

Take 4 Care Ltd

# Take 4 Care Ltd

## Inspection report

51 Lodge Lane  
Grays  
Essex  
RM17 5RZ

Date of inspection visit:  
26 October 2023  
30 October 2023

Date of publication:  
21 November 2023

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Take 4 Care Ltd is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 37 people receiving a regulated activity.

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

Feedback from families and relatives was positive. One person told us, "I have had an extremely good carer."

Care and treatment were planned and delivered in a way that was intended to ensure people's safety and welfare. Care was personalised around people's needs and preferences. There was enough staff to meet people's needs. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed.

There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. Medicines were dispensed by staff who had received training to do so.

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.

The registered manager promoted positive outcomes for people using the service. Quality assurance systems were in place to monitor the quality and safety of the service. The registered manager maintained good oversight of the service and used this to continuously drive improvements.

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

### Rating at last inspection

The rating at the last inspection was good (report published 25/08/2017).

### Why we inspected

The service was inspected due to the length of time since the last inspection. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Take 4 Care Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Take 4 Care 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 1 inspector.

#### Service and service type

Take 4 Care Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

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

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

We visited the offices on the 26 October 2023 and made phone calls to people, relatives and staff on the 30 October 2023.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service,

what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 1 relative about their experience of the care provided. We spoke with 4 members of staff including the registered manager and care staff.

We viewed a range of records. This included 3 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and a variety of records relating to the management of the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received training on how to respond to safeguarding concerns. One member of staff said, "If I had any concerns I would inform the office and go down the channels I need to go down to get it dealt with."
- People told us they felt safe using the service. One person said, "The staff know what they are doing and are very friendly."
- The registered manager had policies in place to raise safeguarding concerns to the local authority. Where needed the registered manager would investigate safeguarding concerns to keep people safe.

Assessing risk, safety monitoring and management

- Risk assessments and care plans were person centred and provided guidance to staff on how best to support people.
- Environmental risks had been considered and guidance for staff put in place.
- Staff told us they knew what to do should they find somebody unwell or were not at home when expected to be. One member of staff said, "I know my clients well and would know if they were unwell, if needed I would call an ambulance, inform the office or contact a relative."
- The registered manager had business and winter contingency plans in place to ensure support remained in place for people should there be an adverse event such as bad weather or further pandemic outbreaks.
- The registered manager had a rating system in place which clearly identified people who would be most at risk in an emergency so that their care could be prioritised.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- The provider was working in line with the Mental Capacity Act.
- Consent was obtained from people before any care was agreed and delivered.

Staffing and recruitment

- The registered manager had sufficient staff to match packages of care being delivered. People told us they were supported by a regular team of staff. One person said, "I get a rota so I know who is coming, it is usually the same person in the mornings and then different staff in the evenings."
- Appropriate checks were in place before staff started worked including providing full work histories,

references and a Disclosure and Barring Service (DBS) check. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- Staff had an induction and training before they started to work, this included shadow shifts with more experienced staff

#### Using medicines safely

- People were supported to receive their medicines safely.
- Staff had been trained in how to administer medicine safely and had their competency to do so regularly checked.
- Where staff supported medicines risk assessments and medicine administration records were in place.

#### Preventing and controlling infection

- Staff had received training in infection prevention control (IPC) and supported people to minimise the risk of infection in their homes.
- The registered manager had policies in place to safely manage infections or infectious disease outbreaks should these happen. All staff had completed a COVID 19 risk assessment.
- Staff had adequate supplies of personal protection equipment (PPE) should they need these.

#### Learning lessons when things go wrong

- The registered manager was keen to learn lessons and share learning with staff to make improvements and keep people safe where needed.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had systems to provide person centred care that achieved good outcomes for people.
- Before people started to use the service an assessment was completed to ensure their needs could be met. The registered manager completed frequent reviews of care to make sure needs were being met or if changes and additional care was needed.
- Feedback from relatives and people was positive about the care they received. One person said, "All the staff are very good, they know what they are doing and are very friendly."
- The registered manager shared their vision for the service, "My vision would be to remain a small reputable service that we can be proud of and provide care we would like our family to receive."

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

- Managers and staff were clear about their roles. The registered manager shared duties amongst their senior team to help drive the service forwards.
- On-call was shared with senior staff so that there was always a point of contact for carers.
- The registered manager had recently appointed a member of staff to help monitor compliance, their role included ensuring risk assessments and care documentation remained up to date.
- Spot checks were completed on staff to monitor their performance and regular supervision was in place to enable staff to discuss any support or training they may need.
- The registered manager understood their responsibility under duty of candour to be open honest and investigate when things go wrong.

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

- The registered manager engaged with people, relatives, and staff on a regular basis. This included completing reviews, informal feedback through telephone monitoring and the use of surveys.
- Feedback from people and relatives was that there was good communication with the service.
- People's equality characteristics had been considered and people were supported with their diversity, cultural and religious beliefs.

- The registered manager has recruited a diverse staff base to match the needs of people they are supporting in the local area to meet their cultural and religious needs.

Continuous learning and improving care; Working in partnership with others

- The registered manager and provided are continuously developing and enhancing the service. This has included giving senior staff identified roles to lead on, such as compliance.
- Staff are encouraged to complete courses that will develop their skills. The registered manager has completed train the trainer and is organising more face to face training for staff post COVID 19.
- The registered manager worked in partnership with other agencies when needed, such as district nurses, occupational therapists and GPs.