

Care4You Homecare Services Ltd

Care4You Homecare Services

Inspection report

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Date of inspection visit:
16 October 2018
17 October 2018
18 October 2018

Date of publication:
29 November 2018

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 ●

Summary of findings

Overall summary

This inspection took place on 16, 17 and 18 October 2018 and was announced. Care4You Homecare Services registered with the Care Quality Commission on 5 October 2017 and this was their first inspection.

Care4You Homecare Services is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and people with a physical disability.

Not everyone using Care4You Homecare Services receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection the service was providing the regulated activity of personal care support to 22 people.

There was a registered manager in place at the time of the 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.'

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice. People told us they received personalised care and could raise any concerns with confidence. Complaints were responded to in a timely manner and learning used to improve the service. One person said, "You feel like you've got a friend."

People were involved in assessments of their needs and any risks; these assessments were regularly reviewed. People were supported around eating and drinking, as required. Risks around infection control were well managed. Systems ensured that staff had access to the right information at the right time.

People told us they felt safe. Systems to manage safeguarding, accidents and incidents were robust, and helped to prevent further occurrences. The management team ensured that lessons were learnt when things went wrong and were open and transparent. There were sufficient staff available to meet people's care visits, who had time to travel between visits and appropriately meet people's needs. There were plans in place in case of emergency.

People told us that staff had the right skills to support them. Staff were recruited using robust procedures and were supported with training and supervision. Staff were well supported by the management team.

People were treated with kindness, respect and compassion with their independence promoted. One person told us, "I couldn't wish for better care." People had developed positive relationships with staff. People told us that they felt their privacy was respected.

Quality assurance systems were in place to ensure that the provider had oversight of the quality of the service provision such as audits, surveys and supervision. These were used to improve the service and people's experience.

Staff worked in partnership with other agencies to provide the right support for people.

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 good.

People told us they felt safe. Systems and processes were in place to safeguard people.

Risks were assessed and managed with people to promote their safety.

Care visits were planned and people knew which staff would visit them.

Is the service effective?

Good ●

The service was effective.

People's consent was sought and respected.

People's needs and choices were assessed and support delivered in line with these assessments.

Staff had the right skills to support people.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion.

People were treated with dignity and respect.

People's independence was promoted.

Is the service responsive?

Good ●

The service was responsive.

People received personalised support.

Concerns and complaints were listened and responded to.

Is the service well-led?

Good ●

The service was well-led.

There was a clear vision and positive culture within the service and the staff team.

People, their relatives and staff were involved with the development of the service.

Staff worked in partnership with other agencies.

Care4You Homecare Services

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 16, 17 and 18 October 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection team consisted of an inspector and an assistant inspector.

Before the inspection we reviewed the information that we held about the service, this included notifications. Notifications are information that provider is required by law to tell us about. Due to technical problems on our part, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We visited the office location on 16 and 18 October 2018 to see the manager and office staff; and to review care records relating to four people, three staff recruitment files, policies and procedures and other records relating to the running of the service. We talked with five people and one relative of a person receiving a service on the telephone on 17 October 2018. We also visited three people in their homes. We talked with the director, the registered manager and three care staff. We also spoke to a health and social care professional.

Is the service safe?

Our findings

Systems, processes and practices safeguarded people from abuse. People told us that they felt safe with staff. Staff were confident in their knowledge of safeguarding and how to report any concerns. Staff were trained in safeguarding and regularly discussed this in staff meetings. The registered manager told us about safeguarding concerns they had raised on a person's behalf.

Lessons were learnt when things went wrong, and improvements were made. Staff told us that the registered manager and director were open and transparent when things went wrong. For example, accidents and incidents were recognised and recorded, with clear action taken. A log was completed to help the registered manager identify any themes and trends.

People were involved with recognising and assessing risks relating to them. Risks around people's care needs and the moving and handling of people were assessed in detail and included what people could do independently. Guidance for staff specified how to support the person safely. For example, when people had specific information about how they moved, there was detail about the support they needed from staff to ensure this was done safely.

Sufficient staff were available to meet the care visits that people needed. The service used an electronic planning system which allowed easy identification of visits so these could be matched with staff. Staff had sufficient time to travel between places as the system also estimated the travel time required. The registered manager explained that the system also supported the allocation of preferred staff, and stopped the allocation of any staff who the person had requested did not visit them. The registered manager had assessed an emergency rating for each person, to assist should they need to prioritise care visits in the event of an emergency affecting their ability to reach people for their planned care visits.

People told us that they received their rota every week so they knew which staff to expect. They also told us that if visits were delayed, staff kept them informed. We observed this, when a member of staff called the office when they were delayed and the office telephoned the person to advise them. One person told us, "If they are going to be late they ring or if there are any changes that they ring and let me know." Another person said, "If there are changes they will call me to check if they can send somebody else."

Staff told us that the visit times were long enough to complete the tasks required. One member of staff said, "I've not come across a call yet without enough time given." A person's relative told us, "They are pretty good on time-keeping and they are very aware of time-keeping. If they are going to be very late they will ring ahead and tell us. We know them so well now, it wouldn't worry me at all if they were running late because I know they would be on their way."

Recruitment procedures were in place to assess the suitability of prospective staff. These included application forms, references and evidence of being able to work in the UK. A Disclosure and Barring System (DBS) check had also been completed, which identifies if they had a criminal record or were barred from working with children or adults. This meant that the provider had assessed the suitability of the staff they

employed.

People were supported to take their medicines safely, where this was required. The risks around medicine administration had been assessed with people, and their relatives as appropriate. Staff received training on how to support people with medicines safely. Medication Administration Records (MAR) were provided for staff to document when they gave people medicines. The MAR were then collected and audited monthly to ensure people received their medicines when they needed them. Policies supported good medicines practice and included clear guidance on how to report any errors.

Risks around the prevention and control of infection were managed, with staff using personal protective equipment (PPE), such as gloves and aprons. Staff told us they were supplied with sufficient quantities of these items. Risks of lone working were also considered and staff had been supplied with personal alarms.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. The registered manager told us they had not yet needed to assess any person's capacity to make any specific decisions as all those currently receiving support were able to make such decisions themselves.

People told us that their consent and opinions were sought and respected. Staff told us how they would check consent with people, explaining step by step. For example, with a person who had limited verbal communication they told us they asked closed questions and checked the person's agreement with them, as sometimes the person could get words confused.

Clear assessments were undertaken with people before they started using the service. This assessment included information on what they wanted from the service, their preferences and life history. One person told us, "They asked how I wanted things done. My social worker gave me a few ideas and I have been able to introduce things."

The registered manager explained that when there were changes to people's support plans these were communicated with staff by telephone and an updated plan would be sent to the person's house, ensuring staff had access to the right information at the right time. Staff told us they had the right information to provide effective support to people.

When people's needs changed, meaning that the skills needed by staff changed, the registered manager and director responded to this. For example, one person was given mobility equipment that staff had not previously experienced. The director and registered manager arranged for spot checks and support for staff on visits to ensure the equipment was used correctly and staff felt confident.

Staff who were new to the service went through an induction process which included a booklet following the care certificate. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It's made up of the 15 minimum standards that should be covered if you are 'new to care' and should form part of a robust induction programme. The registered manager and staff told us that the length of time staff shadowed was discussed and decided individually depending on their experience and how confident they felt.

People told us that staff had the right skills to support them. Staff told us they had training through an external training company who provided workbook based training which assessed their learning. This included food hygiene, manual handling and dementia awareness. Staff capability and competence was also assessed through regular supervision, shadowing and spot checks.

People were supported around eating and drinking. Details were recorded of people's likes and dislikes, although staff explained that people would normally tell them what they would like to eat or drink. One person had a food chart completed regularly by staff. This showed what the person had chosen to eat and how much of the meal had been eaten, when observed by staff. This allowed clear communication with others involved in the person's care about their appetite.

People were supported to live healthier lives. When appropriate, staff would contact health care professionals on behalf of people and support them to healthcare appointments. Care plans held information on people's medical conditions and their GPs.

Is the service caring?

Our findings

Staff were kind and caring and took time with people. One person said staff were, "Reliable, caring and don't rush me. Not being rushed; It makes a lot of difference. They are very patient with me. When they first come they could tell that I was nervous. They knew how to treat me." Another person said, "They're just caring. They don't rush me."

Staff knew people well and understood how best to communicate with them. For example, when people had sensory loss or communication barriers their preferred communication methods were known and understood by staff. Staff also understood the importance of their actions. For example, the placement of items for a person with sight loss.

People were supported compassionately and offered emotional support when needed. For example, one person had previously had a difficult experience with another homecare provider. The registered manager described how they and the staff team worked with this person to build their trust. The person told us how grateful they were to the management team and explained staff, "might put their hand on mine to re-assure me." One member of staff told us, "We treat everybody as our own family. Be kind, caring and compassionate and take time." Staff knew people well, including their personal histories.

People were in control of making decisions about their care, with the involvement of their relatives as they wished. One person said, "[Staff member] always asks, she is very polite." People and their relatives also told us that staff were helpful. One person said, "They do what I ask of them." Another person's relative told us, "They are so willing to do anything you ask of them."

People told us they were treated with dignity and their choices respected. People told us their homes and property were respected by staff. People's privacy was respected. For example, staff told us they ensured that doors and curtains were closed before providing personal care and covering people with a towel. People told us that staff respected their privacy. The registered manager and director explained that the computer system only revealed information about people to staff when they were visiting the person. This ensured that information was kept confidentially.

People's independence was promoted. Staff told us they would encourage people to undertake tasks they were able to, for example washing their face and hands when completing personal care. People told us that they would agree with staff which areas they needed support with. One person told us about how staff had supported them following a health issue. They credited the staff with improving their quality of life and said, "I'm on the mend now and I wouldn't be where I am without them."

Is the service responsive?

Our findings

People told us they received personalised care. People were supported, when needed, to take part in activities and access the community. One person told us the support they received to exercise regularly was working well. Regular reviews were held with people to ensure that the service provided was meeting their needs and to discuss any changes needed. For example, the number of staff supporting one person each visit had recently increased. This was discussed and documented in their review. One person told us, "They all make sure to do the job properly. If it's not done right, I'll tell them."

Staff understood people's diverse needs and preferences including those related to disability, gender, ethnicity, faith and sexual orientation. For example, staff had previously supported people with meal preparation in accordance with the person's religious beliefs. These were recorded in care plans and all staff we spoke to knew people well. People using the service also commented on how their individual needs were met.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. This standard was being met. For example, rotas were sent in larger print for people who needed this format. One person said, "They bring the rota in in big type because I spoke to the boss and told her that I have problems with my eyes. Now they print it out big and they made sure I could read it." People's communication needs were also detailed within their support documentation.

Information about access to people's property was available to them as well as any key information when attending calls through a secure electronic application. This meant they could be sure to have up to date information about people and their needs, when things had changed. The registered manager explained the security settings around this were robust and allowed the service to remove access when staff left employment.

People and their relatives felt confident to raise any concerns. One person told us, "They are very professional and they are working so hard with me. If there are any problems I only have to ask." Another person's relative told us, "If anything were ever wrong I absolutely wouldn't hesitate to raise it with them." People were provided with a copy of the complaints procedure in their home folder.

Complaints were responded to and used to improve the service. For example, when a complaint was made about a member of staff this was discussed with them and the person. The relationship had broken down between the parties so the registered manager removed the member of staff from further care visits to this person. Compliments were also recorded.

No one was receiving end of life care at the time of the inspection. The registered manager told us about a person they had recently supported toward the end of their life, who had moved into a hospice. Staff had worked closely with the local hospice and other professionals to ensure the person was cared for in the right

place. Staff were supported by the director and registered manager undertaking visits with them and they were able to contact the office for emotional support as needed.

Is the service well-led?

Our findings

There was a clear vision and positive culture within the service and staff team. The director and registered manager told us they wanted to keep the service person-centred and remember that staff made the company. They explained that having office staff who were experienced carers and ready to support with visits, when needed, supported this vision. Staff told us, "They don't want to be like every other company." A health and social professional told us, "I feel the senior staff manage our requests very well with care and attention and always seem to have our client's best interests at heart."

Staff told us that they felt supported by the registered manager and the director. One member of staff told us, "I can contact them at any time, they are always there." Another told us, "They really care about clients and staff. They are there and help, whatever it is. Problems get sorted."

People told us the service was managed well. One person told us, "Hands on experience makes the difference." Another person told us the service was, "very professional and efficient."

A clear governance framework was in place. For example, audits of care notes ensured that records were clear and accurate. Staff told us they received feedback from the management team about their work. One member of staff said, "They tell me if there are issues but also tell me when things are good." Staff told us they could contact the registered manager and director for support whenever they needed to.

The registered manager understood their legal requirements and obligations. They had submitted notifications to us as required by law. The registered manager kept up to date with changes in the sector using support from CQC, Skills for Care and other organisations.

People and their relatives were surveyed about their experience of the service. Comments received were very positive. The registered manager was continuously looking for ways to improve the service based on the feedback they received.

Staff were supported with regular supervision and meetings to discuss changes and developments with the service, such as new people to support, new staff and changes in laws affecting the service, like the General Data Protection Regulations.

People told us they also had regular contact with the registered manager and the director and could discuss any concerns they had. One person said, "Normally they are just faceless people, but here I know their names and I've got meet them personally."

The staff worked in partnership with other agencies. A health and social care professional told us they found the staff, "good, helpful and on board." Another told us, "In my experience Care4You have been very good. They seem to be especially able to take on care packages which have failed with another agency, for different reasons, and when their carers take over, the care seems to work well. I would say it works well mainly because they are a small agency, compared to some, and the managers do the calls as well as the

staff, so this helps identify any potential issues before they get too big, it also helps the clients as they can see the same carers and also know the managers better, and can feel comfortable in approaching them direct."