

Mr Amroz Khan

Care 4 U

## 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?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service:

Care 4 U is registered to provide personal care to people living in their own homes. At the time of the inspection the service was supporting 20 people with their personal care, most of whom have a disability or are living with dementia.

### People's experience of using this service:

People were kept safe by an experienced and consistent group of staff who knew people well and had developed a good understanding of how people wanted their care to be delivered.

Staff routinely arrived to deliver care on time and stayed for the time expected. People and relatives we spoke with were all happy with the care and support being delivered and were kept informed if staff were running late.

People were treated with dignity and respect and were able to make choices about their care and support. Staff understood about mental capacity and ensured people had consented to care being given.

People's health was monitored closely and staff worked well with other agencies and professionals to ensure people received the care they needed. Staff received appropriate training on a regular basis to enable them to deliver safe and effective care.

People's preferences were assessed and their cultural wishes respected. The staff team were representative of the local community and the background of the people they were supporting which helped staff understand and meet people's needs.

People and their relatives were happy with the way the service was being managed and staff felt supported by the management team. The provider was open and honest throughout the inspection and was committed to improving the service.

The quality of the service was not always monitored by managers or the provider to ensure people received a consistently good service. There were gaps in record keeping which had not been identified by audits or checks and some records such as care plans and risk assessments need to be updated.

### Rating at last inspection:

Good (report published 06 December 2016).

### Why we inspected:

This was a planned inspection to check the service remained good.

### Follow up:

We will also 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?

Good ●

The service remained Good

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service remained Good

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service remained Good

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service remained Good

Details are in our Responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service remained as Requires Improvement

Details are in our Well-Led findings below.

# Care 4 U

## 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 was carried out by one inspector and one assistant inspector.

#### Service and service type:

Care 4 U is a domiciliary care agency which means it provides personal care to people living in their own homes.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because the staff and the management team are often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We visited the office location to see the manager and office staff; and to review care records and policies and procedures. Telephone calls were made to people using the service and their relatives on 20 May 2019.

#### What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and other professionals who work with the service. We assessed the Provider Information Return (PIR) that had been submitted. Providers are required to send us a PIR at least once annually to give some key information about their service, what they do well and improvements they plan to make. This information helps support our inspections

We spoke with eight people and eight relatives to gather their views on the service being delivered. We also spoke with the provider, the care manager, the care coordinator and four care staff. We used this

information to form part of our judgement.

We looked at five people's care records to see how their care and treatment was planned and delivered. Other records looked at included two recruitment files to check suitable staff members were recruited and received appropriate training. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality 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

- People and their relatives told us that they felt safe and staff took care to keep people safe. For example, most people had a key cupboard by their front door to ensure staff could let themselves in and lock the door behind them. One member of staff told us, "Most people have key codes or their family are present."
- The provider had safeguarding systems in place and all the staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse. One member of staff said, "I would report any concerns to [Care coordinator's name] and I know they would listen."

Assessing risk, safety monitoring and management

- People and relatives told us they had access to equipment such as walking aids and alarm calls which helped them keep safe. One relative said, "If there are any problems with any equipment, we call the office and they sort it out for us,"
- Staff were knowledgeable about risks to people and how people's needs had changed so that they could support people safely. For example, staff could tell us about people's different mobility and skin care needs.

Staffing and recruitment

- Checks were carried out consistently to ensure staff were suitable to work with vulnerable people. These checks included obtaining Disclosure and Barring Service (DBS) clearance and references from previous employers. A DBS check is way for employers to assure themselves that staff are suitable to work for the service.
- There were enough staff to support people's needs. People told us staff generally arrived on time and would call ahead if they were running late. One person said, "They are good at coming on time and if there is a delay, the office will let me know."

Using medicines safely

- People and their relatives told us staff took care to ensure people received their medication when required.
- Staff had completed training on how to administer medicines and their competence in giving medicines was checked by managers.

Preventing and controlling infection

- Staff spoken with told us they were given a plentiful supply of protective equipment such as gloves that they used when delivering personal care. This ensured people were protected from cross contamination and infection.

Learning lessons when things go wrong

- The provider had a system in place to record incidents and we saw that care plans and risk assessments had been reviewed and amended following any incidents.



# 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 relative's feedback confirmed this.

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

- Relatives confirmed that assessments of people's needs were completed prior to joining the service to ensure their needs could be met.
- This included people's needs in relation to their gender, age, culture, religion, ethnicity, disability and sexual orientation. People's gender preferences for staff support were known and respected.

Staff support: induction, training, skills and experience

- Staff were knowledgeable and experienced which meant they could deliver care that was effective and relevant to people's needs. Records showed that staff completed regular training to keep themselves up to date. One member of staff said, "I feel well supported because I get update training every year."
- New staff received initial induction training and completed the Care Certificate if they were new to the job. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and effective care. One member of staff told us, "I got the chance to shadow other staff and complete an induction when I first started."

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

- Some people did not require support from staff to eat and drink to maintain a balanced diet because they were supported by their relatives or could do this independently. However, some people required help to eat and drink and relatives told us that staff took care to do this.
- The manager told us about one person who had expressed a preference for some specific meals relating to their culture. They had arranged for staff who had the relevant cooking skills to prepare meals for this person.

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

- Staff monitored people's health care needs and would inform relatives and healthcare professionals if there was any change in people's health needs.
- Care plans contained clear guidance for staff as to how best to promote people's health. This included input and advice from health professionals such as district nurses.

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.

- Everyone currently using the service had capacity to make some decisions about their care and support. Staff told us they would always seek their consent before supporting them and they understood that people's capacity could fluctuate.
- One member of staff told us about one person who had expressed a wish to walk to the bathroom even though health professionals had advised against this. The staff respected this person's choice to do this.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

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

Ensuring people are well treated and supported; equality and diversity

- People and their relatives provided positive feedback about staff and the service confirming they were treated with kindness. Comments included, "The carers seem to care" and "The staff are really, really good."
- Staff spoke with kindness and compassion about the people they supported and told us they enjoyed their jobs. One member of staff said, "I like all the people we care for. I wouldn't do the job if I didn't".
- Care plans included details of people's life histories, wishes and preferences and these were taken into account. For example, some staff could speak more than one language and were allocated to support people who did not use English as their first language. One member of staff said, "I can speak Bengali and [person's name] really likes this."
- Some care packages had been changed to allow people to eat later during Ramadan.

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

- People and relatives told us they were involved in the planning of their care and were actively encouraged to make their own choices. Staff were able to give us examples of how people were supported to make choices using different ways of communication. For example, one staff member said, "[Person's name] cannot talk but we still talk to them and they use eye contact to communicate."
- People and their relatives were involved and consulted about how they wanted their care to be provided. One person told us, "I have a choice of what I want to wear and eat – I am very happy."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff protected their right to receive care and support in a dignified way. One relative told us, "We are happy with the care; the staff respect his dignity and get on very well with us."
- People were supported to do as much as possible for themselves. One relative said, "The carers know when to hold back and when [person's name] needs support."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service 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

- Staff were knowledgeable about people and their needs and people told us they received personalised support from staff. One member of staff told us, "[Person's name] likes things done in a particular way and tells us what to do so we know."
- The provider ensured consistency of staff for people, so staff got to know people well. Staff told us how the care coordinator would inform them if people's needs had changed or if they were unwell so that they could provide appropriate care.
- Staff responded promptly to changes in people's needs and ensured relatives were informed if there were any concerns. One relative told us, "The staff will let us know if anything is wrong." Another relative said how flexible the provider was and would change the times of calls if they wanted to take the family member out for the day.
- The service identified people's information and communication needs by assessing them. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise a complaint and were confident that if they did, it would be dealt with quickly and professionally. One relative said, "If we have any concerns, they [managers] are straight on to it."
- Records showed that the provider had not received any written complaints in the last 12 months but there was a process in place to deal with any future complaints. The provider had also received many compliments from relatives and professionals praising the quality of care delivered by staff.

End of life care and support

- The provider had processes in place to support people who required end of life care and support.
- There were no people using the service who required this level of support at the time of our inspection. However, we saw compliments from families regarding the support staff had given people at the end of their lives. One such compliment said, "The carers cared for my father with such professionalism and treated him with care and dignity which he deserved at his great age."

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had not carried out effective checks to ensure the quality of care was monitored consistently. For example, we found that some medication records were incomplete although care logs indicated and people told us they did receive their medication.
- Some records such as care plans and risk assessments were out of date or incomplete; for example some risk assessments did not outline what measures staff should take to reduce risks. However, staff knowledge of people's risks was good and people did not raise any issues with us concerning staff practice.
- Audits were not carried out consistently on people's records to check they were up to date.
- The provider had ensured that people and staff could call managers outside of office hours if there were any urgent concerns. Staff confirmed that this system worked well.

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

- Managers were in regular contact with people and their relatives to ensure they were happy with the care and support being provided. Records showed that feedback was largely positive.
- We were told that managers were contactable if people and relatives needed to talk to them.
- Staff told us they felt supported and listened to by managers. For example, one member of staff said, "The company listened to us when we complained about the gloves and we now have better quality ones."

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

- People and their relatives were happy with the way the service was being managed. One relative said, "This is the best agency we have used."
- Staff we spoke with were positive about the leadership of the service. One member of staff said, "The company feels like one big happy family."
- The provider ensured staff were given time to travel between calls. There was a policy of only taking on new care packages that were close to the office to ensure staff could travel easily between people's homes.

Working in partnership with others; continuous learning and improving care

- The service had worked in partnership with other health care organisations for people's benefit. For example, the staff told us that working relationships were good with the district nurses. The care coordinator told us, "The district nurses give a really good service and work well with us." Records showed that health professionals had delivered training for staff.

- The provider had created a culture where high standards were expected and staff challenged each other if care plans were not followed.
- The provider and the manager displayed a commitment to improving care and support where possible and were aware of the improvements that were required to improve the service.