Care 4 U Homecare Agency 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

Care 4 U Home Care Agency Limited is based in Rochdale, Greater Manchester. The service provides personal care and domestic support to people over the age of 18 years with a variety of health and social care needs who live in their own homes. On the day of the inspection the service looked after 75 people.

At the time of the inspection there was a registered manager. 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 service were last inspected in 2014 when the service were issued with an action to regularly update plans of care. We found at this inspection that care records had been updated and people told us staff talked to them about their care.

Staff were aware of and had been trained in safeguarding procedures to help protect the health and welfare of people who used the service.

Risk assessments for health needs or environmental hazards helped protect the health and welfare of people who used the service but did not restrict their lifestyles.

People were supported to take a healthy diet, if required and staff were trained in food safety.

Plans of care were individual to each person and showed staff had taken account of their wishes. Plans of care were regularly reviewed.

People who used the service were assisted to attend appointments and other activities if this was part of their care package.

The agency asked for people's views around how the service was performing and we saw evidence that the manager responded to their views.

There was a suitable complaints procedure for people to voice their concerns. There had not been any major concerns since the last inspection.

We observed a good rapport between people who used the service and staff. We saw that staff appeared to know people well and understand their needs.

Staff were recruited using current guidelines to help minimise the risk of abuse to people who used the service.

Staff were trained in medicines administration and supported people to take their medicines if it was a part of their care package.

Staff received an induction and were supported when they commenced work to become competent to work with vulnerable people. Staff were well trained and supervised to feel confident within their roles. Staff were encouraged to take further training in health and social care topics.

Management conducted sufficient audits to ensure the service was performing well.

The office was suitable for providing a domiciliary care service and was staffed during office hours and there was an on call service for people to contact out of normal working hours.

People who used the service thought managers were accessible and available to talk to.

Staff were trained in infection prevention and control and issued with personal equipment to help protect the health and welfare of people who used the service.

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 systems, policies and procedures in place for staff to protect people. Staff had been trained in safeguarding issues and were aware of their responsibilities to report any possible abuse. People told us they felt safe.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and had their competency checked regularly.

Staff had been recruited robustly and there were sufficient staff to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective. This was because staff were suitably inducted, trained and supported to provide effective care.

Senior staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People who used the service were supported to follow a healthy eating lifestyle if this was part of their care package. People were supported by staff who had been trained in food safety.

Is the service caring?

Good

The service was caring.

People who used the service told us staff were trustworthy, flexible and kind.

People who used the service said staff treated them with dignity and care was given privately. People had their wishes taken into account.

Is the service responsive?

Good

The service was responsive.

There was a suitable complaints procedure for people to voice their concerns.
Plans of care reflected people's wishes and were reviewed to keep staff informed of any changes.

People were assisted to go out if this was part of their care package. A person who used the service said staff accompanied her to give her confidence.

Is the service well-led?

Good

The service was well-led.

There were systems in place to monitor the quality of care and service provision at this care agency.

There was a recognised management structure that staff were aware of and on call staff for people to contact out of normal office hours.

People and staff told us they could contact the registered manager if they wished and she was approachable.

Care 4 U Home Care Agency Limited

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 checked 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 took place on 13 and 14 July 2016 and was announced. The provider was given 24 hours' notice because the location provided personal care in the community and we needed to be sure that staff and managers would be present in the office.

The inspection team consisted of one adult social care inspector.

Before our inspection we reviewed the information we held about the service including notifications the provider had made to us. This helped to inform us what areas we would focus on as part of our inspection. We had requested the service to complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We received this prior to our inspection and used the information to help with planning. .

During the inspection we spoke with the registered manager, the administrator, two members of staff and a team leader. We visited and talked to three people in their homes with their permission. We also looked at people's views from quality assurance surveys.

We looked at care records for three people in the office and one with a person's permission in their home. We also looked at a range of records relating to how the service was managed; these included training records, recruitment, quality assurance audits and policies and procedures.

Good

Is the service safe?

Our findings

People who used the service told us, "I feel safe with the staff who enter my home. They are reliable and trustworthy", "I definitely feel safe with the staff. I lock up but they have to remind me sometimes" and "They turn up on time, are reliable and trustworthy. I feel safe with them. Staff keep my property secure." People were satisfied with the reliability of staff who helped them feel secure.

We saw from the training matrix and staff files that staff had received safeguarding training. Staff had policies and procedures to report safeguarding issues and also used the local social services department's adult abuse procedures to follow a local initiative. This procedure provided staff with the contact details they could report any suspected abuse to. The policies and procedures we looked at told staff about the types of abuse, how to report abuse and what to do to keep people safe. The service also provided a whistle blowing policy. This policy made a commitment by the organisation to protect staff who reported safeguarding incidents in good faith. There was also a copy of the 'No Secrets' document for staff to follow good practice. We saw that the local authority procedures were located in a prominent place in the office for staff to read if they wished.

We spoke with two staff members who confirmed they had undertaken safeguarding training and told us the types of abuse they were aware of. They said, "I am aware of the whistle blowing policy. I would be prepared to report any poor practice. I reported a safeguarding once but it was about a theft by gardeners - not a staff member" and "I am aware of the whistle blowing policy. I would be prepared to use it."

We looked at three staff records and found recruitment was robust. One of the staff files we looked at had recently been employed by the service. The staff files contained a criminal records check called a Disclosure and Barring Service check (DBS). This check also examined if prospective staff had at any time been regarded as unsuitable to work with vulnerable adults. The files also contained two written references, an application form (where any gaps in employment could be investigated) and proof of address and identity. The checks should ensure staff were safe to work with vulnerable people.

We asked people if staff missed visits or were often late. People told us this did not happen which meant the service employed suitable numbers of staff to meet their needs.

We looked at three plans of care in the office and one when we visited a person in their home. Plans of care contained risk assessments for personal risks such as for moving and handling. There were also risk assessments for the environment, for example, any possible hazards in people's homes, for example slips trips and falls or if a pet may be a danger to staff. People who used the service were risk assessed to keep them safe not to restrict the things they did.

Equipment in the office had been tested to ensure it was safe. This included a Portable Appliance Test (PAT) for computers and other electrical equipment. There was a fire alarm and extinguishers to use in the event of a fire and the alarms were tested frequently to ensure they were in good working order. Extinguishers were serviced regularly by a suitable company. The building was owned by a property company. The manager

told us any faults or repairs were quickly attended to.

The people we visited took their medicines independently from staff although a family member was responsible for one person. This meant staff were not responsible for the administration of their medicines. However, from looking at the training matrix and staff files we saw staff had been trained in the safe administration of medicines. Dependent upon the care package staff may or may not have to administer medicines or remind people to take them and the level of support was recorded in the plans of care. We saw that where they did managers conducted a monthly audit to check for any errors and there was a system for reporting errors. The medicines were recorded on a medicines administration record (MAR). Any medicines staff did administer were recorded and managers checked to see if there were any gaps or omissions. Any action required was followed up by the registered manager or team leader.

There were policies and procedures for the safe administration of medicines. Staff had to sign a document to say they had read the policies and procedures and agreed to follow them. The policy we looked at informed staff how to administer, store and dispose of medicines. The registered manager said that the service would not administer medicines to any person who did not use a recognised system such as blister packs to further minimise errors.

We saw that managers undertook competency checks to ensure staff continued to follow safe medicines practices.

People who used the service lived in their homes independently or with family support and were responsible for any infection control issues. However, part of the staff's training package included infection prevention and control. Staff were also issued with personal protective equipment (PPE) such as gloves and aprons. We saw staff coming into the office on the day of the inspection to pick up gloves and aprons and there was a plentiful supply. The registered manager said that although it was people's own choice how they lived they would offer advice if they saw any infection control issues or report it to a professional. This would help protect the health and welfare of people who used the service.

People who used the service told us, "They spend the required time with me. They would not get away with leaving early" and "They stay over if anything." Staff had a lone working policy to adhere to keep them safe and there was a system to track staff when they were working. This system would inform managers if a staff member was late, did not turn up or left earlier than they should. This system was used in line with the local authority (Rochdale Metropolitan Borough Council) guidelines. Staff could be contacted by phone to ensure they were safe and to arrange for another member of staff to quickly cover for them in an emergency to make sure people who used the service were not left unattended.

Good

Is the service effective?

Our findings

We looked at three plans of care. People had signed their agreement to any care and treatment they received. People told us staff asked them about their wishes and responded to their individual needs.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

People in their own homes are not usually subject to DoLS. However, staff were trained in the MCA and DoLS to ensure they were aware of the principles. The registered manager said she had been present for a 'best interest' meeting and staff were aware to report and protect any person who lacked capacity.

Two of the people we spoke to said they were independent of staff for arranging to see their GP or other medical personnel. One person told us she had been assisted to go to the doctors but now had the confidence to go alone. She also told us a member of staff had agreed to accompany her to see a specialist because that is what she needed.

New staff were given an induction. We looked at three staff files. Most staff had worked there for a long time and the induction they had met the standard at the time. We saw that one new member of staff was part way through the care certificate, which is considered best practice for people new to the care industry. New staff were shadowed by a more experienced staff member until they felt confident to work upon their own.

People who used the service told us, "The staff seem to be well trained"; "The staff are well trained and know what they are doing. They make a good bed" and "They do what I want them to do. They know what they are doing. They seem to be well trained."

We saw from the training matrix and staff files that training was ongoing to help staff meet the needs of people who used the service. Training included infection control, safeguarding, medicines administration, fire safety, food safety, the mental capacity act and DoLS, moving and handling, first aid and health and safety. Further training was given to some staff around the care of people with dementia, end of life care, person centred care planning, mental health awareness and epilepsy. The registered manager had qualifications to teach moving and handling and care for people with dementia. She had also undertaken a

course to prevent pressure sores with the local authority. Although no other staff had received any training for the prevention of pressure sores the two staff members we spoke with were clear about what they had to look out for and told us they would report any red or sore areas to the registered manager or other health related staff such as district nurses. Two staff members said, "I think I have done enough training to do the job" and "We get plenty of training."

Staff members also told us, "We get regular supervision and spot checks, they come unannounced. Social services have done spot checks on the people we look after as well" and "We have one to one sessions. I have had spot checks and supervisions." We saw that staff had supervision and spot checks to ensure they were competent to perform their roles. We also saw staff coming in during the day and talking to the registered manager about care for people who used the service. The service were looking to employ another team leader to ensure the number of spot checks and supervisions did not drop. Staff told us they felt supported and could discuss their careers with the registered manager if they wished. Staff also had an annual appraisal where they could bring up any training they felt they needed.

One person we visited said, "The meals staff make are very good. They ask me what I want for breakfast and I get it." Two more people who used the service said, "My relative sees to all my meals, staff are only responsible for personal care" and "I make my own meals but staff will help me if needed." Staff were trained in safe food hygiene and nutrition. People lived in their own homes with family support and could eat what they wanted. The manager told us staff would contact the office or a social worker if a person's nutrition was poor but if they had mental capacity it was each individual's choice what they ate. Likewise staff could only advise people about safe food hygiene.

The service did have a recognised risk assessment if a person's nutrition was poor and said they recorded what a person ate if deemed at risk. The registered manager said they looked after one person who had a vitamin deficiency and advised the person what to eat to keep them well.

The service was run from an office near the centre of Rochdale. We saw that there was a room for training or private meetings and there was sufficient equipment such as telephones and computers to provide a good service.

There was a business plan which told us how the service would operate in the event of an emergency. We discussed the plan with the registered manager and administrator as to how it could be improved. A more extensive continuity plan was downloaded from the computer on the day of the inspection and once it is tailored to the services needs this will provide staff with advice on any emergency break of service.

Good

Is the service caring?

Our findings

Three people who used the service told us, "All my care is given privately. They treat me with respect and listen to me"; "My staff member treats me privately when she helps me shower. I think I am treated with dignity. Staff respect and listen to me" and "My care is very private. They treat me with dignity." People we spoke with said staff were careful to protect their dignity.

When we went out to visit people we observed that there was a good rapport between people who used the service and staff. There was appropriate humour and good natured banter as well as a caring attitude.

People also told us, "Staff do what I ask them. They are all kind and very caring", "I have a main carer and she will do all I ask and more. My carer is helping me to become more independent. All the staff are very kind. We have a laugh and I call her mad (staff members name) I would not be able to do without my main staff member" and "I like the staff who come to help me. They are kind and caring. My main carer is a brick and a half. Wonderful. I have one member of care staff who is special." A family member also said staff were kind and helpful. She told us it was a good service.

Two staff members said, "I look after people like I would want my parents to be looked after. I like everything about the job, it is so rewarding. They are all like family. I love this job. It is not like work and "I like making life easier for service users and talking to people. I also like to make sure they get the right equipment. I treat people how I would like to be treated and I would recommend this service to others. Families of people we look after recommend us." Staff enjoyed the work they did.

We saw that plans of care detailed people's personal choices and routines. There was a document called 'Activities of daily living'. This gave staff detailed information about people's likes and dislikes, what made them happy or sad, who they liked to have contact with and what hobbies or activities they wanted to do.

We noted all care files and other documents were stored securely to help keep all information confidential and only staff who had need to had access to them. Staff were taught about confidentiality and had a policy to remind them to keep people's information safe. Staff were also given a handbook when they commenced work which gave them further information about confidentiality. There were also policies for using social media and not mentioning work in an open forum.

Good

Is the service responsive?

Our findings

People who used the service told us, "We can contact the office if we had any worries. I could ring the office if I had any concerns. They would have no option but to listen to me. I have never had to complain. I did once ask that two new staff did not come together because of my complex needs. It has never happened since so they listened to me", "I can talk to my staff member if I have any worries. I have the numbers to call if I need to. I have spoken to the office before but not had to complain" and "You can talk to the manager or any staff really."

We saw that each person had a copy of the complaints procedure within their documentation. This told people who to complain to, how to complain and the time it would take for any response. The procedure also gave people the contact details of other organisations they could take any concerns further if they wished including the Care Quality Commission (CQC). No complaints had been made to the CQC or to the service.

Prior to using the service each person had a needs assessment completed by a member of staff from the agency. In the three plans we saw social services had provided a needs assessment. The assessment covered all aspects of a person's health and social care needs and had been developed to help form the plans of care. The assessment process ensured agency staff could meet people's needs and that people who used the service benefitted from the placement.

People who used the service told us, "I have a care plan. They follow the plan. It is my routine and they will comply with anything I ask extra of them. I helped develop my own plan and add on as required. Team leaders come along and get involved and review my care" and "They follow the care plan. They ask me if my care is good. They do more if I ask. I have asked (staff member) to come with me to see the hospital consultant and she will. My care is reviewed regularly."

We looked at three plans of care in the office and one plan of care in the day centre. Plans of care had been developed with people who used the service to ensure their wishes were met. This ensured each person's care was tailored to meet individual expectations. Plans of care contained details of what a person liked or disliked. There was a detailed section about what a person needed during each visit, for example the morning visit was about getting people up, dressed and if required a meal was prepared.

Plans of care were divided into headings, for example personal care, communication, nutrition or mental health. Each section had what the need was, what the goal was and a lot of details around how staff could support them to reach the desired outcome. The plans were regularly reviewed and updated. Plans of care contained sufficient health and personal details for staff to deliver effective care.

Although this is a domiciliary care agency and not usually responsible for providing activities people who used the service told us staff had time to talk to them. One person said her care staff member had accompanied her to the hairdressers and for appointments.

Good

Is the service well-led?

Our findings

At the time of the inspection there was a registered manager. 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.

People who used the service told us, "I get the same team of staff. They know me very well. Some have been coming here for years", "It is usually the same member of staff and they know me. My main staff member knows me very well" and "I mostly get the same staff who know me very well." Most staff had worked at the agency for a long time so knew the people they looked after well. The service were consistent in sending staff people liked.

People also told us, "We see the manager sometimes. She comes along and you can talk to her. The manager is approachable. The staff are very competent" and "You can talk to the manager if you want to. She is approachable." Two staff members said. "I get supported to do the job. The manager is available on the phone seven days a week. She is very supportive, so are the on call staff" and "You can come in and talk to either the registered manager or administrator. You can get advice any time you like and contact her whenever. I feel very well supported." People who used the service and staff thought the manager was available to talk to if they needed to.

We asked what people thought about the agency. People said, "We have never had a problem getting through to the office. The staff are all easy to talk to. I can have a laugh and joke with any of them. The agency is very good", "You can have a laugh and joke with staff. You can have a bit of banter. The service I get is smashing - spot on" and "I can get hold of someone in an emergency. I am very happy using this service."

People who used the service told us, "They post a questionnaire once a year" and "I have not been using the service for very long so they have not sent me a survey yet. They ask how I am though." We saw that the service has sent out quality assurance questionnaires in February 2016 to gain people's views of the service. 54 people responded. People were asked questions around the quality of service provision and we saw the results were very positive. Comments included, "Everything is fine, care staff are excellent, "We are happy with the carers. The main carer staff develop the care plan and adhere to it, they do a god job", "Perfect, staff are regular, reliable and excellent, we are happy with the care receive from all your care team", "I have always been happy with the care I get but it would be good if they could always be on time" and "I do not think there is anything you could do to improve your service."

There were regular team meetings with staff. At the last meeting of May 2016 items on the agenda included staff updates, one to one sessions, working hours, smoking or eating on duty, helping people outside of allocated hours, tasks staff should not perform such as cutting nails or hair or taking laundry home to wash. There were also discussions around people's care and managing the duty rota. Staff were able to bring up topics they wanted to discuss and gave them the opportunity to be involved in the running of the business.

People were given documentation called a service user guide and statement of purpose. The documents told people what the service provided, the range of services on offer, their aims and values, staffing numbers and their training, an anti-discrimination statement and key policies. This gave people sufficient information to be aware of what the agency provided.

Staff were given a handbook which told them of the terms and conditions of employment, confidentiality, confidential use of email and the internet, safety in the home, the dress code, health, safety and welfare, the smoking, alcohol and drugs policy, infection control and food hygiene, making disclosures and using the whistle blowing policy, equal opportunities, recruitment and selection and training and supervision. Staff could use this handbook to follow good practice.

We saw that staff had access to policies and procedures to help them with their practice. The policies we looked at included the mental capacity act, confidentiality, health and safety, data protection, equality and diversity, challenging behaviour, safeguarding, medicines administration, complaints and infection control. The policies had been regularly reviewed to keep staff up to date with any guidance.

The manager and senior staff members undertook quality assurance checks such as spot checks for staff competency, medicines competency, auditing staff had been to visit at the right time and spent the right number of hours at people's homes, safe moving and handling of people, supervision, training and care plans. The care agency undertook sufficient audits to ensure the service was working well.