of one inspector and one expert by experience, who contacted people and relatives by telephone to seek their views on the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert at this inspection had experience of caring for an older person.

We visited the agency's office and spoke with the registered manager, the general manager, the client care manager, the clinical lead nurse, the team leader and other office staff responsible for training, rotas and recruitment. We visited the homes of two people who used the service and met with them plus the staff supporting them on that day. We spoke on the telephone with nine people who used the service and eight relatives. We also received emails from eight family members. We had contact with eight care staff by email, phone or in person. We also had email contact with three professionals to gather their views about the service being provided.

We reviewed all the information we had available about the service including notifications sent to us by the manager. Notifications are information about important events which the provider is required to send us by law. We also looked at information sent to us from others, including family members and the local authority. 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. This information helped us to plan what areas to focus our attention on for the

inspection.

We looked at five people's care records and four staff records. We examined information relating to the management of the service such as health and safety records, personnel and recruitment records, quality monitoring audits and complaints.

Good

Is the service safe?

Our findings

At our comprehensive inspection of Caring 4 U in August and 15 September 2016 we looked into an isolated incident where a person had received an injury. Whilst we had found that the majority of people were receiving safe care, we raised concerns that the service had not put processes in place to minimise risk to the person. This was a breach of the Health and Social Care Act 2008 Regulated Activities Regulations (2014) - Regulation 12 (1), (2) a, b and c. At this inspection we found the service had responded positively to the concerns we had raised and had put measures to improve safety.

People and their families were highly positive about the service and told us staff provided safe care. A family member told us, "I have real confidence in the company and yes I am sure that my relative is safe with the care staff."

Since our last inspection, improvements had been made in how risk was assessed and minimised. We saw at this inspection that lessons had been learnt and there were new processes to assess risk. Assessments focussed specifically on risks from manual handling, medicine management and environmental factors. As a result, staff received improved guidance, for example where they were supporting a person to transfer with the use of a hoist. Other areas of risk were threaded through people's care plan. For example, we noted where a person was at risk from their relationships with other people, staff had information and guidance in the care plan. However these risks were not clearly highlighted and could be missed when providing care. Following our inspection, the manager advised us they were developing a more holistic approach to assessing risk to ensure their specialist assessments were not restricted to three areas.

Where risk assessments had been completed, these were detailed and involved the person being supported and their family. Guidance clearly stated who was responsible for resolving any issues, for example, one person's smoke alarm was broken and the care plan recorded, "Client will arrange a new one to be fitted and fully understands the risk of not having one." Since the last inspection, there was a system in place to trigger when risk assessments needed reviewing. A health professional told us they had been contacted by the care manager when there were new concerns around transferring a person safely. They advised us the service had worked in a timely and effective manner with professionals to address the concerns.

Staff had information stored on their mobile phones about how they should meet people's needs and any potential risks they should be aware of. This information could be updated remotely and swiftly by office staff which promoted the safety of people and staff. For example, it alerted staff to any new risks when visiting a person's home or gave them specific instructions when new equipment had been delivered. Paper copies were available in people's homes, in case there was a problem with the electronic system.

Staff demonstrated a commitment to promoting people's safety and to working with other professionals involved in safeguarding concerns. We were given examples of where safeguards had been raised by staff at the service when care staff had reported being worried about a person they were supporting. Office staff had also raised a safeguard when a person had returned with pressure sores following a hospital discharge and worked with district nurses to support the people back to full health. Staff were reminded regularly to raise

any concerns, including being supported to whistle blow in confidence, if necessary. A member of staff told us, "If I ever saw this wasn't happening I would report it to my manager straight away."

The manager deployed staff well so that they were not rushed and had enough time to support people safely. Staff were given enough time to travel between visits. A member of staff told us, "We get adequate travel time so I never need to rush between calls." The service only took on new people when they had the staff to safely support them and they did not usually take emergency discharges of new people unless there were exceptional circumstances, for example so they could support a person to return home who was receiving end of life care.

We received feedback that rotas were well planned and there were high standards and expectations about staff punctuality. The electronic monitoring of staff meant office staff could track visits and minimise the risk of delays or missed calls. A person told us, "I don't think they have ever been more than 10 minutes late ever" and a family member said, "It doesn't happen very often but if my carer is running late I get a phone call to tell me."

Staff told us the on-call support worked well if they needed support outside of office hours. There was a small team of "live-in" staff who were well deployed and supported. They were given time off for breaks and received regular spot-checks to ensure the service was meeting people's needs.

The service had a robust recruitment policy in place to ensure that staff were recruited safely. Applicants attended a face to face interview and pre-employment background checks, security checks and references were sought before they started working for the organisation. Prior to starting employment, new employees were also required to undergo a DBS (Disclosure and Barring Service) check, which would show if they had any criminal convictions or had ever been barred from providing care to people. This process enabled the manager to make safe recruitment choices.

People received their medicines safely and as prescribed. A family member told us, "My relative is very safe in the hands of the carers from Caring 4 U who make sure that they take all of their medication as and when required." The guidance in place around medicines clearly outlined staff responsibility, for example plans stated who was responsible for ordering medicines. The care manager described a situation where staff and a family member were sharing the responsibility for administering a person's medicine. Care staff and senior staff demonstrated a pro-active and sensitive approach to working in partnership with professionals and the family to minimise risk.

Care plans offered excellent guidance to staff which ensured people retained control of their medicines where possible. A person's plan stated they had capacity to decide whether to take their medicines but would need support to take the medicines out of a packet. There was colour coded guidance, depending on whether people were self-medicating, needed prompting or full support with their medicines.

There was an efficient system in place for the electronic monitoring of the medicines people received. This meant senior staff knew immediately if a member of staff had forgotten to administer or record the administration of medicine and concerns could be dealt with immediately. Staff were reminded of the importance of recording as soon as they administered medicines so that it was possible to track exactly when people had received them. A member of staff told us "All service users medications are on the PASS (electronic) system so we know exactly what medication and dosage they require at any specific call time. I always ensure I watch service users take their medication before ticking that they have had it."

The clinical lead had carried out a review of the medicine policy and procedure and advised us of a number

of changes and recommendations they had made, for example, staff were being issued with new phones which would have a programme added which would provide guidance about specific medicines. The clinical lead was also responsible for measuring staff competence when administering medicines.

Good

Is the service effective?

Our findings

Staff were supported to develop their skills to enable them to provide a highly specialist quality of care. A family member told us, "All of the staff are well trained and totally understand the needs of my relative." A member of staff told us, "Training and support is excellent. If a query arises I'd have no hesitation in knowing I could contact someone in the office to resolve it."

New staff received a comprehensive induction, which had recently been enhanced to include additional training on clinical skills. The manager told us there was dedicated training for live-in staff as they often had specific issues to focus on. New staff shadowed more experienced staff until they had the confidence and necessary skills to support people on their own. The service was moving from online to more practical training, especially in the areas of medicine administration and manual handling. We noted that in addition to the on-going mandatory training programme, staff received extremely detailed focused guidance, especially when they were working with people with complex needs.

The manager had employed a qualified nurse as a clinical lead who supported the training of staff and oversaw complex care packages. This appointment demonstrated a commitment to excellence which had the potential to support the development of exceptional care and support. We met with the nurse who told us they had been in post for approximately six months. They outlined the input they had made since their arrival and it was clear they had already contributed through increasing awareness and introducing best practice.

We were told of an example where the clinical lead had improved the care being provided to a person with complex health needs who needed a specialist form of support. The clinical lead had reviewed the care plan, developed bespoke guidance and provided individual training for the staff who worked with this person. As part of the training the clinical lead had purchased a replica model so staff could practice their skills before supporting the person directly. The clinical lead then carried out competency assessments of the staff skills.

A senior member of staff was responsible for supporting and mentoring staff, through individual meetings and spot checks. The manager told us this was a new role since the last inspection and provided an accessible point of contact for staff outside the management team. This senior also carried out visits to people's homes and checked that the information available to staff was up-to-date. Staff told us they felt well supported by this senior staff member, especially as they were very 'hands-on'.

Staff were enabled to work well together as a team, for example senior staff had carried out a piece of work with the small team who worked with one specific person. This promoted effective communication with staff regarding the person's complex needs and helped ensure consistency in the support being provided. The care manager told us, "There was one team which didn't gel, so we introduced a leader and got them working better together."

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005.

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.

We found staff and managers had a good understanding of people's capacity to make their own decisions. Where people did not have capacity, discussions had taken place with professionals and family members to ensure the support was provided in line with the person's best interest. Staff were committed to understanding about mental capacity, for instance we saw minutes from a team meeting where staff discussed what to do when a person's capacity was variable. There was guidance about people's capacity throughout care plans, usually summarised within the communication section of care plans, for example, one care plan stated, "I have capacity and can communicate my needs."

Whilst we saw the service considered carefully people's capacity to make decisions, there was scope for greater clarity in care plans, so that staff were clear about when a person was able to make a decision. For example, a person's care plan stated that an assessment of their capacity had been carried out by a health professional who had determined the person lacked capacity to make a decision. However there was no guidance about which decision this related to which meant staff did not have full information about whether there were some decisions a person could continue to make. We discussed this with the manager who advised that they would review care plans to ensure they provided clearer guidance around people's capacity to make decisions.

Staff supported people to eat and drink in line with their preferences. Care plans outlined people's preferences and any specific requests around meal preparation. A person told us, "When my carer has finished doing everything for me they always leave me a drink and a snack where I can get it." We saw during our visits that staff offered people choice about what they wanted to eat or drink. At one visit staff offered fresh fruit but then made toast and butter when this was what the person asked for.

There was detailed advice in place where people had complex nutritional needs. For example, a care plan for a person who was at risk of choking stated that they had the capacity to communicate to staff what textures of food they wanted. When another person had complex needs when eating and drinking, there was laminated guidance on the door of the fridge to ensure staff had access to the information they needed, for example how many scoops of thickener to put into a drink.

Where people had more complex health needs the care manager carried out a joint assessment with the clinical lead which ensured the guidance given to staff was of a high standard. Care plans ensured staff were aware of who to speak to, to understand people's needs. For example, for a person with a specific condition, staff had access to a specialist care plan which had been set up for that person and had a fact sheet on that condition. There was also information about the professionals involved in supporting that element of the person's care.

Staff worked extremely well with other professionals, for example they had referred a person to Speech and Language Therapy due to concerns about the risk of choking. Throughout the care plans there were instructions to staff about who was responsible for which area of care, for instance, a care plan stated a person was a diabetic, provided staff with guidance on their responsibility and advised them the district nurses monitored this condition. There were systems in place for outside professionals to request access to electronic care records, which promoted good communication and joint working. For example, where there were concerns about a person who needed regular turning in bed, outside professionals could access the system to see exactly when and how a person had last been turned.

This effective manner in which the service worked with other professionals was reflected in the positive feedback which we received during our inspection. A health professional confirmed the service had the skills and knowledge to support people with complex needs. Another health and social care professional said, "[Senior staff member] has been a champion of this adult highlighting any concerns to us regarding family or care concerns." They told us the service was very pro-active in ensuring people had access to the right equipment as their needs changed.

Good

Is the service caring?

Our findings

All the people and family members we spoke to gave us positive feedback about how caring staff were. People told us, "Every carer that has ever been to my house has treated me with the utmost respect always"," I am treated very kindly by all the staff" and "My carers are brilliant, they do everything I need them to do all the time."

Staff and managers spoke of the importance of a caring ethos, which was evident in our discussions and observations throughout our inspection. A member of staff said, "I feel staff and clients are treated with dignity and respect and this is drummed into staff from day one, Caring 4 u pride themselves on this." The manager told us they put systems in place which supported staff to provide care which was not rushed. For example, they had decided people needed at least an hour in the morning so that they could be supported to get up in a calm dignified manner. A member of staff told us, "Most calls are an hour which gives us plenty of time to get the care completed and also enough time to sit and chat with our service users."

As a result of the effective and consistent deployment of staff there was enough time for staff to get to know people well. We received numerous examples where staff knew people's preferences well and provided highly personalised and caring support. A family member told us, "Although my relative is unable to communicate verbally, they can remember the words of many of the older songs and like to sing, some carers encourage this by singing along." A person told us, "My carers know me very well, in fact often they know what I want before I ask them." Another person spoke warmly and with affection about a member of staff, "We chat all the time, you should hear us!"

By developing relationships with people over time, staff got to know them well and were skilled at communicating with people who could not communicate verbally. A family member described how staff were able to communicate with their relative through gestures and pointing.

Senior staff observed care staff to see how they interacted with people. One senior member described the advice they gave care staff to promote a more dignified and respectful approach. For instance, they had told a member of staff that, where appropriate they should sit down with the person when they were eating.

The manager showed us how the systems in place enabled them to respect confidentiality and people's privacy, by ensuring electronic information could be filtered so that it was only seen by staff who needed to be aware of a specific situation. A senior staff member told us there had been a focus on ensuring staff did not share confidential information. During one of our visits a member of staff was asked where they were visiting next and they chatted in a friendly manner but did not directly provide any details about who they were going to support.

People's dignity and privacy was respected by staff. There was sensitive guidance for staff living in people's homes about what to do when their relatives visited to respect private family time. Staff also received sensitive advice about eating in front of people who were on restricted diets, which demonstrated a good awareness of the effect on staff behaviour could have on people's quality of life.

A person described how staff were sensitive when they supported them in a shower to ensure their dignity. They told us, "I am kept covered to maintain my dignity the girls always put a towel around me to keep me covered." A health professional told us of an incident when a person needed urgent and discrete personal care and how the member of staff had provided excellent and sensitive support to them.

Good

Is the service responsive?

Our findings

People received a service which was provided flexibly around their needs. A person told us, "If I have to go to the hospital early the carers come to get me ready before the ambulance comes," and a relative said, "The care from Caring 4 U is totally tailored to [Person's] needs and is adjusted as soon as anything changes." People were able to make choices about the kind of care they received, for example, whether they wanted to be supported by a male or female member of staff.

This flexibility was made possible by training and supporting staff to take on a variety of different roles. A small team of staff provided "live-in" care in people's houses and there was also a "night owls" service which supported people from 10pm to 5 am. They supported people who had more complex needs or if who needed reassurance at night time. The manager told us this night-time service enabled them to support a timely discharge for people who would otherwise have to stay longer in hospital. A family member told us, "We use the night owl service; the carers let themselves in twice during the night. They do what is needed and they leave making sure the house is left secure, it's a great service."

Staff had sufficient information to meet peoples' needs. A family member told us, "The care manager assessed my relative kindly and professionally" before their started receiving support. Care plans provided detailed information about a person's life history which helped staff be sensitive about their backgrounds and to understand their preferences and interests. For example, where a person had acquired a disability in later life, staff received information about how this affected them emotionally, as well as physically.

Instructions to staff were comprehensive and personalised and provided the necessary guidance to support a person. For instance, a care plan for a person who used a walking aid stated two members of staff should stand on each side of the person and offer verbal prompts, as they were able to hold onto the aid independently. Care plans were written in a sensitive way which promoted people's independence. For example, one person's care plan advised staff, "I can wash all the areas I can reach." Another person told us, "The staff encourage me to do what I can for myself always making sure I am safe."

The support people received enabled them to engage in activities and pastimes of their choice, such as regular social clubs and health appointments. These routines were clearly outlined in care plans and the care was organised efficiently to enable for changes in timetables and special occasions.

There were effective systems to prompt where people's care needed reviewing, which was done every six months, or as required. A person told us they had met with the care manager for a re-assessment of their needs when they had been in hospital, prior to returning home. The reviews were done by the care manager and since the last inspection the registered manager now signed off the reviews, which had improved their oversight of the service. Relatives were involved as appropriate, one relative told us, "Their care plan Is reviewed about every six months, one of the managers comes to the house and we go over it together and change it where necessary."

The manager responded well where people or families had complained or raised concerns. A person told us,

"All the information I need is in the front of my care plan, all the names, how to complain, everything I need is in it." Communication with people and families was good and there was a commitment to resolving concerns effectively. A relative said, "If there is a problem I always get a phone call to tell me, it's a real relief to know that will happen." Minutes from a meeting with a person and their family demonstrated there had been an open discussion about issues around the staffing of a care package and that senior staff worked well to try and achieve a solution to the concerns.

Good

Is the service well-led?

Our findings

At our last inspection in August and 15 September 2016 we found the manager had not put necessary processes in place to keep people safe and had not responded as required to a particular incident. This was a breach of the Health and Social Care Act 2008 Regulated Activities Regulations (2014) – Regulation 17 (1), (2) (a) and Regulation 18 - (1), (2) (a) (iii). At this inspection we noted improvements had been made to the internal processes at the service. In addition, the manager now ensured notifications were submitted to the CQC and safeguards raised with the local authority, as required.

We received feedback that this was an efficient service which provided a good quality care. A family member told us, "We do consider that the service we receive from Caring 4 U to be exceptionally good and feel that the organisation is very well run." Another relative said, "From our perspective the company appears to be well managed. They produced weekly rotas in advance so that we know who and when to expect carers. Overall we have been very satisfied with the care provided by Caring 4 U and have recommended the company on several occasions." Feedback from professionals confirmed staff and managers worked well with them.

The manager delegated well and everyone understood their roles within the service. They met with the senior team weekly to agree on tasks and responsibilities, such as which reviews needed carrying out. The manager ensured the service run well in their absence. They had been on holiday when we first visited and we could see the service continued to run efficiently. Whilst people felt able to contact the office and spoke well of the support from senior staff, we found they were not always aware of the registered manager, as their role was largely office based. We discussed this with the manager who acknowledged their oversight and understanding of the service would be improved if they spent time out in the community observing care and engaging with staff, people and their families.

Communication was good with front line staff and this was an area which the manager told us they were continually working on. A member of staff told us, "The office is very friendly and very supportive. On call is fantastic. They always sort out any problems we have very quickly. Supervision and spot checks happen regularly and I'm very happy with this." Staff had been given detailed guidance about which senior member of staff to contact for specific issues, after they had reported that this was confusing. As well as team meetings, emails were sent out with updates to staff and included compliments when staff had been working during a particularly stressful time.

Feedback from people and families was gathered through surveys and on-going contact. It was used to improve the service, for example staff were reminded not to arrive early at a visit, when this was raised as an issue.

Staff ticked off task on a programme on their mobile phones as they were completed. This enabled senior staff to track late visits and help prevent missed visits by re-deploying staff swiftly, for example if a member of staff needed to sit with a person after calling an ambulance. The array of online tools meant the manager could see at a glance what the themes were, for example they could look to see how many visits were over

15 minutes late.

Online and phone technology was used creatively to meet people's needs in a personalised and safe manner. For example, staff could access a picture of a body map on their mobile phones which showed exactly where cream could be applied. The electronic systems were regularly updated and under constant review. We asked care staff if they found this confusing and they showed us how information was presented to them on their mobile phones and in paper care plans. It was evident the manager had focused on ensuring that whatever new developments were being introduced, the information to staff remained clear.

As well as detailed analysis of electronic data, there was a good programme of reviews and checks which was carried out by a number of senior staff to ensure on-going oversight of the quality of care being provided. For example, the team leader worked alongside staff and observed their skills and attitudes informally and also carried out monthly visits to people's houses to check the paperwork was in place and there were no concerns. The clinical lead carried out checks and observations of staff competence when they were supporting more complex people and the care manager visited people to review their overall care needs.

The manager had an enthusiasm for adopting best practice and innovation, in particular through the funding of a qualified nurse to help improve practice and knowledge. We noted that this role was still being developed, but this new role and other developments had the potential to embed an exceptionally high quality of care and support. Staff were encouraged to be aware of best practice and received information and guidance about developments in the care industry, such as the increased use of surveillance cameras to monitor care.

The manager told us they were moving offices in the near future and would be based in the centre of Braintree. They said they felt this was a positive move as it would ensure they were more visible to staff and people who used the service.