

Carers 4 U 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 responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Carers 4 U Ltd is a domiciliary care agency. It provides personal care, support and live in care services to adults and older people living within their own homes. At the time of our inspection there were 33 people using the service.

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

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

Records were not always updated after care and support reviews. Where things went wrong lessons were not always learnt promptly from complaints to prevent repeat occurrences. People, their relatives and staff views were gathered, and the results were analysed but there were no action plans in place to help drive improvements.

People and their relatives said they felt safe using the service. Staff understood the need to protect people in their care from the risk of abuse and knew how to raise any concerns of abuse. Risks to people's health and safety had been identified and assessed. People's medicines were managed safely, and people were protected from the risk of infections and diseases. Staff were effectively deployed to ensure people's needs were met. The service followed appropriate pre-employment checks before staff started working with the service. Accidents and incidents were recorded and reported.

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.

Before people began using the service their needs were assessed to ensure they could be met. People were supported to maintain good health; eat healthily and access healthcare services when required. People knew how to make a complaint if they were unhappy about the service. Care and support was planned and delivered to meet individual needs and people's communication needs were assessed and met.

The manager understood their responsibility for meeting regulatory requirements. Feedback from staff about the culture and the way the service was managed was positive. The service worked in partnership with key organisations to deliver an effective service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 3 October 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance. At this inspection we found improvements had been made, however, this was not enough, and the provider is still rated requires improvement under the well-led key question.

Why we inspected

This was a planned inspection based on the previous rating. We carried out an announced comprehensive inspection of this service on 26 July 2019, where breaches of legal requirements were found. We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Carers 4 U Ltd on our website at www.cqc.org.uk.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Carers 4 U Ltd

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 Care Act 2014.

Inspection team

This inspection was carried out by 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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

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

Inspection activity started on 22 June 2021 and ended on 22 July 2021. We visited the office location on 5 July 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people using the service and three relatives by telephone to seek their experience of the care provided. We spoke with six members of staff including, the registered manager, nominated individual, a senior supervisor and three care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included seven people's care, risk management and medicines records. We looked at four staff files in relation to recruitment and a variety of records relating to the management of the service including policies and procedures, safeguarding, staff rota, accident and incident, quality checks and minutes of staff meetings.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection, the provider had failed to implement robust risk assessments and management plans. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were protected from the risk of avoidable harm. Risks to people's health and welfare were identified, assessed and well-managed.
- Risks to people had been assessed in areas including nutrition, medicines, continence care, mobility and Control of Substances Hazardous to Health (COSHH).
- Risk management records included guidance for staff to prevent or mitigate individual risks occurring. For example, there was detailed guidance for staff on how to support a person with catheter care and minimise the risk of any infections that may occur.
- Staff knew people well and the level of support to provide to mitigate individual risks.

Staffing and recruitment

At our last inspection the provider had failed to deploy staff effectively to ensure people were supported safely. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Enough staff were deployed to ensure people's needs were met. People and their relatives told us they had regular staff who arrived on time and stayed for the full duration of the visit. One person said, "We tend to have three regulars and don't feel rushed." A relative said, "They are usually here on time and happy to stay a couple of minutes late if they've arrived slightly late because of traffic."
- Staff rotas showed staff punctuality had improved, and office staff monitored staff attendances to ensure care visits were delivered within the agreed timeframe.
- Staff said there was enough staff available to support people and they had enough travel time in-between care visits. A member of staff commented, "I am mostly at my calls on time."
- The service followed appropriate recruitment practices and satisfactory pre-employment checks were completed before new staff began working at the service. These checks included completed application forms, two references, right to work in the United Kingdom and a criminal records check.

Using medicines safely

At our last inspection, the provider had failed to ensure the proper and safe management of medicines. This

was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12

- Staff supported people to manage their medicines safely where required. One person informed us, "They always remember to give my medication to me."
- Staff responsible for supporting people with their medicines had completed medicines training and their competency had been assessed to ensure they had the knowledge and skills to safely support people.
- Where people were supported with their medicines, staff signed the medicines administration records (MARs) to evidence the support they had provided; and there were no gaps.
- MARs were audited regularly to ensure that people were receiving their medicines as prescribed by healthcare professionals.

Preventing and controlling infection

- Staff protected people from the risk of infections. People and their relatives confirmed staff wore personal protective equipment (PPE) including masks, aprons and gloves. One person told us, "They always mask up and they do use gloves."
- The provider had an up to date infection prevention and control policies and procedures in place and staff had access to this information.
- Staff had up to date training on infection prevention and control and had access to PPE. A member of staff told us, "I have enough PPE, I worked through the pandemic and I have no concerns."
- The provider encouraged staff to take part in current government weekly COVID-19 testing and vaccination programme to minimise the risk of an infections.

Learning lessons when things go wrong

- The provider had accident and incident policies and procedures in place and staff understood their responsibility to follow the provider's policy and to report and record any accidents or incidents that had occurred.
- There had been one incident recorded in the year 2019 and the lessons learnt for example, about the management of medicines were recorded and communicated to staff to reduce the risk of repeat occurrences.

Systems and processes to safeguard people from the risk of abuse

- There were procedures in place to safeguard people from the risk of abuse and neglect. A relative told us, "It feels safe to leave [my relative] with them [staff]."
- Staff knew how to spot signs of abuse and to report any concerns. They had received training in safeguarding adults and were knowledgeable about the ways in which people they visited might be vulnerable to abuse.
- They also knew of the provider's whistleblowing policy. This is the provider's process for staff to raise concerns about the organisation. Staff said they would escalate any concerns of poor practice to senior managers, local authority or CQC.
- The registered manager knew of their responsibility to respond to safeguarding concerns, report any allegations of abuse to the local safeguarding team and CQC. At the time of this inspection, there were no concerns or allegations of abuse.

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.

At the last inspection this key question was rated as required improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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. 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. We checked whether the service was working within the principles of the MCA

At our last inspection we recommended the provider refers to current guidance on the principles of the MCA and the recording of 'best interests' decisions in line with the Mental Capacity Act 2005.

- Staff understood the need to work within the principles of MCA and sought people's consent before supporting them. A member of staff informed us, "I have to always ask them and get their consent before doing anything."
- Care files included signed consent forms to demonstrate they agreed to the level of care and support in place for them.
- The manager informed us people using the service could make day-to-day decisions about their care and support needs. However, where people were unable to make specific decisions for themselves, the service had documented their lasting power of attorney to ensure their nominated person act on their behalf and in their best interest when required.

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

At our last inspection we recommended the provider developed a more thorough and detailed tool for assessing individual's needs, to ensure the staff team have a clear picture of individual's needs, preferences and wishes and how best these can be met.

- The office manager carried out assessments of people's needs before they started using the service to ensure their needs could be met. A relative told us, "The needs haven't changed but they [the manager]

came to the house and there was a good assessment."

- These assessments contained information about people's physical, mental and social care needs; including personal care, nutrition, medicines, continence care, pressure areas and their preferences.
- Information gathered at these assessments along with referral information from the local authority that commissioned the service were used to help develop people's care and risk management plans.
- Where required other health and social care professionals, such as district nurses were involved in these assessments and supported the service to ensure people needs were met.

Staff support: induction, training, skills and experience

- Staff received support through induction, training, supervision and appraisals. One person told us, "I believe staff training is good."
- There were systems in place to ensure new staff were inducted appropriately. Staff completed an induction programme in line with the Care Certificate where required, a nationally recognised programme for health and social care workers.
- Staff had completed training in areas the provider considered mandatory which included infection control, moving and handling, food safety, medicines management and safeguarding adults.
- Some staff had also completed training in areas specific to people's needs including dementia care, and "challenging behaviour" to ensure they had the knowledge and skills to meet individual needs.
- Staff supervision and annual appraisals were being carried out in line with the provider's requirements and staff confirmed they felt supported in their role.

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

- People were supported to have enough to eat and drink for their health and wellbeing. One person told us, "Staff help me with my food and make sure I get the right nutrition."
- Care records included information about people's nutritional needs; their likes, dislikes and the level of support required to ensure their dietary needs were met.
- Some people were independent with their meal preparations or had support from their relatives. However, where people required support, care staff provided this.
- Staff we spoke with knew the level of support people required with their eating and drinking and informed us they would report any concerns to the office.

Supporting people to live healthier lives, access healthcare services and support;

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access healthcare services including GPs where required. People and their relatives were responsible for coordinating their own healthcare appointments. However, where additional support was required, staff provided this. One person told us, "They call the doctor if I have a problem."
- Staff knew when to contact emergency services or other healthcare professionals for concerns they may have about a person's health condition.
- The service shared relevant information with other health and social care professionals including GPs, pharmacist, district nurses, emergency services and hospital teams to ensure people experienced a consistent, joined up approach in the support they received.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

End of life care and support

At our last inspection we recommended the provider develop a detailed assessment tool for assessing individuals end of life care needs and wishes should people wish to do so and how best these can be met in line with good practice guidance.

- At the time of this inspection, no one using the service required end of life care or support. The registered manager informed us where required, they would ensure to work with the person, their relatives and health and social care professionals so their end of life care needs and wishes would be met.
- Staff had completed end of life care training, to ensure they had the knowledge and skills to support people where required.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure in place which provided guidance on actions the service would take when a complaint was received, including the timescales for responding.
- People and their relatives knew how to make a complaint. Most people told us they did not have any reason to make a complaint. However, one person informed us, "I complained once about the masks, and this got resolved."
- Despite this, we found the service was not always proactive in handling complaints promptly to people's satisfaction. We saw that complaints were not logged appropriately, and lessons were not always learnt from complaints to prevent repeat occurrences. See our well-led section for our judgment.

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

- Care and support was planned to meet individual needs. People's care needs were kept under review, despite this we saw one care plan which was not updated to reflect the level of care and support being provided. Following our inspection, the service sent us an updated version of this care plan.
- Each person had a care and support plan which contained information about their medical conditions, their physical and mental health and social care needs. This included their personal care, mobility, medicines, nutrition and skin care. One person told us, "I have a book and my care plan."
- Care plans included guidance for staff on the level of support they should provide, people's likes and dislikes, their life histories and things that were important to them. Staff told us they knew people well and how to support them.
- Daily care notes showed the care and support provided was in line with the care and support planned for.
- The service worked within the principles of the Equality Act and staff supported people without any discrimination. A relative told us, "I prefer a female staff and they have supplied what I requested."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were assessed and supported to communicate effectively. Care and support plans included information about people's preferred mode of communication.
- Care records included information about how people communicated and how information should be presented to the person to help them make an informed choice.
- Where people had difficulty communicating verbally or with their hearing, there was guidance in place for staff on the support they should provide. This included statements such as, "Care staff to speak clearly and loudly."
- The registered manager informed us currently people and their relatives understood information in the standard format; however, where preferred information would be provided in other formats and to meet individual needs.

Is the service well-led?

Our findings

Our findings - Is the service well-led? = Requires Improvement

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure effective systems were in place to monitor the quality and safety of the service. This was a breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and there was no longer a breach of regulations.

- Records were not always consistent and updated when required. In one care plan, where a person's needs had increased following a needs assessment, the care plan was not updated to reflect the current support staff provided. The care plan was last updated in December 2019. We brought this to the attention of the registered manager and this care plan was updated during the inspection.
- Lessons were not always learnt when things went wrong. A complaint was brought to our attention, which we followed up on this during our inspection. We found the provider's initial response to the complaint had not been effective and lessons had not been learnt to ensure the issues that led to the complaint did not recur.
- There was a registered manager in post who understood their responsibility to notify CQC about key events that had occurred at the service as required by law.
- The service carried out audits in medicines and unannounced spot check. The registered manager told us when spot checks identified issues they increased staff supervisions to improve on the quality of care. We saw supervision records confirmed this.

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

- At the time of our inspection the registered manager and office manager were on duty. Both were helpful and transparent throughout the inspection process.
- The registered manager engaged with people, their relatives and other health and social care professionals to plan and deliver an effective service. A relative told us, "I think the manager is very good, she phones every week to check up."
- Staff told us they could speak in an open and transparent manner about the service and their views were

listened to and used to improve the service provided.

- The registered manager told us they knew of their responsibility under the duty of candour that they had to be open, honest and take responsibility when things went wrong.

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

- People, their relatives' and staff views were sought. A feedback questionnaire had been completed in April 2021; however, the results were not analysed at the time of this inspection.
- Following our inspection an analysis of the results was provided. The results showed that 90 percent of people rated the service either very good or good regarding the support they received, another 90 percent of people felt safe using the service. A further 91 percent would recommend the service and 82 percent said staff complied with PPE use guidelines during the pandemic. However, 18 percent did not provide any rating of PPE usage. Despite this the provider did not explore the reasons why people did not provide any feedback. This required some improvement.
- Staff views were also sought through surveys. An analysis of the results was sent to us following our inspection. This showed that 79 percent of staff responded to all 40 questions as either strongly agree or agree whilst 21 percent responded with a rating of partially agree or disagree. The service did not carry out any further analysis with an action plan to improve areas where negative feedback was provided. This also required some improvement.
- Staff meetings were no longer being carried out due to the pandemic. However, staff informed us they were happy working at the service and their views were taken into consideration and acted on. A staff member informed us, "The managers are very good, I get supported to be honest."

Working in partnership with others

- The service worked in partnership with key organisations, including the local authority and other health and social care professionals to provide joined-up care. For example, there were referral documents from social care professionals and care staff confirmed working with healthcare professionals such as district nurses.