

Care 4 U Hampshire Ltd

# Care 4 U Hampshire Ltd

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

About the service: Care 4 U Hampshire Ltd is a domiciliary care agency. It provides personal care to people living in their own homes.

People's experience of using this service: People consistently told us how they were treated with exceptional kindness and respect. We received overwhelmingly positive feedback about how staff were supportive and went the extra mile to get care just right for people.

A person told us, "The carers are always kind and very pleasant, they treat me as a person". A relative told us, "My mother.....requires a high degree of care and I genuinely cannot want for a more compassionate or professional service". Another relative said, "Mother has really taken to (the provider) and the other carers who are always friendly, helpful and respectful". A health and social care professional told us they considered the service worked particularly well at: "Giving one to one support, continuity of care, respecting the individual and liaising well with family members".

The provider's values of care, compassion, communication, competence, courage and commitment were embedded in the culture and governance of the service.

People received highly personalised and flexible care and support, tailored to their specific needs and preferences. Each person was seen as an individual, with their own social and cultural diversity, values and beliefs.

The provider was passionate about continually striving to improve people's care and support and had built strong relationships with relevant professionals and within the community to promote learning and meeting people's needs.

There were systems and processes in place to protect people from harm. Staff understood how to identify, report and manage any concerns related to people's safety and welfare.

There were sufficient numbers of experienced staff to meet people's needs. Safe recruitment practices were followed and appropriate checks had been undertaken, which made sure only suitable staff were employed to provide care for people.

People's needs were assessed before a service commenced and care was delivered in line with standards, guidance and the law.

Staff were highly motivated and well supported to provide care to people through the training and supervision they received. There was an induction, training and development programme, which supported staff to gain relevant knowledge and skills.

More information is in the full report.

Rating at last inspection: Good (report published 28 July 2016)

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

Follow up: We will continue to monitor this service and plan to inspect in line with our inspection schedule for those services rated Outstanding.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below

### Is the service caring?

Outstanding ☆

The service was exceptionally caring

Details are in our Caring findings below

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive

Details are in our Responsive findings below

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led

Details are in our Well-Led findings below

# Care 4 U Hampshire Ltd

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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.

**Service and service type:** Care 4 U Hampshire Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of the inspection the agency was supporting nine people with personal care.

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. The owner of Care 4 U Hampshire Ltd is both the provider and registered manager. They are referred to as the provider throughout this report.

**Notice of inspection:** We gave the service 48 hours' notice of the inspection visit because it is small and the provider is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

**Inspection site visit activity** started on 24 January and ended on 31 January 2019, when we visited the office location to see the provider and office staff; and to review care records and policies and procedures.

**What we did:** Before the inspection, the provider 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 improvements they plan to make. We also checked other information that we held about the service and the service provider, including notifications we received from the service. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we sought and received feedback from nine people using the service and/or their

relatives. We spoke with the provider and two members of staff. We contacted and sought the views of five community health and social care professionals about the care and support provided by the agency and received feedback from one.

We looked at:

- ☐ Notifications we received from the service
- ☐ Policies and procedures
- ☐ Five people's care records
- ☐ Records of accidents, incidents, complaints and compliments
- ☐ Training and personnel records
- ☐ Audits and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

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

Systems and processes to safeguard people from the risk of abuse

- Staff knew and followed procedures to help keep people safe. These included procedures for making sure that access arrangements to people's homes and other personal information remained confidential and protected people.
- People received a weekly time sheet stating which care workers would be delivering the care, when and at what time. Staff all wore uniforms and carried identity badges. People were also provided with both office and out of hours telephone numbers so they could contact the agency at any time.
- Staff received training in safeguarding people and demonstrated understanding of the policies and procedures for safeguarding and whistleblowing, which provided guidance on how to report concerns.
- Staff completed financial transaction records whenever they handled people's money for tasks such as shopping. The person receiving the service also signed the form.

Assessing risk, safety monitoring and management

- Risk assessment and management plans were in place in relation to each person receiving care in their own home environment. These were reviewed regularly and any additional risks noted by care workers were passed on to the provider and office administrator who would update the assessments and inform the rest of the team.
- Staff were aware of and followed the lone working policies and procedures, which included sending a text message to the provider to inform her when they had arrived home after care visits.
- Staff were each given a bag that contained safety equipment such as a personal first aid kit, face masks, power breaker, torch and personal alarm.
- There was a business continuity plan to inform decision making in the event of disruption to normal business operations, for example through fire, flooding or severe weather. This included the names and telephone numbers of people to contact.

Staffing and recruitment

- A care worker confirmed there were enough staff working each shift to meet people's needs, for example when two staff were required to support a person. They told us they did not feel rushed when attending care calls and had sufficient time to travel between visits.
- There was an effective roster system that allocated care workers to people in line with their needs. The provider only agreed to requests to provide care to new customers if the service had sufficient numbers of appropriately skilled staff available to provide such care.
- Staffing levels and skills were reviewed to respond to people's changing needs. There were procedures to follow in an emergency to make sure there were sufficient staff to cover the service.
- We looked at records for three staff recruited since the last inspection. Recruitment procedures continued

to be thorough and all necessary checks were made before new staff commenced employment.

#### Using medicines safely

- Staff had received training in relation to medicines and were aware of their role and responsibilities when supporting people with their medicines.
- Each person also had a detailed risk assessment for medicines. The assessment took into account, for example, if the person had any difficulties with swallowing medicines, reading labels, opening or pouring medicines, and what they were able to self-administer.
- Where staff assisted people with medicines this was clearly recorded.

#### Preventing and controlling infection

- Records showed and staff confirmed they received training in infection prevention and control (IPC).
- Staff were given personal protective equipment (PPE) such as aprons, gloves and hand gels to help ensure there was no cross infection from individual to individual. People confirmed that staff used PPE when providing care.

#### Learning lessons when things go wrong

- Arrangements were in place to report and manage incidents and accidents and an appropriate policy was in place. The provider was aware of the importance of reflecting on incidents and reviewing care plans and risk assessments to minimise future incidents. There was a 'no blame' culture within the service, which promoted and encouraged openness and learning from mistakes.

# 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

Good: ☐ 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

- Before agreeing to provide care, the provider made an initial consultation visit to all prospective service users to ascertain their needs face to face. They used this visit to listen to the person, their families and friends if present, to gain as much information as possible.
- If a service was then offered, a draft care plan was discussed with the person. Care plans were personalised to the individual and kept under review to ensure they continued to reflect people's choices and preferences as their needs changed.

Staff support: induction, training, skills and experience

- People spoke positively about the care skills and understanding shown by the provider and staff team. A health and social care professional told us that in their experience of working with the service the staff had the qualities and skills to deliver effective care.
- New staff followed an induction process that incorporated the Care Certificate, which is a nationally recognised set of induction standards for health and social care staff.
- A record was kept of the training each member of staff had completed and this also showed when training updates were due. Training included, for example, safeguarding people, moving and handling, health and safety, effective communication, medicines, pressure ulcers, death and bereavement, fire safety, dignity and respect, equality, diversity and inclusion, emergency first aid in the workplace.
- Staff had opportunities to undertake qualifications such as an NVQ (National Vocational Qualification) or Diploma in Health and Social Care.
- Staff received regular supervision and annual appraisal, which provided them with formal opportunities to discuss their work performance, any training needs, ideas or concerns, and to receive feedback. Supervision included spot checks and staff received feedback from these to help with their own learning and development.

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

- Where people required support in relation to food and drink this was recorded in their care plans and daily notes by staff.
- All staff were trained in food and hand hygiene as well as infection control and took appropriate measures when preparing food and drink for people.
- Care workers understood the importance of protecting people from the risk of poor nutrition and dehydration, and notified relevant others to seek additional support if required.

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

- Without exception, people spoke positively about the service including the punctual, consistent and effective care they received.
- Care records contained important information regarding people's medical conditions and healthcare needs. The service supported people to receive appropriate health care when required.
- The service quickly and effectively managed any health concerns with people and had built up strong relationships with the GPs and district nurses. A healthcare professional confirmed this stating, for example, that the service would refer people to them for urgent manual handling assessments if and when appropriate.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- The service had policies and procedures to help them meet the requirements of the MCA.
- Staff had received training in the MCA and understood their responsibilities.
- Care plans showed that people were able to make their own decisions independently or with support from relatives or other representatives. The provider had obtained valid documentation to show if people had given another person powers of attorney with authority to take decisions about their care and support.

# 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

Outstanding: □ 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

- At the last inspection we found the care people received had exceeded their expectations and at this inspection we found this continued to be the case. People's feedback overwhelmingly demonstrated they were supported by staff who truly cared about them and went the extra mile to deliver personalised care. For example, one relative told us, "We are happy with the care provided, all the carers are punctual, efficient and understanding of Mum's needs, often going 'the extra mile' to make her more comfortable". They told us that when the care workers had found their mother unable to get up following a fall, "Of course they requested an ambulance. They also sent out a senior member of staff to be with her until the ambulance and the family had arrived, so she was never left without a friendly face, despite the other care commitments for the original carer".
- People were at the heart of the service and staff were motivated to deliver exceptional care by the provider's values and commitment and the training staff received. A member of staff told us their induction into the service had involved "Getting to know individuals and building rapport" while shadowing experienced staff.
- Through building trust with a person receiving personal care, the provider had learned about their experiences in the RAF and as a prisoner of war. The provider had taken the person to an RAF Historical Group open day on her day off, as the person had no one to go with. The provider then enabled the person to stay there longer than planned by leaving and returning with medical equipment the person needed. The person had been able to speak with people who had been through similar experiences and said he had the best four hours of his life there.
- The service celebrated people's birthdays by arranging a card, balloon and a small gift. Someone from the service visited the person and would either arrange to take them out for coffee and cake or if this was not possible, they would bring it to the person's home.
- When there were concerns about a person's wellbeing, the service had carried out additional welfare calls free of charge to check that the GP had been in contact and that the person's condition had not deteriorated further. This approach was also evident in the way staff provided care on a daily basis. For example, a relative told us, "They are always neat and wear gloves when needed and do little extra things like washing up if time allows or wiping up a spill. They achieve a lot in a short space of time by being very organised".
- Letters and cards sent by people's families were also full of praise for the service. Comments included: 'Thank you for your continued support for the past three years, in particular 2018 which has been traumatic at times'; and 'Just a quick note to say how much we appreciate the effort you went to in ensuring (person) was safe and well'.

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

- People and their relatives or representatives were regularly asked for their views on their care plans and the delivery of their service. A relative told us the provider "Genuinely cares and the client's needs are central in all she does. The carers themselves are lovely, always cheerful and always speak to me and discuss anything that has come up recently if I see them".
- People's communication needs were known so staff could adapt their support as necessary. Another relative told us, "They have all been extremely helpful and caring, recognising that with dementia her frame of mind may vary and they are ready to approach her in a sympathetic and caring way. If there are any concerns they notify me immediately. (The provider) has particularly tried to find ways of helping Mum to remember how to live. We could not have managed without their care and support".
- People's views were listened to and acted upon. For example, the service respected the wishes of a person who did not like to be supported by uniformed care staff.
- Care and support plans were written in a way that respected people's choices, wishes and individuality. This included signed consent to care forms, how they wished staff to address them and their preference regarding support from male or female care workers.

Respecting and promoting people's privacy, dignity and independence

- Relatives confirmed staff were respectful of people's privacy, dignity and independence. Comments included: "I trust (the provider) and her team and know that he is in good hands and I have someone knowledgeable who will listen and discuss with me how to help dad. I am sure that with help from Care 4 U that dad will be able to stay in his own home for as long as possible"; and "I wish to state that all the small team of carers that I have met have been very friendly, patient and extremely caring with my Mum"; and "For Mum to know who will come in to do intimate care for her and when that will be, is just one less worry".
- As an outcome of the agency's flexible and responsive care, a person with a learning disability was now living much more independently in their own flat, having progressed from receiving support on seven days a week to one day a week.
- The service had a policy on ensuring equality and valuing diversity. Staff we spoke with were aware of the importance of promoting people's independence, respecting their privacy and maintaining their dignity. There were clear written guidance and procedures for staff in relation to entering and leaving people's homes, greeting and checking with them and writing records.

## Is the service responsive?

### Our findings

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

Outstanding: □ Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People received personalised care and support specific to their needs and preferences. Each person was seen as an individual, with their own social and cultural diversity, values and beliefs. There was an assessment and support planning process involving the person and/or their representative. This resulted in a personalised care and support plan with agreed outcomes and goals. Care workers recorded daily care and observations and reported any concerns to the office. The provider monitored the service and reviewed people's care with them in order to continually assess and check the relevance of the care being provided.
- The service ensured people were given information in a way that they could understand. People living with dementia were given time sheets containing photographs of their care workers so they knew who would be coming. Additional messages were also included, such as reminders about the clocks changing. A person with a sight impairment received information from the service in large bold print. People and relatives told us the service communicated well with them and kept them informed of developments.
- A relative told us, "Both (the administrator) in the office and (the provider) went out of their way to establish a care package as quickly as possible and this has been of enormous relief". They also praised the whole care team who "Try to make sure Mum is seen as early as possible in the mornings which she really appreciates, and if she should require anything urgently they will offer to purchase items and/or liaise with her doctor". They said the family felt the service "Really do go above and beyond in giving us peace of mind about our Mother".
- Another person's relative said, "(The provider) is very proactive. She sees a new need and acts upon it". An example of this was when the provider noticed the person was needing some support with medicines, she discussed it with the person and support was put in place while leaving them to manage other aspects of their medicines, "So that he still feels he has some independence". Another example was that following a planned review arrangements were made for care workers to make later visits to provide support at the person's bedtime. The provider "Also very quickly looked up available equipment and discussed their various merits so that I could then know what would be suitable to help him". The relative told us the provider "Also said that if I was ever unavailable to help with his (specific) needs during the daytime, for him to ring and someone would come over as they were local and help him. Certainly above the call of duty but very reassuring for us".
- Another person's relative also spoke highly about how well organised and responsive the service was, ensuring the delivery of care even in difficult circumstances: "In over two years of daily visits I have found all the carers to be exceptionally skilled at their jobs, always reliable with nothing being a problem for them. Even in the bad weather of last winter when snow was blocking our roads and adjacent roads, the carers parked quite a distance away and trekked through the snow to make the appointment on time. Indeed, in

all this time there has never been a missed appointment or even lateness".

- Other people's relatives had also experienced this level of motivation and commitment by the care team. One told us, "Last winter, during snowbound conditions, where the roads were impassable unless you had a 4x4, the carers walked, sometimes miles just to get into Fordingbridge, then walked round to fulfil their duties. The care for Mum (I assume all the other people they care for too) on that day was truly outstanding".

- A consistent and dedicated approach to the delivery of care was also evident at other times: "No company is perfect but what I am impressed with is that when something happens, e.g. a carer is ill, the rest of the team rally round or pick up what needs to be done and keeps dad informed so he doesn't worry".

#### Improving care quality in response to complaints or concerns

- There had been no complaints since the last inspection. A complaints policy and procedure was in place and people and relatives told us they were able to speak to the provider at any time.

- A person told us "I have never had any cause to be concerned or reason to complain". A relative told us, "The management is efficient, and any minor concerns we had in the early days were quickly and promptly dealt with. I feel we can contact (the provider) at any time and she will quickly sort out any problems". Another person's relative said, "(The administrator) in the office is very approachable and will see me if I need anything sorting or will refer it to (the provider) if needed".

#### End of life care and support

- The provider was passionate about end of life care and staff received specific training to support people with dignity and compassion at the end of their life. The service also provided support to people's families during these times.

- The provider ensured that before they took on the care of someone at the end of their life, all the correct equipment was in place and they worked with other professionals to ensure individual needs were met.

- When people were at the end of their life, they had a specific care plan to help staff know how they wanted their care and support to be delivered. A relative had written to thank the provider, 'I am writing to thank you and all your staff at Care 4 U for the wonderful care that you provided for my father during the last year until his recent death. It gave me enormous comfort.....to witness the very high standards of care and kindness shown towards him. He was very fond of you all.....Having your support made a world of difference to my parents and we all feel very grateful to have had that extra year with him'.

# 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

Outstanding: □ Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved 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

- Without exception, all the people who gave us feedback spoke very highly about the exceptional standard of care provided by the provider and staff. Relatives told us they would recommend the service to others. One relative said they had done so "To at least four people who were looking for local care as I think they are a rare breed of caring carers".
- The provider upheld the six values of care, compassion, communication, competence, courage and commitment and led by example. We found these values were evident throughout the service people received and that the provider communicated their vision and expectations to staff.
- A person receiving care commented, "The way (the provider) runs Care 4 U should be made the standard for all care companies, the organisation, the staff she employs and the training they are given, Care 4 U centres around the person being cared for". One relative said, "I cannot praise them enough for their professionalism and devotion, especially (the provider), who responded to a crisis and has provided a level of care way over and above what they were contracted to do".
- The service had contingency plans for adverse weather conditions. A file contained details of each person receiving care for use in an emergency, using a traffic light system to prioritise those with the highest needs. The plans had been put into practice the previous year during heavy snowfall. During this time the provider had walked to the homes of people living in isolated areas to ensure that everyone was seen and kept safe.
- The provider's service development plan, in keeping with their vision and values, was to not grow too quickly if this meant quality was compromised. The provider declined to take referrals for new client's if the service did not have the current capacity to deliver the same high-quality service that existing clients received.

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

- A relative told us, "(The provider) is a good team leader, she trains her staff well so that there is consistency of care throughout the week, the team have a good understanding of dad's needs and what procedures are to be followed, always arrive in the allowed time which means dad has a good routine and doesn't worry, and detailed notes are written so when I go in I can see what dad has had to drink, what they have done, if dad was feeling OK when they leave and that he has his careline on".
- Staff were clear about their responsibilities and confirmed they were well supported by the provider and could ask for advice or guidance when they needed to.

- The provider's leadership and values inspired staff, who were motivated and proud of the service. A member of staff told us the provider actively encouraged staff, through individual supervisions and team meetings, to think and talk about "Any improvements each can do", to give people the best possible care.
- We saw records of team talks and training facilitated by the provider, which helped to equip staff with the values, confidence and skills to deliver best care practice in the community. A member of staff told us how they had put this training into practice the first time they had to deal with a situation on their own in a person's home. They had arrived to find the person had fallen and told us the provider's training had helped them to deal with their own and the person's anxieties and to take appropriate actions in a composed and professional manner.
- The provider employed an external company to carry out health and safety audits and received medical device alerts that inform services about any current potential risks relating to various equipment and practices. The provider continually monitored the service provision through the use of spot checks with staff and feedback from people and their relatives.
- The provider was clear about their responsibility to notify us of incidents and important events in accordance with their statutory obligations.

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

- An open, inclusive and empowering culture was evident throughout the service. Staff took part in team meetings where they discussed practice issues and shared information, such as when new people started using the service.
- The provider explored and developed with staff the skills that were required to deliver high quality care. This was promoting collective responsibility and had introduced lead roles for more experienced staff. Two senior care staff were being empowered to help run the service with support and mentoring from the provider.
- The provider regularly sent out satisfaction questionnaires to people receiving a service. We saw the 15 responses from people to the most recent survey, mostly dated October 2018, were all positive with the majority rating all aspects of the service as excellent, others as good.
- The feedback we received showed the provider listened to and acted on people's views. There was a clear focus within the service on supporting people to be as independent as possible and involving them in the development of their care plans.
- The provider had considered services they may be providing to people in the future and had developed working policies for staff, for example guidance on 'working with a transgender person'.
- The service had an open door policy in the office, which meant that people using the service, their relatives, friends and staff were always welcome and could drop in for a cup of tea and a chat.
- The service took part in community projects, such as the local summer festival, which helped to raise awareness of local needs and services.
- The provider sent a quarterly newsletter to people and their families providing updates about the service and other useful information. The service also signposted people to other community services they may find useful.

Continuous learning and improving care

- The provider was passionate about continually striving to improve people's care and support and had built strong relationships with relevant professionals and within the community to promote learning and meeting people's needs. One example of this was the service was involved with a local dementia group, which had led to the service being offered further specialist dementia training.
- The provider was involved in the day to day running of the service and frequently completed care visits, taking these as opportunities to gain feedback on staff and the service being provided.

- The provider also kept up to date with good practice through regular training, CQC updates, and employing consultant legal services.

#### Working in partnership with others

- Through the working relationship with health and social care professionals, any concerns about people's wellbeing were escalated quickly. The service contacted GP's on people's behalf to arrange visits or appointments or to voice concerns. The agency could put in referrals directly to community health professionals such as occupational therapists and continence nurses, who also liaised with the service regarding people's care packages. For example, a physiotherapist called the office to arrange to join care workers during a care visit in order to show them how to use a new piece of equipment.
- The service worked with house managers in the housing scheme where the agency provided care to some people. The house managers were given a time sheet of the individual the care workers attended to, so they could be aware when staff were entering and leaving the building.
- There was a cooperative working relationship between the service and another local domiciliary care agency in relation to referrals for care, in cases where each had capacity to meet some but not all of a person's needs. This enabled one person to come home from hospital and also freed up a hospital bed. As soon as either agency had capacity, the person could choose to receive care solely from them.