

Carefour Services Limited

Carefour

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Carefour is a domiciliary care agency providing personal care support to people in their own homes. The service was supporting 18 people with a regulated activity (personal care), at the time of the inspection.

People's experience of using this service: Staff understood and provided care that was kind, caring and compassionate and this was continuously promoted by all the management team. Staff spoke about people they supported with warmth and compassion and it was clear that staff knew the people they supported well. This was supported by detailed personal histories in people's care files, enabling staff to get to know people as individuals.

People were extremely positive about the support they received. People's dignity, privacy and independence was promoted by staff when providing support. The registered manager understood the need for people to be supported by staff who they knew, had developed relationships with and that they could trust. Staff had developed respectful relationships with people and their wider support networks and understood that supporting people's family members was an essential part of the support package.

People and their relatives, were actively involved in their care and their views of the service were regularly sought as a means to continuously improve the service.

People told us they received safe care by staff they knew and who knew them. Staff had been safely recruited to ensure they were suitable to work with vulnerable people. Sufficient numbers of staff had been recruited and people told us they always arrived at the time they expected them and stayed for the contracted amount of time.

Staff were knowledgeable about safeguarding and we found that safeguarding referrals had been made appropriately. Risks to people had been assessed and measures put in place to reduce these risks. A system was in place to record any accidents and incidents that occurred in people's homes. Incidents were reviewed for any themes or trends to help prevent recurrence.

Staff felt well supported in their role and able to raise any issues with senior staff and the registered manager. Regular training had been completed by staff and they received supervisions to further support them in their posts.

People's consent to their care and treatment was sought and recorded in line with the principles of the Mental Capacity Act 2005.

The service worked with other professionals and agencies to help ensure people's needs were met effectively. Advice provided was clearly recorded and followed by staff.

Care plans were detailed and included people's needs and preferences in relation to their care.

People told us the service was well managed. Regular checks were made to help ensure the quality and safety of the service.

Rating at last inspection: This was the first inspection of the service; there is no previous rating.

Why we inspected: This was a planned comprehensive inspection scheduled in line with CQC timescales for inspecting new services.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Carefour

Detailed findings

Background to this inspection

The 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.

Inspection team: The inspection team consisted of one adult social care inspector.

Service and service type: Carefour is a domiciliary care agency providing personal care support to people in their own homes.

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 the service 48 hours' notice of the inspection because it is a small service and we needed to ensure people would be available.

Inspection site visit activity started on 13 February 2019. We visited the office location to see the registered manager; review care records and policies and procedures and interview staff. We also visited one person using the service at their home. On 14 February 2019, we spoke with a further three people using the service and five relatives over the telephone to gather their views of the service.

What we did: Before the inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service to gain their views.

The provider had 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 any improvements they plan to make. We used all this information to plan how the inspection should be conducted.

During the inspection we spoke with the four people using the service, five relatives, the registered manager, care manager, directors and received feedback from three other members of care staff.

We looked at four people's care files, three staff recruitment records, medicine administration charts and other records relevant to the quality monitoring 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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and a policy was in place to guide them. Staff were aware how to raise any concerns they had. A whistleblowing policy was also in place and staff were aware of the procedures to follow with regards to this.
- Safeguarding referrals were made appropriately to the local authority.
- The registered manager was aware of safeguarding procedures and maintained a log of any referrals made.

Assessing risk, safety monitoring and management

- People told us they felt safe when care staff were in their home and that the support they received was also safe. Relatives agreed and one relative told us "It puts my mind at rest."
- Staff knew what actions to take in the event of an emergency, for instance if people had fallen.
- Risks to people had been assessed and records showed that measures were in place to mitigate those risks. Care records provided clear information about risks and how staff should support people to help ensure they remained safe from avoidable harm.
- Risks to the environment had also been assessed to help ensure staff worked in a safe environment. Staff were also provided with personal alarms and first aid kits to help keep staff safe.
- People had contact details for the service and told us they could make contact at any time. An on-call system was in place to ensure advice and support was available to people out of hours.

Staffing and recruitment

- Sufficient numbers of staff were recruited to support people. The registered manager told us they were constantly recruiting to enable the service to grow. They only agreed to support people once sufficient numbers of staff were available to provide the required support.
- Staff were safely recruited by the provider as all necessary pre-employment checks had been completed. This helped to ensure that only people who were suitable to work with vulnerable adults were employed.
- When required, staff were recruited with specific skills or qualities to meet the individual needs of people.
- Staff were allocated travel time between their scheduled visits. People told us staff arrived on time and spent the full amount of time that they were contracted to.
- People told us they were supported by the same core team of staff that knew them well and knew how they wanted to be supported. People received a rota each week so they knew who would be supporting them. If there were any changes to the rota, people were informed.

Using medicines safely

- When people required support with their medicines, we found that they received them safely and as prescribed. Records were completed for all medicines administered.
- Medicines were administered by trained staff who had their competency assessed regularly.

Preventing and controlling infection

- Staff had access to personal protective equipment such as gloves and aprons to help prevent the spread of infection. These were stored in people's homes and staff told us they were always available.
- Staff had completed infection control training and had a policy in place to inform them of best practice and legislation.

Learning lessons when things go wrong

- A system was in place to record any accidents or incidents. The registered manager reviewed all accidents to look for any trends and whether future incidents could be prevented.
- Records showed that appropriate actions were taken incidents, such as referrals to the mental health team, contacting emergency services, or making referrals to other healthcare professionals for advice and guidance.
- The registered manager provided examples of how lessons had been learnt. For instance, some people were not receiving their staffing schedules in the post in advance. The registered manager arranged for them to be hand delivered to ensure people knew which staff would be supporting them.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to support commencing, to ensure staff could effectively meet these needs.
- Detailed plans of care were developed based on initial assessments, as well as assessments provided by other health and social care professionals.
- Plans of care were reviewed regularly to help ensure they remained current and effective.
- Care files contained manufacturer guidance for the safe use of equipment.

Staff skills, knowledge and experience

- People told us they felt staff were well trained and staff told us they had sufficient training to enable them to meet people's needs and they had access to ongoing training relevant to their roles.
- Staff had their competency assessed in various areas of their role every three months, such as medicine administration, safeguarding and their general approach with people.
- New staff received an induction in line with the care certificate. They shadowed more senior staff until they knew the people they would be supporting and how to meet their needs.
- Staff felt well supported in their role and received regular supervisions.

Supporting people to eat and drink enough with choice in a balanced diet

- Care plans recorded when people required support preparing food and drinks and whether they had any specific dietary requirements.
- People's preferences in relation to meals and drinks were sought and recorded.

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

- The management team worked with other health and social care professionals to help ensure people's healthcare needs were met.
- Staff made referrals appropriately to other professionals when required, such as when people's needs changed.
- When other health and social care professionals were involved in people's care, this was incorporated within plans of care.

Adapting service, design, decoration to meet people's needs

- People told us the service was flexible. The registered manager provided examples of when people's scheduled call times had been altered to enable them to attend events.

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

- Care files contained a completed transfer form to enable people's details to be shared with other professionals, such as hospital staff.
Staff told us they would report any concerns regarding people's health to the registered manager, so they could liaise with family or the person's GP if appropriate.
- The registered manager told us that when necessary, staff supported people to attend medical appointments.

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 with appropriate legal authority. In the community any restrictions need to be referred to the Court of Protection for authorisation.

- The registered manager was knowledgeable regarding the MCA and what they needed to do if they felt people were being restricted and required a referral to the Court of Protection.
- Records showed that people had consented to their plan of care. When people were unable to consent, best interest decisions were recorded.
- When an authorised Power of Attorney was in place for people, the registered manager evidenced this to help ensure relevant people were involved in decision making when needed.
- Staff had received training and had a good understanding of the MCA. Staff told us they always asked for people's consent before providing care and people confirmed this.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were truly respected and valued as individuals and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; equality and diversity

- Staff understood and provided care that was kind, caring and compassionate and this was continuously promoted by all the management team.
- People were provided with birthday and Christmas gifts from the provider and staff went out of their way to ensure people were happy. For instance, when one person was no longer able to attend church, staff arranged home visits from their local church to ensure their religious needs were met.
- People were extremely positive about the support they received. Their comments included, "All staff are brilliant, I can't fault them", "They are like a breath of fresh air", "They all seem to be excellent in this service" and "Very professional."
- The registered manager understood the need for people to be supported by staff who they knew, had developed relationships with and that they could trust. People were introduced to new staff by a member of the management team, so they never received support from people they did not know.
- Care files included information regarding people's life history and preferences that was presented in individualised ways. This enabled staff to get to know people as individuals and provide support based on people's needs and preferences. For instance, a relative told us staff had, "Bent over backwards to get [name] into different dementia groups." Another relative said one staff member, "Goes out of her way to think of different things to do. They changed the rota so they could take [name] out to a concert."
- Staff had developed respectful relationships with people and their wider support networks and understood that supporting people's family members was an essential part of the support package.
- Relatives comments about the care provided included, "It is such a feeling of relief", "Very caring", "They have made such a difference to me", "Every person has been absolutely wonderful to [name]" and "They are more than good."
- Staff understood how to effectively communicate with people. They knew when people required additional support due to hearing or visual impairment. Care plans had been developed to reflect this so their needs were known and could be met by staff.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives, were actively involved in their care. For instance, staff were matched to people and people were able to decide which staff they want to receive support from.
- People's views of the service they received was sought through service reviews and surveys. The surveys provided people with an opportunity to feedback their views of the service and any changes they felt may be necessary. Comments on completed surveys included, "I have not known an agency as good" and "[Staff] all greet you with a smile which is nice."
- People were supported to make decisions and staff sought support and advice from other professionals

when necessary, to assist people with decision making. Care files included details of local advocacy services for people to access to support them with decision making.

- A service user guide was available within people's files. This provided information about the service and what people could expect to help them make decisions about their care.
- Staff were provided with the time and training required to provide effective, caring support. Rota's were developed based on people's preferred call times and were adjusted when necessary to meet people's changing needs.
- Staff had access to up to date information regarding people's needs and preferences through an application on their mobile phones. This ensured staff were aware of any changes to people's needs or preferences, before the visit so they could answer questions or give advice accordingly.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt their dignity and privacy were protected by staff when they were supporting them. Staff told us they always ensured care was delivered in private, that doors and curtains were closed and people had towels to cover them.
- Staff told us they always encouraged people to be independent. One staff member told us, "I let people do as much for themselves as they can, but I am always there if they need me."
- Care plans described what people could do for themselves and what they required staff to support them with. Plans were written in ways that promoted independence and records were stored securely to ensure confidentiality.
- People were supported and encouraged to maintain and develop relationships with those important to them, social networks, education and the community. For example, when a person was unable to maintain regular contact with family members, staff helped them purchase and use a mobile phone. Staff supported another person to work towards their educational goals.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's individual needs had been assessed and care plans developed to meet those needs.
- Care plans were detailed and provided very specific and clear information as to the support people needed and how they wanted staff to support them. Each area of support was broken down with step by step guidance for staff to follow.
- Plans of care were reviewed regularly and an electronic system prompted staff when the next review was due. Records showed that people and their relatives were fully involved in the reviews.
- The service was meeting the Accessible Information Standards as they assessed, recorded and shared information regarding people's communication needs. One person's plan had been provided in large print due to their visual impairment.
- Staff supported people to access services, education, events and activities in the local community. The registered manager had created a list of local groups and events that were available to people and staff supported people to events that interested them.
- Staff also planned with each other to support people to meet at places for lunch or coffee to reduce the risk of isolation.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew they could call the office at any time if they had any issues and that they would be resolved. One relative told us they had had difficulty getting through on the office phone. They raised this with the care manager who gave them their mobile phone number so they could always contact them.
- There was a complaints policy available to people and details of how to make complaints was included in people's care files.
- The registered manager maintained a log of complaints received. One complaint had been received by the service and this had been investigated and responded to appropriately.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection. The registered manager told us they would ensure staff received appropriate training if the need arose.
- The registered manager had undertaken training regarding end of life care and had previously provided this support.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People provided positive feedback regarding the quality of the service they received. People told us staff always arrived on time and stayed for the contracted amount of time. One relative told us staff made her feel that, "My [relative] is always the priority."
- The service was run by a registered manager with support from a care manager and the directors.
- Staff told us they were well supported by the management and all worked well together as a team. Staff felt listened to and told us the registered manager was approachable. Comments included, "I can always ring and get advice, they make it easy", "They try to keep the best quality for safety, not just clients, but for staff as well" and "They give the best advice."
- The provider had systems to recruit and retain staff. Staff told us they were regularly praised for the quality of their work and this made them feel valued.
- The registered manager engaged with staff, people using the service and their relatives, to help ensure good communication and high-quality support.

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

- The registered manager was fully aware of their responsibilities.
- The registered manager was aware of incidents that CQC should be made aware of and had submitted statutory notifications appropriately.
- An out of hours system was in place to ensure people using the service and staff could always contact a senior member of staff.

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

- Systems were in place to gather feedback from people and their relatives about the service. These included service reviews, quality assurance surveys and complaints processes.
- Staff meetings were held regularly to enable staff to share their views regarding the service and for the management team to share any necessary information about the service.
- People could contact the service at any time of the day or night as an on-call system was in place.
- Regular reviews were undertaken with people using the service to ensure their care plans remained effective in meeting their needs.
- The service produced regular newsletters for staff to keep them informed of changes in the company and to share best practice guidance.

Continuous learning and improving care

- The registered provider had systems in place to assess and monitor the quality and safety of the service.
- An electronic system provided prompts when quality checks were due to be completed to help ensure they were undertaken regularly.
- Regular observations and spot checks were completed to ensure staff continued to provide high quality support.

Working in partnership with others

- The registered manager worked closely with other agencies to ensure good outcomes for people. This included working with commissioners and health and social care professionals.
- Referrals were made to other health and social care professionals for their specialist advice when needed, to ensure people's needs were met.