

## Care for You (UK) Limited

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### 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

This inspection took place on 4 February 2015. The provider was given two days' notice of our inspection. This was to arrange for staff and people to be available to talk with us about the service.

Care for You is a small domiciliary agency which provides 24 hour live-in support to people in their own homes. On the day of our inspection the agency was providing 24 hour support to three people.

The registered manager identified in this report is no longer the manager of the service. 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. The registered manager had left the service the previous week, and the provider was in the process of recruiting a new manager. A senior member of staff was managing the service in the interim period.

People and their relatives told us they felt safe using the service and staff treated them well. Staff understood how to protect people they supported from abuse. People and their relatives thought staff were kind and responsive to people's needs.

# Summary of findings

Management carried out regular unannounced checks on care staff to observe their working practices and to ensure records were completed accurately. There was an out of hours on call system in operation, this ensured management support and advice was always available for staff.

Staff were well trained and could meet the complex needs of people they cared for. The agency had good staff retention rates and low levels of staff sickness.

Management and staff understood the principles of the Mental Capacity Act 2005 (MCA), and supported people in line with these principles. Where people had been assessed as not having capacity, best interest decisions had been taken.

People told us they knew how to make a complaint if they needed to. They were confident that the service would listen to them and they were sure that their complaint would be fully investigated and action taken if necessary.

Staff, people and their relations felt the management of the service was open and transparent. Positive communication was encouraged and identified concerns were acted on quickly. The vision and values of the service was to encourage independence, respect and dignity.

# 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.

People received support from a consistent team of care workers, who understood the risks relating to people's care and supported people's safety.

Good



### Is the service effective?

The service was effective.

People were supported by a team of care workers who had received training and good management support to help them undertake their work effectively. People had good access to healthcare services, and staff ensured people received a balanced diet.

Good



### Is the service caring?

The service was caring.

People and their relatives thought staff were very caring and knew them well. Staff respected people's privacy and dignity, and people were pleased with the service provided.

Good



### Is the service responsive?

The service was responsive.

People and their relations were fully involved in decisions about their care and how they wanted care workers to support them to live their lives. Management regularly checked people were happy with the care provided, and dealt with any concerns immediately.

Good



### Is the service well-led?

The service was well-led.

Management supported staff to provide a high level of care which focused on the needs of the individual. People and staff told us management were open, and encouraged communication to ensure people received good quality care.

Good



# Care for You (UK) 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.

The inspection took place on 4 February 2015 and was announced.

The provider was given 48 hours' notice because the agency provides 24 hour care to people in their own homes. The notice period gave the manager time to arrange for us to speak with people who used the service and staff who worked for the agency, and ensured they would be in the office for us to speak with.

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 reviewed information received about the service, for example, from notifications we asked the provider to send to inform us of events which affect the service. We also contacted the local authority commissioning unit to find out their views of the service provided. They told us they had no concerns about the service.

We visited the agency's office in the morning and looked at the records of the three people who used the service and looked at a sample of two staff records. We also reviewed records which demonstrated the provider monitored the quality of service (quality assurance audits). We spoke with the acting manager and the nominated individual. In the afternoon we spoke by phone with one person who used the service, the relatives of the two other service users, and three care staff.

# Is the service safe?

## Our findings

A person who used the service and the relatives we spoke with told us they felt safe. One relative said, “They are very good at keeping [person] safe.” The relative told us their relation could not communicate verbally and, “If [person] does not feel safe it shows in their face.” They told us the care worker picked up on these visual cues very quickly and made sure they felt safe.

Staff told us they felt able to contact the office if they had any concerns about a person’s safety or wellbeing. One member of staff told us they contacted the office because the air in an airwave mattress was not circulating and they were concerned this would impact on the safety of the person using it. They told us the office was very helpful in making sure the equipment was working correctly. They also told us, “I will ask, and I will query, and they [office staff] do come back to me quickly, I don’t rest until I get answers.”

One relative explained their relation could display behaviours which challenged others. They said staff were, “Very good at communication, [person] tends to kick off but they are very understanding, they know how to manage [person’s] behaviour.” We looked at the person’s care plan. We saw this gave comprehensive information about the person’s behaviour and the circumstances which might indicate a behaviour change.

The three people using the service had a range of physical and mental health needs which meant they required 24-hour care. We saw the manager had assessed the risks in relation to the provision of care. For example, one person required two staff to support them moving with the aid of a hoist. This meant staff from another service came to the person’s home a few times a day to support the member of staff who provided live-in care to move the person safely. Another person had a medical condition which meant they had to be kept warm at all times, if this did not happen the person’s health could be compromised. There was good information about the medical condition in the person’s care file, and what the staff member needed to do to

support the person manage the condition. The staff member responsible for the person’s care had a very good understanding of their needs, and worked in conjunction with the family and the district nurse to minimise the risks.

Staff understood the importance of safeguarding people who they provided support to. They understood what constituted abusive behaviour and their responsibilities to report this to the manager. The acting manager told us there had been a safeguarding incident where some money could not be accounted for. In response to this, they instigated a policy where there was now a handover sheet at the beginning of each worker’s new shift where the money was checked and recorded.

People received care from staff they knew well and trusted. We found the organisation had good staff retention levels. People and their relatives were happy with the continuity of care provided to them or their relation. They knew their regular care workers, and were given advanced notice of who would be supporting them if the regular care worker was on annual leave. We saw a note in the care record of one person which said, “A new worker is going to be introduced to [person] to cover sickness and leave, but introduced slowly, as [person] does not like change.”

The manager told us they tried to match the person’s needs with the individual person. For example, if the person was a younger adult, they would try to match them with a younger care worker. Staff confirmed safe recruitment practices were followed. They told us they could not start working until their criminal record checks and references had been returned to the office.

Staff administered medicines to people. Staff had received training to support them in administering medicines safely. The care records gave staff information about what medicines people were taking, why they were needed and any side effects they needed to be aware of. The manager told us they undertook regular checks to ensure medicines were managed safely. This was confirmed by staff, one of whom said, “They do visit and check the medication.” Staff knew to contact the manager if they had made a mistake with medicines, and told us they would feel safe to do so.

# Is the service effective?

## Our findings

One relation told us, “I can’t praise them enough; [person] has a better life with them (than previously)”. Another said, “They know [person] inside out, they are brilliant.” The person who used the service told us, “They look after me well, they let me have as much independence as I want.”

Support plans were comprehensive and had been written in partnership with people and their relations. The person receiving care told us, “I was involved in my support plan; it is a reflection of what I wanted.” The support plans detailed people’s likes and dislikes, their needs, preferences and choices. Staff we spoke with had a very good understanding of people’s needs and choices.

Staff told us they received good support and training. The provider supported staff to have a combination of training considered essential to deliver safe and effective care. These included moving people safely, promoting independence, and safeguarding people. This meant the provider could ensure staff new to the organisation had their training needs met promptly as part of their induction and could provide refresher training to staff when required.

Staff provided 24 hour care to people and management provided staff with 24 hour support. There was a helpline staff could contact if they had any concerns or wanted management advice. One member of staff told us, “We can call [management] any time, they are always very helpful, especially with training.” We asked a relative whether they felt staff had received the right training to undertake their work. They told us, “There’s no problem with staff, they’re trained.”

We found management undertook regular checks on staff to ensure high standards of care were being met. The manager told us they regularly went to people’s houses at different times of the day to ensure staff were delivering the care expected. This was confirmed by relatives and staff. One staff member said, “[the manager] comes to see how things are going, and to assist.”

The organisation followed the Mental Capacity Act code of practice. Staff understood people were assumed to have capacity to make decisions unless it was established they did not have capacity. Staff told us they had received training in the Mental Capacity Act. A staff member told us, “It was very informative about people’s mental state and how we should deal with it, how people make their own choices.” As well as training, the staff newsletter had focused on the principles of the MCA, and these principles had been printed out and displayed on the office wall as a reminder to staff.

We looked at the care records of the three people who used the service. Where people had been assessed as not having capacity to make decisions, the organisation had worked with relatives to ensure decisions were taken in the best interest of the person, and were the least restrictive option.

Staff cooked meals for people who used the service. The manager told us as part of the interview process for new staff, they checked staff’s ability to cook and to understand what constituted a balanced diet. The manager told us, this had been added to the interview process after a spot check had found one care worker had provided a poorly balanced nutritional meal and did not understand why it was not considered nutritionally balanced. This was to ensure people who were fully dependent on staff making their meals received a balanced diet.

People were involved with their meal planning and food shopping. The organisation had worked with the Speech and Language Team (SALT) to support one person with a soft food diet and another person to ensure they received a vegetarian diet.

Staff told us they worked well with other professionals to support people with their health needs. Staff worked with district nurses, SALT, and social workers. They also supported people to see other health care professionals such as the GP and dentist.

# Is the service caring?

## Our findings

People and their relations told us that staff treated them with kindness and compassion. The relative of one person told us, “[staff member] is very tuned into [person] – she is the main carer, it (care) is also very good with the other carers, together they work very well.” Staff understood people’s needs and tried to make sure their needs were met. The staff member who worked with a person who could not verbally communicate, had a very good knowledge of their non-verbal communication. They told us it took a long time to learn the person’s body language, and they worked with the family to help them understand the cues given.

Another relative told us, “I am over the moon with [person’s] care, [person] has two fantastic carers, they know [person] inside out.” The person using the service we spoke with said, “On the whole I am very pleased with [the service], they look after me well.”

Staff understood how to provide care to people whilst retaining dignity and privacy. For example, staff ensured doors were shut for privacy, and staff left people alone when using the bathroom returning when they were asked to. The person using the service told us, “They respect me as an individual, I am happy with personal care.” The person was male and had female care workers. We asked whether they had been given the choice of male or female care workers. They told us, “I prefer female care workers”.

Staff did not wear uniforms. The manager told us there was a dress code, but because staff lived with people in their own homes, it would not be respectful to the person if they wore a uniform whilst on duty. This also meant when people were supported in the community, they were not identified as being with a paid care worker and their privacy and dignity was maintained.

# Is the service responsive?

## Our findings

People using the service and their relatives told us they knew how to make a complaint if they needed to. No one had made a formal complaint but one person had raised a concern. They told us they had contacted the office because they were not happy about the attitude of a member of staff. They told us the member of staff, “Never went back there again. They [the agency] jumped on it straight away – they listen 100%”. They went on to tell us, “I can’t praise the agency enough for the communication we have, I’m speaking from the heart.” Another relative told us, “I know I could ring at any time, they constantly keep in contact...I’ve never had anything to grumble about.” The person we spoke with said, “I’ve not had any concerns about this company.”

People told us they received personalised care because they or their relation were involved in their care planning before the service began. This meant they had been consulted and were able to tell the service what their needs were, how they wanted them to be met and at what time of

the day they required the support. For example, one person’s care plan said, “[person] likes to retire to bed between 8.30-9pm. Weekends [person] tends to sit up later.”

People and their relations told us, the manager regularly checked with them that the care provided was what they wanted, and was changed if required. We saw formal reviews had taken place for each person.

Staff encouraged and supported people to follow their interests and take part in social activities. Relatives told us they were pleased their relations had active social lives. Social activities included going on walks, having pub lunches, involvement in church activities, shopping, and attending college.

People were supported to be independent. Staff were aware of potential risks and worked with these to ensure people had positive outcomes and lived their lives as they chose. For example, one person liked going out and used public transport. To make the most of their trips out, staff had to make sure regular breaks were planned for.



# Is the service well-led?

## Our findings

The registered manager had left the agency the week prior to our inspection. A senior member of staff was acting as manager until a new manager was recruited.

Staff told us they received regular support and advice from their manager via phone calls, texts and face to face meetings. Staff felt the manager was available if they had any concerns. One staff member said, “Management are so good, they really help you.” Another member of staff said about management, “I feel well supported, I can’t complain.” We found good staff retention rates, and low staff sickness levels. There were good systems in place to cover staff when they were sick or on annual leave to ensure continuity of care.

The manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. The manager undertook a combination of announced and unannounced spot checks to review the quality of the service provided. This included

arriving at different times of the day to observe the standard of care provided. The spot checks also included reviewing the care and medication records kept at the person’s home to ensure they were accurately completed.

A quality questionnaire had been sent out to people who used the service. The results demonstrated that people were very pleased with the service provided. A recent questionnaire was sent to staff to complete, but no staff had returned it. The provider was going to look at why staff had not completed this.

The provider had updated their visions and values. They told us they were looking at providing more outcome focused care. This was evident in the care plans which looked at the outcomes people wanted from the care provided. The provider wanted the service to provide more individualised care. Again, we saw this in care records, which gave comprehensive information about each person’s likes and dislikes and how staff should support them to meet their identified needs and wants.