

Care 4 U Services (Lincs) Ltd

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Inspection report

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Lincolnshire
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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 ●

Summary of findings

Overall summary

Care 4 U Services (Lincs) Ltd provides care for people in their own homes. The service can provide care for people of all ages including people with a physical disability, special sensory needs and a learning disability. It can also provide care for people who live with dementia. At the time of our inspection the service was providing care for 45 people most of whom were older people. About one half of these people were receiving palliative medical and nursing care from healthcare professionals. The service was providing the personal care that was necessary to enable these people to remain at home at the end of their lives. The service had its office in Lincoln and covered the city and surrounding area including Sleaford, Washingborough, Welton and Saxilby.

Staff knew how to recognise and report any concerns so that people were kept safe from abuse. People were helped to avoid having accidents and they were assisted to safely use medicines. There were enough staff to enable most of the planned visits to be completed on time and background checks had been completed before new staff had been appointed.

Staff knew how to care for people in the right way and they had received all of the training and support they needed. People had been supported to eat and drink enough and they had been helped to access any healthcare services they needed. When people received palliative care staff had ensured that the personal care they provided complemented the medical and nursing care given by healthcare professionals.

The registered manager and staff were following the Mental Capacity Act 2005 (MCA). This law is intended to ensure that people are supported to make decisions for themselves. When this is not possible the Act requires that decisions are taken in people's best interests.

People and their relatives said that staff were kind and considerate. Staff recognised people's right to privacy, promoted their dignity and respected confidential information.

People had received all of the care they needed including people who had special communication needs and were at risk of becoming distressed. People had been consulted about the care they wanted to receive and had been supported to make choices about their lives including pursuing their interests and hobbies. There were arrangements in place to quickly and fairly resolve complaints.

People had been consulted about the development of the service and regular quality checks had been completed. The service was run in an open and relaxed way, there was good team work and staff were supported to speak out if they had any concerns about poor practice. People had benefited from staff acting upon good practice guidance.

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.

Staff knew how to protect people from abuse and people had been helped to stay safe by avoiding accidents.

There were enough staff to complete most of the planned visits on time so that people could receive the care they needed.

Staff assisted people to manage their medicines safely.

Background checks had been completed before new staff had been employed.

Is the service effective?

Good ●

The service was effective.

Staff had received all of the training and support they needed.

People had been supported to eat and drink enough and staff had helped to ensure that they had access to any healthcare services they needed.

The registered manager and staff were following the MCA.

Is the service caring?

Good ●

The service was caring.

People said that staff were kind and considerate.

Staff recognised people's right to privacy and promoted their dignity.

Confidential information was kept private.

Is the service responsive?

Good ●

The service was responsive.

People had been regularly consulted about the care they wanted to receive.

Staff had provided people with all the care they needed including people who had special communication needs or who could become distressed.

People had been supported to make choices about their lives including pursuing their interests and hobbies.

There were arrangements in place to quickly and fairly resolve complaints.

Is the service well-led?

The service was well-led.

Quality checks had ensured that people reliably received all of the care they needed.

People had been invited to contribute to the development of the service.

Steps had been taken to promote good team work and staff had been encouraged to speak out if they had any concerns.

People had benefited from staff acting upon good practice guidance.

Good ●

Care 4 U Services (Lincs) 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 registered persons were 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.

Before our inspection visit we reviewed information we held about the service which included the Provider Information Return (PIR). This is a form that asks the registered persons to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications of incidents that the registered persons had sent us in the preceding 12 months. We also spoke by telephone with five people who used the service and with five of their relatives and representatives. We did this to obtain their views about how well the service was meeting people's needs. In addition, we spoke by telephone with six members of staff (care workers) who provided care for people.

We visited the administrative office of the service on 1 June 2016 and the inspection team consisted of a single inspector. The inspection was announced. The registered manager was given a short period of notice because they are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to contribute to the inspection.

During the inspection visit we spoke with the deputy manager and the registered manager. We also spoke with two senior care workers who were responsible for organising the visits that were completed to people's homes. In addition, we examined records relating to how the service was run including visit times, staffing, training and quality assurance.

After the inspection we corresponded with one of the healthcare professionals who provided palliative care for a person who also received visits from the service.

Is the service safe?

Our findings

People said that they felt safe when in the company of staff. A person said, "I look forward to staff coming because they're a friendly face." Relatives were reassured that their family members were safe. One of them said, "I am pleased to know that the staff are going in to see my family member because it means someone is checking they're okay."

Records showed that staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. We noted that they knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved.

Staff told us that they were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm.

People were protected from the risk of financial mistreatment. We checked a sample of records which showed that the people concerned had been correctly invoiced for the care they had received. We also noted that there were robust arrangements in place to ensure that staff did not receive gifts or other gratuities from people who used the service. In addition, there were suitable arrangements to ensure that people received the correct change on the small number of occasions when staff went shopping for them. All of these measures helped to ensure that people were being supported to manage their money in a safe way.

Records showed that staff had identified possible risks to each person's safety and had taken action in consultation with health and social care professionals to promote their wellbeing. An example of this had occurred when staff noticed that a person had been discharged from hospital without fully understanding how to use all of the medicines they had been given. We noted that staff had liaised with the hospital concerned to establish how the person could safely use the various medicines they had been given. This action had helped to ensure that the person could fully benefit from the treatment that had been prescribed for them.

We noted that the registered manager had systems in place so that if an accident or near miss occurred steps could quickly be taken to help prevent the same thing from happening again. An example of this was the steps staff had taken to ensure that people who experienced reduced mobility had been provided with suitable hoists. This helped to ensure that they could safely be assisted to move and change position without the risk of falling.

Records showed that staff had received training and support to enable them to assist people to use medicines as intended by their doctors. People said and records confirmed that staff had provided the assistance people needed to take their medicines at the right time and in the right way. A person speaking about this remarked, "The staff are very good to me and make sure that I take my tablets. They also check that I have enough to last me for the week which I know isn't their job but they do it in any case because

they're caring."

We found that there were enough staff to reliably complete all of the visits that had been planned. Staff told us that they usually worked in the area where they lived with each care worker being allocated a number of visits to complete at particular times each day. We examined records of 20 visits completed by staff for three people in the two weeks before our inspection visit. They showed that all of the visits had been undertaken and that staff had remained in people's homes for the correct amount of time. The records also showed that 18 of the visits had been started on time while in the case of the remaining two visits the member of staff had been a little late. The way in which most visits were being completed helped to reassure people that their care was going to be provided in line with their expectations. When speaking about this a person told us, "In general the time keeping is very good especially when you consider the traffic around here. I've never had the staff not arriving for a visit." A friend and representative of a person who used the service said, "I think that the service is pretty well organised because the staff arrive on time most days and I know that they provide all of the help that was agreed when the service first started."

However, one person was less complimentary and said, "Although I still like the service and intend to continue with it there are too many occasions when staff are late and no one lets me know, so I'm left wondering if they're going to turn up." In relation to this issue, we examined three rosters that had been used by different care workers to organise their visits. We noted that one of the rosters had not been correctly prepared because there was no time allowed for the member of staff to travel between their visits. The registered manager acknowledged that this oversight had increased the risk that the member of staff who used the roster would not be able to complete all of the visits on time. The registered manager assured us that the roster in question would immediately be revised to ensure that realistic travel times between visits were included. They also said that all of the rosters used by other staff would be checked to ensure that any similar mistakes were addressed.

We examined the background checks that the registered persons had completed before two members of staff had been appointed. Records showed that a number of checks had been undertaken. These included checks with the Disclosure and Barring Service to show that the staff in question did not have relevant criminal convictions and had not been guilty of professional misconduct. Other checks included obtaining references from relevant previous employers. These measures helped to ensure that staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

Is the service effective?

Our findings

People and their relatives said that they were confident that staff knew how to provide care in the right way. A person speaking with us about this matter commented, "Yes, I do think that the staff know what they're doing because I get the care I need. Sometimes a new member of staff takes a bit of time to get to know all of the details about the care I need but that's fair enough." On the same subject a relative told us, "My family member needs a lot of particular care as they are so unwell and the staff do this and remain positive and helpful."

The registered manager said that it was important for staff to receive comprehensive training and support in order to ensure that their knowledge and skills remained up to date. Staff told us and records confirmed that new staff had received introductory training before they worked without direct supervision. This training included staff completing a number of exercises to demonstrate their competency in line with the national standard required by the Care Certificate. An example of this was the way in which new staff had been carefully observed when administering medicines and when assisting people who lived with reduced mobility. This had been done to check that they had benefited from their training and were competent to care for people.

We also noted that established staff had been provided with the refresher training in key subjects such as how to safely assist people who had limited mobility and first aid. Records showed that staff had regularly met with a senior colleague to review their work and to plan for their professional development.

We found that staff had the knowledge and skills they needed to consistently provide people with the care they needed. An example of this involved staff telling us how they assisted people who needed to be helped using a hoist. We noted that they suitably described how to safely use the equipment including occasions when two staff needed to work together in order to correctly deliver the assistance in question. Other examples included staff having the knowledge and skills they needed to help people to promote their continence and to achieve good standards of hygiene so as to reduce the risk of people acquiring infections.

The Mental Capacity Act 2005 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. We found that the registered manager and staff were following the MCA in that they had supported people to make important decisions for themselves. This had involved consulting with people who used the service, explaining information to them and seeking their informed consent. Some people who used the service gave examples of this when they described how staff had explained to them why they needed to deal with official correspondence so that bills did not mount up and become a problem. Records showed that another example had involved staff gently encouraging people to make the right decisions to enable them to stay safe by always wearing their emergency pendant. These devices enable someone to call for assistance if they experience a fall and cannot reach the telephone.

Records showed that on a number of occasions when people lacked mental capacity the registered manager had contacted health and social care professionals and relatives to help ensure that decisions were taken in people's best interests. An example of this involved the registered manager liaising with a relative and with healthcare professionals after staff had become concerned that a person who lacked mental capacity was at risk. This was because they had incorrectly used a medicine in a way that could have compromised their wellbeing. We noted that as a result of this action practical steps had been taken to reduce the risk. This had involved ensuring that the medicine was securely stored when it was not being administered by staff and relatives.

We noted that when necessary people had been provided with extra help to ensure that they had enough to eat and drink. Records showed that some people were being given gentle encouragement to eat and drink regularly. This included staff preparing and serving food for people who might otherwise have not been provided with a hot meal. We also noted that staff kept a record of what some people had eaten and drunk during each visit so that they could respond quickly if any significant changes were noted. Records showed that staff had noticed that a person was not always drinking all of a fortified drink. The drink had been prescribed for them as a supplement to their ordinary meals because they were at risk of not having enough nutrition. We saw that in consultation with healthcare professionals new arrangements had been made to support the person to be offered a smaller amount of the drink but on a more frequent basis. We were told that as a result of the arrangement the person had been able to consume most of the drink and had obtained the additional nourishment they needed. A relative told us how much they appreciated this part of the care their family member received saying, "I'm reassured to know that my family member is helped with their meals because otherwise they might not have all of the nourishment they need."

People said and records confirmed that they had been supported to receive all of the healthcare services they needed. This included staff consulting with relatives so that doctors and other healthcare professionals could be contacted if a person's health was causing concern. Staff told us that they recognised that this was particularly important when someone was nearing the end of their life and was receiving palliative care at home.

Is the service caring?

Our findings

All of the people who used the service with whom we spoke were positive about the quality of care they received. One of them said, "I am very pleased with the care I get from the staff. I can't fault even one of them because they're all very kind and helpful." Another person said, "It's important to trust and get on with people coming into your home isn't it. All I can say is that I look forward to seeing the staff because they're genuinely caring people." Relatives were similarly complimentary and one of them said, "The staff are fine and I'd soon know if they weren't."

People said they were treated with respect and with kindness. An example of this was a person who said, "There has been quite a high turnover of staff but the management seem to find the right people to employ as they're all fine with me." Another example was a person who told us, "The staff will always do little extras which they don't get paid for and you can't really ask for more."

We noted that staff knew about things that were important to people. This included staff knowing which relatives were involved in a person's care so that they could coordinate and complement each other's contribution. A relative spoke with us about this and remarked, "I like how the staff and the management keep in touch with me if there's something I need to know or if they're concerned about how my family member is doing."

Records showed that most people could express their wishes or had family and friends to support them. However, for other people the service had developed links with local advocacy services that could provide guidance and assistance. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes.

We noted that staff recognised the importance of not intruding into people's private space. Records showed that when people had been first introduced to the service they were asked how they would like staff to gain access to their homes. We saw that a variety of arrangements had been made that respected people's wishes while ensuring that people were safe and secure in their homes. In some instances this entailed staff knowing how to obtain the keys to people's homes if they preferred not to answer their door bell.

Staff told us that they had received guidance about how to correctly manage confidential information. We noted that they understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need-to-know basis. In addition, we found that staff were aware of the need to only use secure communication routes when discussing confidential matters with each other. An example of this was staff saying that they never used social media applications for these conversations because other people not connected with the service would be able to access them.

We saw that records which contained private information were stored securely. The service's computer system was password protected and so could only be accessed by authorised staff. In addition, paper records were kept neatly in subdivided files that were secured in locked cabinets when not in use.

Is the service responsive?

Our findings

Each person had a written care plan a copy of which was left in their home. People said that they had been invited to regularly meet with a senior member of staff to review the care they received to make sure that it continued to meet their needs and wishes. A person said, "I've seen one of the senior staff from the office now and then to check over the care that I am having. I've always been able to say that I'm happy with things apart from the odd late visit."

People said that staff provided all of the practical everyday assistance that they needed and had agreed to receive. This included support with a wide range of everyday tasks such as washing and dressing, using the bathroom and getting about safely. Speaking about the assistance they received a person told us, "I get several visits a day and the staff do a lot for me from getting up to sorting out my tablets and my meals. I'd be lost without them." We examined records of the tasks three different staff had completed during 15 recent visits to three people. We found that the people concerned had been given all the practical assistance they had agreed to receive in their care plans.

Staff were confident that they could support people who lived with dementia and had special communication needs. We noted that staff knew how to relate to people who expressed themselves using short phrases, words and gestures. An example of this involved a member of staff describing how they used their knowledge of the person to establish when they wanted something for which they were not able to easily ask. They said that during a recent visit they noticed that the person was uncomfortable when sitting in their armchair. This was because the person was repeatedly attempting to change their position. The member of staff said that they saw that a cushion had become misplaced and that once it had been moved the person smiled and relaxed in their armchair.

In addition, staff knew how to effectively support people who could become distressed. We saw an example of this when we were in the office and heard a senior care worker speaking on the telephone with a person who used the service. The person was anxious about being able to manage to put their 'wheelie bin' out in time for the next rubbish collection. We noted how the member of staff quietly reassured the person that their care worker would be happy to assist them doing this when they next called. They quietly explained to the person that the task in question would be completed in plenty of time for the bin to be emptied by the local council.

Staff understood the importance of promoting equality and diversity and we noted that they had been provided with written guidance about how to put this commitment into action. An example of this involved the way in which people had been consulted about the gender of the staff who they wished to invite into their homes when it was to provide them with close personal care. In addition, we noted that the registered manager knew how to support people who used English as a second language. They knew how to access translators and the importance of identifying community services that would be able to befriend someone by using their first language.

Staff had supported people to pursue their interests and hobbies. An example of this involved staff re-

arranging the times of visits so that people could attend events such as social clubs and family gatherings. A person remarked about this and said, "The staff are very good like that and very much fit around me. If I have something I need to do I just tell the office and they'll change a visit time if they can or cancel one if I don't need it for some reason."

People and their relatives had received a document that explained how they could make a complaint. The document included information about how quickly the registered persons aimed to address any issues brought to their attention. Records showed that in the 12 months preceding our inspection the registered persons had received four complaints. We found that in each case the registered manager had promptly investigated each of the concerns. This had included speaking at length with the members of staff involved and examining relevant records. We noted that on both occasions the registered manager had corresponded with the complainants to tell them what conclusions had been reached. In addition, the registered manager had explained what improvements they had introduced to help prevent similar concerns from arising in the future.

Is the service well-led?

Our findings

We saw that senior staff had regularly completed quality checks to make sure that people were reliably receiving all of the care they needed. These checks included reviewing records that were completed by care workers and returned to the service's administrative office at the end of each month. The reviews were completed to confirm that people's medicines were being safely managed and that people were correctly receiving all of the assistance they needed and wanted.

We also noted that senior staff were regularly completing 'spot checks'. These were usually unannounced and involved a senior colleague calling to a person's home while a care worker was completing a visit. Records showed that during these spot checks the senior member of staff consulted with the person using the service and observed how well their care was being provided. In addition, records also showed that suitable action had been taken when problems had been noted. An example of this had involved a care worker being given additional training when it had been noticed that they were not always correctly using disposable gloves to reduce the risk of cross infection.

We saw other records which showed that the company who owned the service had arranged for its director to complete occasional quality audits. These were being undertaken to check that the service was being run in the right way to ensure that people reliably received all of the care they needed. Records showed that in addition to examining various administrative systems the director had also visited people who were receiving care. This had been done so that they could observe how well staff were performing their duties and also so that they could obtain face to face feedback from people who used the service. We noted that during the most recent of these quality audits the director had said that improvements needed to be made in the way assistance was provided for some people who experienced limited mobility. These improvements included the provision of more written guidance for staff about people's individual needs and we saw that this development had been completed.

People said that they were asked for their views about the care they received as part of the everyday conversations they had with staff. A person commented about this saying, "I usually have a good chat with my care worker and it's all very open and relaxed. She often asks me how I'm doing and if I want anything else doing for me." In addition, records showed that people had been invited to complete an annual quality assurance questionnaire to give their views about how the service could be further improved. We noted that in their most recent feedback people had expressed a high level of satisfaction with the service they received.

People said that they knew who the registered manager was and that they were helpful. We noted that the registered manager and the deputy manager knew about important parts of the care people were receiving. In addition, they knew about points of detail such as which members of staff were allocated to complete particular visits. This level of knowledge helped them to effectively manage the service and provide guidance for staff.

We found that staff were provided with the leadership they needed to develop good team working practices.

These arrangements helped to ensure that people consistently received the care they needed. One of these measures involved there always being a senior colleague on call if staff needed advice during the evenings, nights and weekends. Staff told us about another measure when they described how they always read the records that were kept in each person's home. These described the care that had been provided and noted any changes which needed to be made. Staff said that this arrangement helped to ensure that they provided flexible support that responded to people's changing needs. In addition, staff said and records confirmed that there were regular staff meetings at which they discussed changes in people's care needs and any alterations they needed to make in order to meet them.

We found that there was an open, relaxed and friendly approach to running the service. Staff said that they were well supported by the registered manager and senior staff. They also said that they were confident they could speak to a senior colleague if they had any concerns about the conduct of another staff member. Staff told us that this reassured them that robust action would be taken if they raised any concerns about poor practice.

We saw that the registered manager recognised the importance of ensuring that people who used the service benefited from staff acting upon good practice guidance. An example of this was the way in which the registered persons had introduced the Care Certificate to ensure that new staff had all of the knowledge and skills they needed. Another example involved the registered manager undertaking a nationally recognised training course that focused upon how best to support staff when contributing to the provision of palliative care. We found that the registered manager's commitment to implementing national guidance in this matter was reflected in the knowledge and skills staff brought to this aspect of their work.