

Care4U Wolverhampton Limited

# Care 4 U Wolverhampton 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?

Good 

### Overall summary

We undertook an announced inspection of Care 4 U on 12 August 2015.

Care 4 U provides personal care for people in their own homes. At the time of our inspection there were 20 people receiving the service.

There was a registered manager in post 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 Act 2008 and associated Regulations about how the service is run.

# Summary of findings

All people we spoke with were consistently positive about their experiences of the service, its staff and its management.

People told us they felt safe with staff and that staff delivered safe care. Relatives told us they had confidence in staff. Staff were aware of how to report issues of safety to appropriate agencies and keep people safe. The registered manager ensured staff had access to up to date guidance on keeping people safe.

The provider had assessed people's care for possible risks and sought to minimise these risks through appropriate care planning. The provider ensured that staff knew how to safely use equipment during people's care.

People received visits from staff on time and for the full length of time agreed. The provider had a system in place to ensure staff who were on leave would be covered, even at short notice. This meant that people did not experience missed visits.

The provider used safe recruitment processes to ensure staff were of appropriate character to care for people. Staff supported people with their medicines in a safe way.

Staff received support and training that meant they were skilled in important areas of care. Staff received appropriate support from the management team. The provider cooperated with external healthcare professionals in order to support people's well-being.

Staff knew how to support people's choices and human rights. People told us staff offered them choice and respected their choices.

People described the registered manager and staff as offering a high standard of compassionate care. People

gave us a number of examples of staff going 'the extra mile' and demonstrating a highly caring attitude. Some people told us the service offered the best care they had ever experienced.

The provider sought people's opinions about the service, listened to people and sought to improve the provision of care. People receiving the service remained the main focus of the provider. People received care from a consistent staff group who provided continuity of care.

Staff promoted people's dignity, privacy and independence. Care plans supported staff with detailed guidance about how to achieve this for each person.

People's care was regularly reviewed and updated to ensure they received care which met their needs. Care planning acknowledged people's strengths and aspirations, as well as areas they required more support in. Relatives and people who were important to those receiving the service were appropriately involved in people's care. They were supported by the service to maintain their involvement. People knew how they could raise issues with the provider, although no one told us they had reason to raise a complaint.

People and staff were positive about the culture of the service and told us the service was well managed. Management listened to people and staff in order to improve the service. There were some shortfalls in the formal recording of checks and audits which the provider carried out. However, we saw evidence of new systems and records being introduced to address these areas.

Staff cooperated with other agencies in order to improve people's health and well-being.

# 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 identify and report matters that might affect people's safety.

The provider had identified potential risks to people and ensured staff had correct guidance in respect of these risks so that they could be minimised.

The provider used appropriate recruitment processes to ensure staff were of good character and suitable to care for people.

Good



### Is the service effective?

The service was effective.

Staff were skilled in important areas of care so they knew how to support people in a way which met their needs.

Staff ensured people were consenting to the care they received. Staff were aware of how they should support people's choices and human rights.

Staff liaised with external healthcare professionals to assist in the provision of appropriate support for people in light of any health concerns they may have.

Good



### Is the service caring?

The service was caring.

People told us that the registered manager and staff provided a high level of compassionate care and often went 'the extra mile' to support people.

The provider listened to people and their relatives to ensure people received personalised care.

Staff supported people's dignity, privacy and independence. Care planning was completed with an emphasis on people's individual needs and aspirations.

Good



### Is the service responsive?

The service was responsive.

The registered manager ensured that representatives who were important to people who used the service were involved in care planning.

Staff were aware of the content of people's care plans and delivered care which was in line with these plans. This meant that staff consistently met people's needs.

While no one told us they had cause to have made a complaint, all people we spoke with knew how to raise issues with the provider, if required.

Good



### Is the service well-led?

The service was well-led.

Good



# Summary of findings

People and staff told us there was a positive, open culture at the service. People described the service as well managed.

Staff were appropriately supported by the management team and were involved in discussions regarding their performance and training needs.

The provider actively sought people's opinions of the service and took action to improve the provision of care.

# Care 4 U Wolverhampton 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 was planned to check 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 12 August 2015 and was announced. The provider was given notice because the location provides a domiciliary care service that is often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by an inspector.

Prior to our inspection we looked at the information we held about the service. This included any statutory notifications we had received, which are notifications the provider must send us to inform us of certain events. We also contacted local authorities and the local clinical commissioning group, who monitor and commission services, for information they held about the service.

We analysed survey responses we had received from people who used the service. During our inspection we spoke with two people, and relatives of two further people who used the service. We also spoke with the registered manager and three other members of staff.

We reviewed the care records of four people who used the service, two staff records and records relating to the management of the service.

# Is the service safe?

## Our findings

All people we spoke with told us that the service provided safe care. One person told us, “It’s lovely. They come in and say ‘good morning’ and I can relax. I don’t worry at all. I feel safe”. A relative told us, “I don’t worry about anything with them” and “We had another care agency before.

Horrendous; but [Care 4 U] is a care agency; they’re not driven by money. I’m happy to leave the [staff] here alone”. Another relative told us, “They’re absolutely brilliant; really protective of [person’s name] and how they are. I’ve been able to go away for the first in many years. Definitely feel safe with them”. Another person told us, “[Staff] make sure I’m protected”.

We spoke with staff about their duties around identifying and reporting matters of alleged or potential abuse. Staff were clear about their duties and knew how to report concerns internally and to outside agencies, such as the local safeguarding authority, police or us. Our records showed that the provider had not reported any allegations of abuse. We looked at the provider’s records and found no evidence of any reportable matters. The registered manager demonstrated that they had detailed knowledge of safeguarding issues. They also kept a copy of the local safeguarding guidance readily available for staff in the provider’s offices.

Relatives told us potential risks to people’s well-being had been identified and that staff used the information provided in order to reduce risks to people’s safety. This included how to support people to move safely. One relative told us how the registered manager and staff ensured they were familiar with new equipment they had obtained for one person. We looked at people’s care records and saw that comprehensive risk assessments had been completed. We found that staff were aware of these

assessments. This included where people might be vulnerable to exploitation due to their health status. Records provided staff with guidance on how different aspects of care they were providing should be done safely.

Relatives we spoke with told us that people received visits from staff on time and that staff stayed the expected length of the visit. One relative told us, “They keep to time”. Another relative told us, “They do take the full time [as agreed]”. Staff told us they had ample time to travel between visits. People told us that the registered manager, or another staff member who they knew, would attend if staff were on leave. One staff member told us that the registered manager made themselves, “constantly available”, so they could telephone them very early in the morning if they could not attend work for some reason. They told us this allowed the registered manager to arrange cover without affecting people who used the service.

We looked at two staff member’s files. We saw that the provider had undertaken appropriate checks, before staff started work. Staff we spoke with confirmed they had been subject to thorough checks by the provider. These checks included those to see if staff had been prosecuted for crimes or were banned from caring for people. The registered manager demonstrated that they carefully assessed staff’s suitability for the role during the recruitment process. We looked at two staff applications which showed they had significant experience and qualifications in care.

Two people required assistance with taking medicines in order to support their health. People confirmed that staff supported them with medicines in the right way. One person told us, “I take my own meds, but they bring them to me. They’re as regular as clockwork”. Staff confirmed they received appropriate medicines training. A new member of staff said they had completed medication training as part of their induction.

# Is the service effective?

## Our findings

People we spoke with told us that staff were skilled and knowledgeable. One person told us, “Staff are skilled; they’re confident and know what they’re doing. I know they go on courses”. We looked at two staff files to identify what training staff had undertaken. We saw that staff had gained certificates in a number of important areas of care, such as keeping people safe and assisting people to move. Both staff files we looked at showed that staff had gained a professional qualification, which meant they had successfully studied important areas of care in order to gain this qualification. We saw that one member of staff was new to the service. Their records showed that they had completed an introductory training process. We asked this member of staff about this process and they told us they had found it comprehensive and useful.

Staff told us they received regular support from the registered manager. One staff member told us the registered manager was always available to discuss any issues or answer questions. They told us they discussed subjects such as training they would like to do with the registered manager. All staff we spoke with praised the registered manager and described them as supportive.

One relative told us about additional training staff had undertaken with the local NHS Trust so they could support a person with areas of damaged skin. They described how only staff who had undertaken this training were permitted to apply specialist dressings to the person’s skin. They told us that the registered manager, in conjunction with the Tissue Viability Nurse from the Trust, had worked together to make this training happen. They were complimentary about staff, their skill and commitment to the care of this person. We saw correspondence from the Trust which showed that they were happy with the care staff were delivering in order to support this person’s skin. Staff showed knowledge of how to support this person correctly.

People told us that staff checked they were consenting to the care they received. One person told us, “[The registered manager] goes through the care plan with me. She always

sees that it’s ok for me”. We found that the registered manager was aware of their responsibilities in supporting people’s rights and decisions. A relative told us, “The focus is on the service user and what they want”. Care records we looked at were signed by the person or their representative to show they understood and consented to the care being delivered. The provider had ensured people had signed other important consents, such as those allowing other agencies to view their records, where appropriate. Staff demonstrated they knew how to support people’s choices and respect their rights. We found that staff had received appropriate training in this area. We heard the registered manager talking to a person on the telephone. The registered manager was checking that the person was happy with a change in their care. The registered manager carefully checked that the person was consenting to this.

Relatives told us that staff supported people to keep hydrated. Where appropriate, we saw that staff kept records of people’s fluid intake. People’s care records contained detailed descriptions of how people preferred their drinks, including the amount of milk one person liked in hot beverages and their preferred drinking cup. This meant that people’s preferences were respected and staff ensured they had enough to drink.

Relatives told us they tended to arrange appointments with external healthcare professionals for people. However, people told us that staff cooperated and worked with the healthcare professionals who supported them. One person told us that the registered manager would communicate with healthcare professionals on their behalf, when they requested this. They said that the registered manager did this effectively as they always knew what was happening in terms of this person’s medicines and needs. They told us the registered manager adhered to advice from healthcare professionals and explained any changes they had recommended. A relative of a person told us how staff had worked well as a team with nursing and occupational therapy support to improve the person’s well-being. People shared other examples of how staff worked well with healthcare professionals to improve their health.

# Is the service caring?

## Our findings

People and their representatives consistently told us that staff treated people with care and respect, often going beyond what would normally be expected of this type of service. One person told us, “There are no words really. I’ve received care for 30 years and Care 4 U surpasses them all. [The registered manager] really does care. The staff she has carefully chosen have the same attitude” and, “They feel like family”. People and relatives told us that staff made them feel like they mattered and were important. One relative told us, “[Staff] are here for us as a family” and acted flexibly to provide support when it was needed. One relative gave the example of them having to attend a medical appointment at short notice and the registered manager going out of their way to ensure a member of staff was available to cover this period of time to support the person. People told us that the care they received was personalised and suited them.

All people we spoke with told us that the registered manager and staff listened to people in order to understand what their needs and preferences were. One relative told us that the person receiving the care was always the main focus of staff, although they also listened to and supported the person’s family as a whole. They explained how the staff had visited prior to the person receiving care so that they could fully understand their needs. They told us staff had gone to extra lengths to understand the person’s needs and the role of the family in this.

Another relative told us that the registered manager had held a detailed meeting with them so they could fully understand the person’s requirements. They also told us that they had an opportunity to meet the staff who were to deliver care prior to their relative starting with the service. They said that this extra effort by the registered manager and staff had made the person feel at ease and that they were a priority to staff. We looked at people’s care records and saw that care planning was done in a personalised way, which reflected the person’s history and preferences in detail.

The registered manager told us, and people confirmed that she liked to be involved with the delivery of people’s care when they first received the service. This allowed the registered manager to ensure that the care delivered met

people’s needs and they were happy with it, following the initial assessment meeting. This allowed the registered manager to ensure care plans were a true reflection of what the person wanted and whether there was a need to adapt any aspects of care planning. People told us that the registered manager ensured that care was “spot on” and all staff were just as caring. They explained how the registered manager created a strong ethic and culture of compassionate caring among all staff and that this was strongly evident at each visit.

People told us that they received care from a consistent group of staff. One relative told us this was important to them as their relative had dementia. They said that staff had become familiar to their relative and built a good rapport with them. They told us, “We get consistency and continuity”. They also told us staff were from the same area as the person receiving care and would take time to discuss things the person recalled about the area, to assist them to reminisce.

One person told us how they felt experiencing a consistent staff group supported their dignity. They told us, “I do have the same staff; there’s continuity. They come in as friends. You don’t feel embarrassed. They treat me with the utmost respect and dignity” and, “I have very personal care; they’re lovely. They put you right at your ease”. We spoke with staff who described how they supported people in a way which respected their dignity and privacy, and promoted their independence. People’s care records were written in a positive way which expressed what people could do for themselves in order to promote their independence. For example, one person could wash a certain part of their hair themselves while they required support from staff to wash other parts of their hair. Care plans also gave guidance to staff on how people’s dignity and privacy should be supported, such as ensuring towels were available for people to stay covered while bathing.

People told us that the registered manager had regular contact with them to ensure care suited their needs and was delivered how they wanted it to be. People told us that the registered manager would visit and telephone them regularly to check everything was to their satisfaction. People confirmed that the registered manager reacted immediately to any changes or suggestions they made in a positive way.



# Is the service responsive?

## Our findings

Relatives we spoke with told us they were part of the planning of care on a continual basis. Care records reflected this. For example, one relative told us they had requested that staff undertake additional duties in respect of the care of one person's skin. The registered manager responded well to this request, ensuring that staff were competent in undertaking this new aspect of care and it was integrated quickly into the person's care planning. All people told us the registered manager ensured their care was regularly reviewed whenever required.

Care records reflected people strengths and where they needed more support in order to progress towards their goals. Records also reflected desired outcome for people, including areas where they were hoping to increase their independence or take part in certain activities. One person, who recently started using the service, had previously enjoyed swimming during a period when they lived outside the local area. The registered manager demonstrated that she had made enquiries about how this person could be supported to go swimming again. The registered manager was able to tell us about a local swimming pool where they had the correct type of accessibility equipment to safely support this person. Staff were clear about how they should support people's aims and desired outcomes.

Relatives told us how, with people's consent, the provider kept them informed of any matters relating to people's health, well-being and care. People described how family and important relationships were considered as part of care planning by staff. One relative told us that staff supported the whole family and involved them in the care process in a constructive way.

Care records were written in a personalised way which considered the individual needs of people. We saw evidence that staff adhered to these care records in order to meet the specific needs of the individual. One relative told us, and records confirmed that staff had worked with an occupational therapist from the NHS to ensure a person had the correct equipment to meet their needs and that staff were competent to use this equipment. They said this had a positive effect on the person's day to day comfort.

People we spoke with told us they had not had cause to make a complaint to the provider. We saw that the provider had a suitable complaints procedure and this was advertised to people using the service in information booklets given to them. Staff knew what to do if a complaint was raised. All people we spoke with told us they knew how to make a complaint, should they need to. One person said, "There's a form staff have left which you can fill in if you have a complaint". People told us they had regular communication with the registered manager, who was open to receiving feedback.

# Is the service well-led?

## Our findings

People we spoke with were consistently positive about the management of the service. One relative told us, "From what I've seen, [the service] is very well managed". Two relatives told us how the management of the service compared favourably with experiences they had with other care providers. One of these relatives told us, "It's an entirely different world. [The registered manager] has experience of working in a care home as well. She offers stability; we've got everything". People described a positive caring culture at the service which was reflected in the attitudes of staff. People and staff described the registered manager as being available, visible and approachable.

Staff we spoke with told us they were well supported by the registered manager. One member of staff told us they met regularly with the registered manager. They said they were able to discuss their performance, training and any matters which might affect people who used the service. They also told us the manager was supportive in respect of any personal issues which might impact on their work life. Staff told us they were able to call into the office, or telephone the registered manager at any time. All staff told us they felt the registered manager communicated well with them and listened to any suggestions they had for improving people's experience of the service.

People told us the registered manager talked to them regularly about the care they received to ensure it was of a good standard. The results of a survey we carried out

showed that all people receiving the service were happy with the standard of care offered. The provider had also completed surveys with people in July 2015. People had provided positive comments in response to questions about the standard of care and other related matters which the provider had asked about in their survey. One person had written in their survey, "I'm very happy with the service" and another person had written, "Care 4 U provides excellent care". We saw a number of compliments cards and positive comments sent by people and their relatives to the provider.

People's care records were well ordered and contained the correct information and guidance staff required to assist people. We found that, although people told us the provider evaluated the service in different ways on a regular basis, there were some gaps in the way this was recorded. We spoke with a newly recruited care coordinator. We saw that the care coordinator was able to demonstrate firm plans to address this issue. This meant that the provider ensured they evaluated the service to maintain and improve care standards.

A number of people gave us examples of how staff worked together with other agencies to improve people's experience of their care. One person told us that staff and external healthcare professionals who were supporting one person, "worked as a team". We saw correspondence from one healthcare professional which acknowledged staff for their effective application of specialist guidance around one person's condition.