

Care 4U Care Limited

# Care 4 U Care Limited

## 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 

### Overall summary

The inspection took place on 13 and 18 August and was announced. The provider was given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. We last inspected the service in October 2013 when it was found to be meeting the regulations we assessed.

Care 4 U Care is a care agency. The service is registered to provide personal care to people in their own homes. At the time of our inspection the service was supporting people with a variety of care needs; including older

people, people living with dementia and people with a mental health diagnosis. Care and support was co-ordinated from the office, which was based at Manvers, close to Wath-Upon-Dearne.

There was a registered manager at the time of our inspection. 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

# Summary of findings

Act 2008 and associated Regulations about how the service is run. The registered manager was registered at a number of locations and there was a general manager at this service who also had management responsibilities.

We found that people's needs had been assessed before their care package commenced. Most people who used the service and their relatives that we spoke with told us they had been involved in creating and updating their care plans. The information included in the care records we saw identified people's individual needs and preferences, as well as any risks associated with their care and the environment they lived in. However, some people's records did not contain all the required information. The provider had identified this and was in the process of further improving the care records. The registered manager told us they focused on care delivery to ensure people's needs were met and at times carried out visits to ensure no calls were missed. They acknowledged that because of this, at times documentation and records were not always completed in a timely way.

People received a service that was based on their needs and wishes. We saw changes in their needs were identified to enable their care package to be amended to meet the changes.

People who required assistance taking their medication told us staff administered it a timely way. The staff had been trained to carry out this role. However, we found medication administration records had not always been completed. The provider had identified this and was making improvements at the time of our visit.

People who used the service who we spoke with told us the service was very good, staff were kind caring and always stayed the required time ensuring care needs were met.

We found that staff we spoke with had an understanding of the legal requirements as required under the Mental

Capacity Act (2005) Code of Practice. The Mental Capacity Act 2005 sets out how to act to support people who do not have the capacity to make some or all decisions about their care.

There were robust recruitment procedures in place. The provider was recruiting staff at the time of our inspection. They told us they were short staffed as a number of staff had left. However, they said staff were covering to ensure people's needs were met. People we spoke with told us some call times had changed because staff were covering, but they had been informed of this by the registered manager and knew it was only for a short time, until the staff were recruited.

Staff had received formal supervision and annual appraisals had been completed. These ensured development and training to support staff to fulfil their roles and responsibilities was identified.

Staff told us they felt supported and they could raise any concerns with the general and registered managers, and felt that they were listened to. However, staff told us they would like more staff meetings to help communication.

People who used the service told us they were aware of the complaints procedure and said they would contact the registered manager or care co-ordinators if they had any problems. People said, the office staff are always available and deal with any issues immediately.

People who used the service had opportunity to give feedback by completing questionnaires which were sent out yearly. The provider also asked people's relatives and other professionals what they thought of the service and used people's feedback to improve the service.

The provider had a system to monitor the quality of the service provided. However, the audits that were undertaken were not always formally documented to evidence what had been identified, what required attention and who was responsible for ensuring any improvements were implemented.

# Summary of findings

## 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.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the agency's procedures in place to safeguard adults from abuse.

Systems were in place to make sure people received their medication safely. The systems to record medication administration were being improved at the time of our visit.

Individual risks had been assessed and identified as part of the support and care planning process.

There was enough qualified, skilled and experienced staff deployed to meet people's needs. Although due to shortages some calls times had changed.

Good



### Is the service effective?

The service was effective.

Each member of staff had a programme of training and were trained to care and support people who used the service safely and to a good standard. They had also received on-going observational assessments and support sessions.

We found that staff we spoke with had a basic understanding of the legal requirements as required under the Mental Capacity Act (2005) Code of Practice.

Where people required assistance preparing food staff had received basic food hygiene training to help make sure food was prepared safely.

Good



### Is the service caring?

People told us they were happy with how they were supported by staff. They raised no concerns with us about the support they received.

Staff we spoke with had a good awareness and understanding of how they should respect people's choices and ensure their privacy and dignity was maintained. People who used the service spoke highly of the staff. They said staff respected their opinion and delivered care in a patient caring manner.

Good



### Is the service responsive?

The service was responsive.

We found staff we spoke with were very knowledgeable on people's needs. Care records were being improved at the time of our visit and these were individualised so they reflected each person's needs and preferences, choices and decisions.

Good



# Summary of findings

There was a complaints system in place, and when people had complained their complaints were thoroughly investigated by the provider. The complaints procedure was given to people who used the service in the statement of purpose, which was in people's care files in their homes.

## Is the service well-led?

The service was not always well led

The provider had systems for monitoring the quality of the service provided. However, these were not consistent and were not formally documented to evidence actions taken.

Staff meetings were not held regularly and staff told us communication and sharing of information could be improved.

**Requires improvement**



# Care 4 U Care 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 18 August 2015. The provider was given short notice of the visit in line with our current methodology for inspecting domiciliary care agencies. The inspection team consisted of one adult social care inspector.

Before our inspection we reviewed all the information we held about the service. The provider had not completed a provider information return (PIR) as we had not requested one. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

At the time of our inspection there were 60 people who received a service from the agency. We visited five people to discuss the care provided and looked at their care records. We spoke with three people who used the service on the telephone, two relatives and health care professionals including the local authority commissioners and safeguarding vulnerable adult's authority.

During our inspection we also spoke with eight members of staff, which included care workers, care coordinators and the registered manager. We looked at records relating to people who used the service and staff, as well as the management of the service. This included reviewing six people's care records, staff recruitment, training, and support files, medication records, minutes of meetings, complaints records, policies and procedures and quality assurance records.

# Is the service safe?

## Our findings

People we spoke with who used the service and their relatives told us they felt care and support was delivered in a safe way. One person told us, “They (the staff) always listen to me and take time, they are very good.” A relative told us, “The staff understand (my relative). They are patient and respectful, even though at times their behaviour can be difficult due to their condition.”

We saw care and support was planned and delivered in a way that made sure that people’s safety and welfare was maintained. We looked at copies of people’s care plans and day to day care records at the agency’s office and the records kept in their homes. Records were in place to monitor any specific areas where people were more at risk, including how to move them safely. We saw these were being reviewed and improved at the time of our visit, this was to ensure they were more person centred. The completed plans we saw gave good detail of how to meet the person’s needs. They explained how the person liked to be cared for their preferences and choices. The registered manager told us they intended to have all the care plans to the same standard by the end of September 2015.

We also saw that an environmental safety risk assessment had been completed as part of the initial assessment process. These were in all the files we looked at. This helped to identify any potential risks in the person’s home that might affect the person or staff.

The staff we spoke with showed a good understanding of people’s needs and how to keep them safe. They described how they made sure that risk assessments were followed. People’s records included the arrangements in place for them to enter and leave people’s homes safely. In some cases this involved the use of a key safe and in others they gained access by the person letting them in. We asked people if staff wore a uniform and name badge. Everyone confirmed that staff wore uniforms and always carried photo identification with them so people could check they worked for the company.

We spoke with staff about their understanding of protecting people from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They were aware of the local authorities safeguarding policies and procedures and

would refer to them for guidance. They said they would report anything straight away to the registered manager. The service had a safeguarding investigated by the local authority earlier in the year. From evidence we saw it was clear lessons had been learnt from the outcomes and new systems had been implemented to ensure it did not happen again.

Staff had a good understanding about the whistleblowing procedures and felt that their identity would be kept safe when using the procedures. We saw staff had received training in this subject.

We found people were protected against the risks associated with the unsafe use and management of medicines. Appropriate arrangements were in place for the recording, safe keeping and safe administration of medicines. However, we found medicines were not always recorded following the procedure. The staff had recorded in the daily records but had not always completed the medication administration record.

The registered manager had identified this and told us she was improving the arrangements and was in the process of implementing a new medication administration record with a revised policy. This would ensure all medicines were recorded appropriately. Staff we spoke with after our visit to the office confirmed that they had received training through a staff meeting regarding the new medication policy.

The registered manager told us once all staff had received the refresher training they would organise for staff to receive competency assessments in medication administration to ensure they followed procedures and administered medicines safely. People we spoke with regarding medication said staff supported them to take their medicines and recorded this in their records.

We looked at three staff recruitment files. The files we saw were well organised and easy to follow. Application forms had been completed, two written references had been obtained and formal interviews arranged. All new staff completed a full induction programme that ensured they were competent to carry out their role. Staff we spoke with confirmed the procedure they went through before they commenced employment.

The registered manager told us that staff at the service did not commence employment until a Disclosure and Barring Service (DBS) check had been received. The records we saw

## Is the service safe?

confirmed this. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps to ensure only suitable people were employed by this service.

# Is the service effective?

## Our findings

People who used the service that we spoke with told us they thought the staff were competent to do their jobs. One person said, “We are well looked after.” Another person said, “The staff are a lovely bunch of people.” Another person told us, “We always know the staff, as it is always the same group of staff who come, which really helps.”

Training records, and staff comments, demonstrated staff had the right skills, knowledge and experience to meet people’s needs. Staff we spoke with confirmed they had undertaken a structured induction that had included completing the company’s mandatory training. The records we saw showed that following their induction, staff had access to periodic training updates. This included moving and handling, infection control and safeguarding of adults. We saw staff had received training in dementia awareness, and the registered manager had also appointed a dementia champion to ensure staff were supported to understand the needs of people living with dementia.

The registered manager was aware of the new care certificate introduced by Skills for Care and was implementing this with two new starters. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

We found some staff had received Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) training. Staff we spoke with confirmed that they had received training in the Mental Capacity Act. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. The registered manager told us that eventually all staff would have completed this training.

We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. We saw that relevant policies and procedures were in place. People’s care records showed people’s capacity to make decisions was clearly recorded. If someone was unable to make decisions on their own other people had been involved in making decisions in the person’s best interest. People we spoke with told us staff always asked their choices and preferences before they delivered care. One person told us, “My relative is not always able to tell staff what they want, but they still explain what they are doing and ask if that is ok.”

Some people we spoke with said members of care staff were involved with food preparation while other people did not require any assistance. Staff described how they encouraged people to choose their meal and help prepare if they were able. People we spoke with told us staff always washed their hands before preparing food and wore aprons. Staff had completed food and hygiene training as part of their induction.

Records, and staff comments, showed staff received support sessions and staff received an annual appraisal of their work performance. Staff commented positively about the support they had received. One care worker told us, “We work well as a team, we are well supported.” However, some staff felt the communication could be better and would have liked more frequent staff meetings. We discussed this with the registered manager who, during our inspection implemented monthly meetings. They also said they would hold these at different times so the majority of staff could attend, it would give opportunity for staff to discuss things as a group, share experiences, new policies and any changes to people’s care needs.



# Is the service caring?

## Our findings

People who used the service who we spoke with told us that staff were caring. One person said, “The staff are lovely, they look after me well.” Another person told us, “The staff respect my relative, they give them time to make choices and take time to listen.”

At two of the visits we made to people’s homes staff were present, the Interactions we observed between staff and people who used the service were kind, patient and caring. We also saw staff treated people with respect. One person who used the service, when they saw the staff member, their face lit up, they were very pleased to see them and it was clear they had a good positive relationship with the staff member. They told us, “I like the visits, I look forward to them.”

People were supported by individual members of care staff or a small team of care staff who knew them well. This was confirmed by people who used the service and their relatives. A relative told us, “It is good we get the same staff as (my relative) has dementia and forgets, but with the same staff turning up they remember faces, which puts them at ease.” The staff we spoke with demonstrated a very good knowledge of the people they supported, their needs and their wishes. Our observations confirmed staff knew the people they were supporting well understood how to meet their individual needs and preferences.

People said they could express their views and were involved in making decisions about their care and treatment. Some people told us they had been involved in developing their care plans and said staff respected their

decisions. However, one person did not have a plan of care, they told us staff understood their needs but they had not seen a care plan. We discussed this with the registered manager who told us it was being developed and would be at the person house the next day. They also told us this would be discussed and agreed with the person who used the service before it was finalised.

We looked at two new care files the registered manager had completed it was evident the person who received the service was involved, and the plans were individualised and included detailed information about their needs and preferences, backgrounds and beliefs. We spoke with a health care professional who was involved in one person’s care and support they told us, “The agency is very good, they take time to ensure they understand people’s needs and that they are able to meet them before they implement a package of care.” They also said, “The registered manager will not accept a package of care if they feel they are unable to meet the person’s needs.”

We asked people and their relatives if staff respected people’s privacy and dignity and help people to be independent. Everyone said they did. One person said, “Yes. They are a lovely bunch of people.”

Staff showed they understood the importance of respecting people’s dignity, privacy and independence. They gave examples of how they would preserve people’s dignity. This included closing doors and curtains, and asking other people in the house to leave the room while personal care was provided. A relative of a person who used the service told us, “The staff always respect (my relative’s) dignity and are very patient.”

# Is the service responsive?

## Our findings

People we spoke with praised the staff and spoke highly of the care and support they received. Although some people said the times of the calls had changed due to staff shortages. People told us they had been kept informed of the changes and told why. They were also informed how long it would be and when the visits would go back to their preferred times. One person told us, "I prefer the call earlier, but understand why it has had to change they did ask me if it was ok, and I don't mind as long as it does go back when they have the staff." This person also explained the length of call was not compromised, they said, "On many occasions they stay longer making sure they have completed everything, some even do extra things and don't mind."

We looked at six care and support plans in detail and found the care files did not always reflect people's needs and preferences. We found that this did not impact on the care received, as staff we spoke with were knowledgeable on how to meet people's needs and the people who used the service were clear that staff were able to meet their needs and understood their preferences. The registered manager told us this had been identified as part of their quality monitoring and explained that all care files were being reviewed and updated. We looked at two files which had been completed.

We found that the two new plans we looked at included detailed information about the areas the person needed support with and how they wanted their care delivering. These plans were easy to understand and provided good detail about the person's needs, likes, dislikes and interests. They were person centred, providing staff with good guidance and details about any specific areas where

people were more at risk. The registered manager assured us all care files would be to the same detail and standard. They told us they would all be completed by the end of September 2015. This was with the involvement of the person who used the service or their relatives.

The registered manager told us that they operated an open door policy which encouraged staff, people who used the service and their relatives to raise any concerns they may have. Staff we spoke with complimented the registered manager's style of leadership and they said they had confidence in their ability to manage any concerns appropriately. However, they acknowledged that over the last few weeks they had been busy, as some staff had left. Staff knew this was being resolved as they were recruiting new staff.

The company had a complaints procedure, which was included in the statement of purpose given to people at the start of their care package. We saw these were in the people's care files who we visited. We checked the complaints file. There was a system in place to document concerns raised, what action was taken and the outcome. The registered manager told us they had received one complaint since our last inspection, this had been investigated fully and responded to appropriately. The staff we spoke with said they would report any concerns to the office straight away. They told us how they would raise concerns on behalf of people who felt unable to do so themselves.

The people we spoke with told us they would feel comfortable raising a concern if they needed to, either with the registered manager or the office staff. One person told us, "I can call the office whenever, staff always listen and resolve any issues no matter how minor."

# Is the service well-led?

## Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. The people who used the service who we spoke with were aware who the registered manager was, many told us they saw her regularly. People also told us the registered manager visited them before the package was set up to review what care was required.

We found people who used the service, relatives, and health care professionals were actively encouraged to give feedback about the quality of the service. People indicated they were mostly happy with the care and support provided and this was confirmed by the completed questionnaires we saw.

We found the company had a clear staff structure which helped to make sure people received a smooth service. There were two care co-ordinators who managed the calls with the registered manager. However, staff told us over the last few weeks they had been short staffed, as some staff had left and the coordinators and the registered manager was covering care hours, so communication had not been as good.

Staff told us meetings had taken place but had not been regular. Staff told us they would prefer more frequent meeting to be able to raise concerns or discuss issues to ensure all changes and any updates were effectively communicated to staff.

Staff said they were able to have informal chats with the management team when they needed to talk something through or required additional support. However, they said they missed the discussions and sharing experiences with other staff in a staff meeting forum.

We discussed this with the registered manager who confirmed staff meeting had not taken place for a while. They agreed it was something that needed to be resolved. During our inspection they arranged dates for meetings at various times to enable as many staff as possible to attend.

The registered manager explained to us the how they quality monitored the service provided and staffs' performance. They said, "I focus on care delivery to ensure

people's needs are met and at times carry out visits to ensure no calls are missed. I acknowledge that because of this, at times documentation and records are not always completed in a timely way."

We saw records of staff supervision and staff told us they also received competency assessments and spot checks while delivering care. However, we found these were not formally documented. The registered manager acknowledged these should be documented to ensure any action from the checks could be addressed to ensure the monitoring was effective and said they would ensure this was the case in the future.

There was no formal documentation of audits. For example, the registered manager explained the care file audit had identified shortfalls and as a result the files were all being reviewed and rewritten to ensure they were person centred. The care coordinators told us they went out to visit people who used the service to monitor the quality of care delivery, for example times of visits, records and to gain people's feedback. They told us this was not documented.

The registered manager told us they would implement a system for quality monitoring to ensure staff completed documentation to be able to record findings and actions. This could then be checked at next audit to determine the actions had been completed.

We found there was a strong culture of learning from incidents, complaints and mistakes and using that learning to improve the service. For example, a complaint regarding care identified training requirements; the registered manager had implemented the training programme for all staff. Another example was following the quality monitoring questionnaires there were a number of comments regarding uniform, following this the registered manager had introduced a new uniform policy and new uniforms had been purchased for all staff.

Accidents and incidents were monitored by the registered manager to ensure any incidents that could be prevented were identified. The registered manager told us they had very few incidents, but would always look at every incident form completed by staff to evaluate and review. This ensured any actions required would be addressed.