Care4U (Leicestershire) Limited

Care 4 U - 466 Melton Road

Inspection report

466 Melton Road
Leicester
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LE4 7SN

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31 October 2019

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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?	Requires Improvement

Summary of findings

Overall summary

About the service
Care 4 U – 466 Melton Road is a domiciliary care service. The service provides personal care to people living in their own homes. At the time of the inspection there were 70 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
Systems to monitor the quality of the service were in place, and used to develop the service and drive improvement. However, the provider had not identified communication was an area which required improvement. People and their family members said communication with office-based staff was not effective. People told us queries were not consistently responded to, and messages not always passed on, especially messages relating to people not being informed that care staff would be late. Systems recording how information was shared could be improved, such as minutes of meetings and action points to address identified shortfalls.

People were confident to raise concerns should they arise, some people told us issues they had raised had been quickly addressed. People's views as to the timeliness of visits by care staff were mixed, however many had noted improvements. Systems were in place to monitor the timeliness of visits.

People's safety was promoted by staff who followed guidance on how to reduce potential risk. This included the use of equipment to support people moving around their home. People were supported by sufficient numbers of staff who had undergone a robust recruitment process. People were supported with their medicines. Staff training in key safety areas promoted people's safety, which included staff knowledge and understanding of reporting potential safeguarding concerns, the management of medicines, and the importance of following infection control procedures.

People were supported to have maximum choice and control of their life 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. People's needs and expectations of care were assessed, which included assessing people's needs based on their cultural diversity and communication needs. People were supported by staff who had the necessary skills and knowledge, which included staff's ability to communicate with people in their preferred language. Staff were supported through ongoing training and supervision to enable them to provide good quality care. Staff promoted people's health by liaising with health care professionals when required.

Most people spoke positively about the care they received and the approach of staff towards them. People's experiences about their care was often influenced by whether they received care from staff who they were

familiar with, who were able to communicate effectively with them.

People and family members were involved in the development of care plans, which enabled staff to provide the care and support each person had agreed was appropriate to them.

The management team were aware of their role and responsibilities in meeting their legal obligations. The provider worked with key stakeholders to facilitate good quality care for people, by accessing training and shaping the provision of domiciliary care. They worked with key organisations to share and keep up to date with good practice.

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 13 November 2018) and there was one breach of the regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating.

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? 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 caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Care 4 U - 466 Melton Road

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
The inspection was carried out by one 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.

This service is a domiciliary care agency. It provides personal care to people living 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. This was because we wanted to ensure someone would be available to speak with us.

Inspection activity started on 30 October 2019 and ended on 31 October 2019. We visited the office location on 30 and 31 October 2019.

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 who commission the service on behalf of people. 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 the nominated individual who is also one of the three registered managers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with three members of care staff, a registered manager, a care co-ordinator, an assessor, and the person responsible for overseeing and managing the electronic monitoring system.

We spoke with four people and eight people's family members who spoke on their behalf, by telephone on 30 and 31 October 2019.

We reviewed a range of records. This included five people's care records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures and records showing that the provider sought people's views about the quality of the service they received.

Good

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
- The system for assessment and monitoring of risk had improved, which meant people's safety was promoted.
- Risks associated with people's care, support and environment had been assessed, and records provided clear guidance for staff on the measures needed to reduce potential risk. For example, information as to how to use equipment safely, such as a hoist or rotunda, when supporting a person.

Learning lessons when things go wrong
- Systems were in place to ensure staff were informed of changes required to their practice when a need for improvement was identified . For example, staff had been reminded to contact people using the service, if they were running later than their scheduled window for arriving at the person's home to deliver care.

Systems and processes to safeguard people from the risk of abuse
- People's safety was monitored and promoted. Staff had been trained in safeguarding procedures, and they knew what action to take to protect people from harm and abuse.
- Staff training was supported by the understanding and implementation of the providers' policies and procedures, and the following of local safeguarding protocols.

Staffing and recruitment
- Robust staff recruitment practices and ongoing training supported people's safety. Potential staff were screened for their suitability to work with people, and the training staff undertook meant they were aware of their role and responsibilities in promoting safety.
- There were sufficient staff to meet people's needs, staff rotas were produced each week and circulated to staff.

Using medicines safely
- Staff, who had undertaken training in medicine management, prompted people to take their medicines, and applied creams that had been prescribed, where required. Staff completed people's Medication Administration Records, to confirm people had taken their medicine.
- Regular audits were carried out on the medicine administration records. This helped to ensure people's records were completed accurately.

Preventing and controlling infection
- People's safety was promoted through the prevention and control of infection. The provider ensured

personal protective equipment (PPE), such as disposable aprons and gloves were available, and used by staff when supporting people with personal care.

● Staff received infection control training and spot checks were carried out on staff worked consistent with the training, when providing personal care and support.

Good

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 Requires 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.

- Staff were aware of their responsibility to ensure people consented to care being provided. Staff told us how they encouraged people to make day to day decisions regarding their care, and understood how those who had fluctuating capacity, needed to be supported to make decisions. The role of staff in relation to MCA was clearly documented within people's care and support plans.
- People's capacity to make informed decisions about their care had been undertaken where required. Where people did not have the capacity to make an informed decision, best interest decisions had been made with the involvement of family members.
- People's records included documentation, signed by people consenting to their care as outlined in their care and support plans.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff followed people's risk assessments and support plans, which provided clear guidance as to the support people required to maintain and promote their health, and made specific reference to known health care conditions.
- Staff supported a person to attend health care appointments to ensure their health care was maintained and promoted.
- People's care was enhanced, as the service worked in a timely and effective way with other organisations involved in people's care, which included doctor's, district nurses and occupational therapists.

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

- People's needs were assessed to ensure people received good outcomes. An assessor from the

management team met with people to undertake a full assessment, following initial information provided by commissioners. The assessment process was robust, and took into account people's physical and mental well-being, level of independence, their preferences, social circumstances, communication needs and dietary requirements.

● People confirmed they were involved in the assessment process. A family member when asked about the assessment process told us, "Yes, they [staff] did a proper assessment, it was mainly myself involved as my relative couldn't give much detail."

Staff support: induction, training, skills and experience

● People were supported by staff who had the skills, knowledge and experience to meet their needs, based on their assessment, which included the ability of staff to meet people's health care needs.

● Staff received training in key areas during their induction and on an ongoing basis. This included staff attaining The Care Certificate. This is a set of nationally recognised standards which support good practice and values within care and support services.

● Staff were supported through supervision providing them with an opportunity to discuss their training and development. Spot checks took place to observe and assess staff's competence to deliver safe and effective care.

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

● People's dietary needs were assessed and detailed within their care plans, in some instance's meals were provided by family members. Where people required the support of staff this was provided.

● Staff provided people with meals, snacks and drinks which took into account their dietary needs based on their health needs, culture, religion and preferences.

Good

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.

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 supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported and respected by staff. People and family members told us staff were kind and caring. A person said, "They're [staff] kind and they behave with dignity, that's always been great." A family member told us, "They speak nicely to [relative] and seem kind."
- Most people were supported by a core group of staff who knew them well, this had a positive impact on the experience of people and their family members. A person said, "I have one carer for four days a week who is extremely good, I have confidence in the carer as they are very experienced and good with vulnerability and handling gently."
- People said communication in the main was good, however when staff were not familiar with a person, poor communication was sometimes an issue. For example, a family member told us their relative was living with dementia, and that unfamiliar staff did not explain to the relative what they were doing, and appeared to assume the person knew.
- People's communication needs were considered, however some people said communication both verbal and written was difficult when staff's first language was not the same as theirs. The provider evidenced they had recruited staff from varied ethnic and religious backgrounds to reflect the diverse population of those they provided a service for.

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

- Staff did advocate for people where required. For example, the nominated individual had sourced additional support and care, to enable staff to support a person to attend health care appointments, which they wouldn't attend unless reminded to do so.
- People and family members were involved in the development and review of their care plans. A family member said, "They [office-based staff] contacted us three weeks ago, they did a review over the telephone. I think they should come out so we can show them anything we might want." A second person said, "A lady from the office is coming this Friday to see if everything is alright, and they came two or three months ago"
- People were supported to make day to day decisions about their care. A family member told us, "Once a male carer came and we asked for male carers not to come in the morning, so we no longer have male carers for the morning call."
- People spoke of the extra things staff did. A person said of staff. "I must say they [staff] always offer to do things, but I also like to care for my relative. We work together and I applaud the young ladies that come."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff told us how they ensured curtains were closed in

people's rooms when providing personal care. A person told us, "They [staff] are kind, and dignity is all fine because they do things the way I want them done." A family member said, "They [staff] act with kindness and dignity, I see that because they get on fine and I hear them giggling and laughing in the bathroom."

● People's independence was promoted. A member of staff told us how they supported a person's independence. "We encourage people to continue to help themselves. For example, by encouraging them to dress themselves." People's care plans identified what areas people could manage independently and where support was required.

Good

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.

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

- People's care and support plans were outcome focused and personalised, as they had been written with the involvement of the person, and in some instances a family member. Care plans were signed by the person, reviewed and updated to meet their changing needs.
- The service supported people in geographical areas, with staff being based in each area. The care co-ordinator, using the electronic system developed staff rotas, taking into account people's needs, and the travel time staff required between visits.
- People's views on the timeliness of visits were mixed. A few people told us they had previously experienced missed visits, (when staff had not arrived, as well as late visits. However, everyone said the timeliness of calls had improved. Two people told us they had different call times at weekends. A person told us, "I've had occasions to grumble a bit at weekends because there was lateness, but it has improved recently." The nominated individual told us call times were monitored, and a majority were met, within 15 minutes of the agreed call time. Records we viewed confirmed this.
- The provider had an electronic call monitoring system, which meant staff's arrival and departure time from a person's home was monitored by the system. The system alerted office-based staff if a member of staff had not arrived at a person's home within the agreed visit time, as specified on the member of staff's rota. During our site visit we saw the system being monitored and the action taken by office-based staff, who contacted the person to reassure them, that staff were on their way.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People where required, were supported to engage in community-based activities, this included supporting them to access local cafes, and support to undertake grocery shopping.

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's communication needs were understood and met. Assessments of people's needs and care plans detailed people's communication needs, and provided guidance for staff on how to communicate with people effectively. For example, people were supported by staff who could speak in the person's preferred language.

● People who had a sensory impairment, had clear guidance detailed within their care plan for staff to follow, which included how staff were to approach a person with a visual impairment so that the person knew a member of staff was present. The person's care plan instructed staff to explain all care interventions, before any support was provided.

Improving care quality in response to complaints or concerns

● People's concerns and complaints were documented and investigated, and people told us they were confident in raising concerns. One person said, "Any problems I've asked about are minor and they are sorted out."

End of life care and support

● The service was not supporting people with end of life care at the time of the inspection. People's records included information as to their next of kin, and general practitioner in case staff needed to contact someone in an emergency.

● People's care plans referenced if a person had a DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) in place.

● Staff had received training on end of life care, and would liaise with health care professionals following guidance and advice, so as to provide appropriate care and support.

Requires Improvement

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 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.

At our last inspection the provider had failed to ensure adequate systems and processes were in place to ensure good quality outcomes for people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17, however there was scope for further improvement with regards to communication.

Continuous learning and improving care

● We found improvements could be made to people's experiences of the service through improved communication between them and office-based staff. People in some instances spoke positively, saying any issues had been addressed quickly when they had contacted office-based staff. However, many people expressed concerns that it was difficult to contact the office, sometimes calls were not answered well, messages were not always passed on and issues not acted upon. One person said, "It's not really a well-managed service as there is the same lack of communication, but we are happy with our carers." A second person said, "The 'office' need to get their act together, they say 'oh yes, we'll do this or that' but then they don't bother."

● Weekly meetings involving key office-based staff took place, however these were not fully utilised. For example, a member of staff had missed a person's care visit, as they could not locate the address. The nominated individual said systems were in place, which should have prevented this. There was no evidence to show the issue had been discussed, or why current practices had not prevented the missed call. Therefore, there was no action taken to ensure the situation did not happen again.

● The nominated individual, who was also one of the registered managers attended provider forums organised by local commissioners, where good practice and the future of service development was discussed. The provider was registered with UKHCA (United Kingdom Homecare Association) who provide support and updated information, to domiciliary care providers.

● The nominated individual had registered and had a certificate of attendance for the Registered Manager Network, Skills for Care Well-Led programme. Tools were provided, to support the registered manager, to provide effective leadership, governance, and communication to promote good quality outcomes for people. The nominated individual told us, their attendance was the beginning of their further development to evidence a well-led service.

● The nominated individual confirmed their commitment to continually invest to improve the service, as detailed within the Provider Information Return, which included investing in an electronic care planning system. This would mean staff updated people's care records electronically, and would enable office based

staff to monitor live updates as to the delivery of people's care.

Working in partnership with others
● The provider worked with key statutory organisations, which included the local authority, safeguarding teams, and clinical commissioning groups. This was to facilitate the support and care of those using the service.
● The nominated individual was a member of Leicestershire Homecare Alliance, and told us meetings were held to share good practice guidance and developments within the sector, which included the use of technology to support and record people's care and support. The nominated individual was looking to invest in technology, which would enable staff to access people's care plans and update the care and support provided, electronically.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● Staff were supported to provide good quality care, as they were monitored, and had opportunities to attend meetings. Information about any key changes was shared electronically with staff and within staff bulletins. The nominated individual and registered managers had an open-door policy.
● Staff received feedback about their performance, which included the compliments received by people who they cared for. Staff commitment to good quality work was further celebrated through the provider's 'Carer of the Month Award'.
● The provider supported staff from a range of diverse backgrounds. For example, the recognition for staff to dedicate time to prayer, during their working day.

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
● The management team understood their role and responsibilities. Notifiable incidents were reported to the Care Quality Commission (CQC) and other agencies. No incidents had met the criteria under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support, truthful information and a written apology.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● Staff performance was monitored and staff were supported. Policies and procedures for staff were followed when shortfalls in their performance had been noted. Staff meetings were used to provide feedback for staff as to what was working well and what areas required improvement.
● Audits were undertaken on the accuracy and legibility of records, which included daily notes completed by staff about people's care. Where shortfalls were identified these were discussed in meetings or individually within staff supervisions, as areas for improvement.
● The provider understood their legal responsibilities. For example, the rating from the previous CQC inspection was displayed within the service and on the website.
● The provider had a certificate from the information commissioners' officer with regards to data security.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People's views were regularly sought about the quality of the service. An annual survey was sent to people, the most recent survey of July 2019 showed a majority of responses to questions were positive.
● A monthly newsletter was circulated to all those who used the service, and was used to highlight key issues of importance, and provide useful information. For example, a recent newsletter had highlighted the

topic of 'scams', and encouraged people to contact the Police if they had any concerns and sign up to local neighbourhood newsletters. Along with, advertising 'Silver Sunday', which is a day of free, fun events for older people across the UK, and the provider's MacMillan Coffee Morning, to which all were invited.

● Staff understood their role in monitoring the standard of care. Whistleblowing was encouraged within the service and there were systems in place to enable staff to feel safe to whistle blow. Staff told us they were confident to raise any concerns.