

Care 4U Services (Midlands) Ltd

Care 4U Services (Midlands) Ltd

Inspection report

384 Stratford Road
Shirley
Solihull
West Midlands
B90 4AQ

Tel: 08006894836

Website: www.maplegrp.org/care4u

Date of inspection visit:
16 February 2021

Date of publication:
15 March 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Care 4U Midlands Services is a domiciliary care service providing personal care support to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection the service was providing personal care to 35 people.

People's experience of using this service and what we found.

We received mixed feedback from people and their relatives about the care they received from Care 4U Services. Some people told us they were not confident concerns they raised would be listened to. People's experiences of the quality of care were inconsistent.

The provider had taken action to improve staff training since the last inspection. However, some people still felt staff were not always confident or competent in manual handling techniques and supporting people to move safely. Other people gave positive feedback about their experiences, said they felt safe with staff and that staff appeared well trained. Staff received supervision and gave positive feedback about working for Care 4U Services.

Staff were trained in infection control and there were sufficient supplies within the office of PPE and hand sanitiser. However, people told us some staff were inconsistent in following infection control guidance to prevent the spread of infectious disease.

Risks to people were assessed but the level of detail contained in risk assessments and care plans was varied. The registered manager acknowledged the gaps in some risk assessments and care plans and took immediate action when this was raised by implementing new risk assessments and updating people's records.

Information about people's medication was documented and there were protocols for people who needed 'as required' medication. Staff were trained in safeguarding and understood their responsibility to report any concerns, accidents or incidents about people to the registered manager.

The provider had not consistently demonstrated that they notified CQC of incidents that occurred at their service as they were supposed to. Improvements were still required in how the provider monitored the quality of care people received.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 9 September 2020) with identified breaches of the regulations in Staffing and Good Governance. The provider has existing conditions placed on their registration to complete improvement actions and report their progress to CQC. The provider

completed updates to their action plans and shared these with CQC in line with the conditions on their registration. However, at this inspection not enough improvement had been made to remove these conditions, and the provider was still in breach of regulations.

Why we inspected

This inspection was prompted by concerns we had received about the standards of care at the service, and failure to maintain good infection control procedures. As a result, a decision was made for us to inspect and examine those risks. We undertook a focussed inspection to review the key questions of Safe and Well Led. The overall rating of this service has remained as requires improvement. This is the second time the service has been rated as requires improvement.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. It does not cover legal requirements in relation to the other three Key Questions and therefore the provider remains in breach of Regulation 18 (Staffing) which was previously reported in the Key Question Effective.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care 4U Services (Midlands) Ltd on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Care 4U Services (Midlands) Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of four inspectors. Two inspectors visited the provider's offices and two inspectors contacted people, relatives and staff by telephone to gather feedback on their experiences.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection. Inspection activity started on 16 February 2021 and ended on 22 February 2021. We visited the office location on 16 February 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We received feedback from six people who used the service and five relatives about their experience of the care provided. We spoke with ten members of staff including the managing director, registered manager, and care workers. We reviewed a range of records including the care records for four people and a variety of records relating to the management of the service including complaints, staff spot checks and supervisions, minutes of staff meetings and accidents and incidents. We also looked at three staff files in relation to recruitment, safeguarding records and audits carried out for people receiving live in care.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at electronic daily care logs, a variety of risk assessments and care plans, training records, and a number of the provider's policies and procedures.

Is the service safe?

Our findings

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

At our previous inspection we rated the service as requires improvement in Safe. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and further time was needed to embed changes implemented since the last inspection. There was an increased risk that people could be harmed.

Preventing and controlling infection

- When we arrived at the provider's offices, we were not assured they were preventing visitors to their office from catching and spreading infections. The registered manager did not undertake any health screening questions, take our temperature or ask if we had any COVID-19 related symptoms. However, the provider told us the offices had been closed, and was opened only for our inspection visit. They agreed that visitors to the office needed to be screened for infection when they opened their premises again.
- The provider did not always dispose of used PPE effectively and safely. The registered manager told us they collected all PPE used by staff from people's homes and transported it to their sister care home for disposal in their clinical waste. However, this practice was not in line with government guidelines. Following our inspection visit the provider changed their disposal practices in line with government guidance.
- We were assured the provider was accessing testing for people using the service and staff. Vaccinations had begun so people and staff had additional protection from COVID-19.
- We were assured that the provider's infection prevention and control policy was up to date, however this needed to be followed to ensure safe infection control.
- There were sufficient supplies within the office of PPE and hand sanitiser and processes were in place to ensure staff had a regular supply.

Assessing risk, safety monitoring and management; Using medicines safely.

- Risk assessments and risk management plans were not always in place to protect people from the risks of recognised health conditions. One person needed to be repositioned at specific time frequencies to help keep their skin integrity intact. The care records and repositioning records were not consistent with each other. This person also needed medicines to manage their mental welfare. On occasions they could refuse these medicines. There were no risk assessments that recorded this, signs or triggers to look out for or what staff needed to do to safely manage this person's condition.
- Another person was diabetic. There was no risk management plan to tell staff what to do and signs to look out for if the person's blood sugar levels were too high or too low. There was no care plan either to tell staff how to safely care for this person.
- When we brought this to the attention of the registered manager, they implemented new risk assessments and risk management plans for each person.
- Environmental and health and safety control risks were completed so staff could support people safely in their own home environment.
- If people required support with medication, details were contained in an app which staff accessed during

their care call. Staff could only log out of the care call once all tasks were marked as complete. Information was also contained in people's care plans.

Learning lessons when things go wrong

- The registered manager knew what to do to investigate any issues and to learn from them. However, the provider's falls and incidents records were not always analysed for any emerging trends or patterns. The registered manager and managing director acknowledged records needed to be improved to show what actions had been taken to prevent similar incidents from happening again.

Staffing and recruitment

- People and relatives had mixed views whether there were enough staff to care for them safely, and whether staff showed the right competencies and skills to support people about staff availability, skills and competencies. Before our inspection visit one person's relative told us care staff required more training in manual handling techniques. During the inspection one person told us staff didn't always arrive on time or stay for the agreed amount of time. However, another person said, "They [staff] arrive on time, only when we had the snow they were running late, they phoned to tell me."
- The provider said they had enough staff employed to support people safely. A review of staff allocations and call times showed there were enough staff to attend scheduled calls to people's homes.
- Suitable employment checks were completed to help ensure staff were of suitable character to support people. One relative told us, "They are polite and kind to my mum. Mum would tell us if she was not happy with any of the staff, she feels safe with them."
- The provider recognised some staff were more vulnerable to the impact of COVID-19. They had risk assessed each member of staff to identify if action was required to keep the staff member safe.

Systems and processes to safeguard people from the risk of abuse

- The provider recorded safeguarding incidents and evidenced referrals were made to the local authority when safeguarding concerns were reported to the service.
- Staff understood their responsibility to report concerns about people to the registered manager to investigate further. One staff member said, "If I was concerned, I would phone the office immediately."
- Staff had the knowledge of how to escalate matters externally if they felt the provider or registered manager had not taken appropriate action to safeguard people from harm.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement with a breach of Regulation 17 Good Governance. At this inspection the rating and breach has stayed the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- At our previous inspection the provider's auditing and quality assurance systems were not operated effectively to ensure they identified areas which required action and improvement. At this inspection we found there had been some changes to auditing systems, however, systems and processes still required improvement and needed to be embedded and sustained.
- Some completed audits and resulting actions remained in the people's homes and were not kept centrally. We could not be assured these checks were effective as the registered manager's did not have good oversight of the quality of care being delivered across the whole service. The improvements to records and oversight need to be continually monitored through clear auditing to ensure improvement actions and standards were sustained.
- Some audits, checks and action plans we asked for were not made available to us. For some audits, the registered manager explained what was reviewed, but they failed to record what was checked, what was found and what actions had been taken.
- Some governance systems and processes to limit potential safety issues, such as effective checks of infection control prevention were not completed in line with the provider's policy and national guidelines. For example, transporting used PPE into another care setting. This had potential to place people and staff at unnecessary risk of cross infection.
- During our visit, we identified concerns about the accuracy of some risk assessments and care plans. The provider's audit systems failed to identify these, audits of care plan and risk assessments were not recorded. We found inconsistencies in the management's knowledge and what the care records said, to provide safe care to one person with their pressure care.
- For some people who had specific health conditions, no care plan or risk assessments had been completed, even though the registered manager said they had reviewed all care plans.
- Other audits seen, for example, medicines were a tick box exercise. A medicines audit signed as completed on 5 January 2021 and with no errors, had unexplained omissions. There was no evidence to show how this had been addressed. The registered manager said, "The person refused, and I spoke with the staff". There was no available evidence to support this. Medicines administration records we saw, did not have the dosage required so it was not clear, what staff administered was what the prescription was.
- To raise standards within the agency, the provider followed a monthly improvement plan as part of a condition of registration. The provider's plan needed more detail and evidence to show its true effectiveness

of how improvements were made.

- Statutory notifications had not always been sent to us for notifiable incidents. This is a legal responsibility and we could not be confident we had been informed about serious and notifiable incidents. When we brought this to the registered manager's attention they agreed to review their knowledge and understanding about notifiable events.

The above examples demonstrated a continued breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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

- We received mixed feedback from people about the quality of the service they received. One person said, "Staff stay for the time agreed. They are nice to me and listen to what I need. I feel safe with them", however another person said they would prefer a specific gender of care staff and were unhappy about how one individual care worker spoke with them. The person told us they had not raised these issues with the provider. Other people commented on the communication from staff if they were going to be late, as this was inconsistent.
- The provider encouraged people's views and feedback on the service through regular reviews of their care and regular check-ins.
- Overall staff told us they enjoyed their role and felt supported by the registered manager. One staff member said, "The manager is always on hand to phone if we have any concerns at all." Other staff told us they would like travel time scheduled between calls. When we raised this with the registered manager, we found this had already been addressed.

Continuous learning and improving care

- The registered manager and managing director welcomed the inspection and our feedback, especially around the areas for improvement. The registered manager said, "Now you have explained what you mean about audits, I am a lot clearer what I need to do." The provider was able to demonstrate following our inspection visit that they have implemented improvements to their auditing systems.
- The registered manager said the quality of care, the staff team and the overall service was far better than when we last visited. They explained they needed more time to understand and interrogate their own IT systems.
- Some improvement to electronic systems such as call monitoring and call planning were beginning to provide stability and assurance that people's care calls were completed in a timely way.
- The provider and registered manager were confident improvements had been made at the service. However, those improvements had been implemented at a time of external stresses due to the impact of COVID-19. This meant some of the provider's processes to ensure the quality of care were temporarily suspended to reduce the risk of introducing infection into people's homes. For example, regular observations of staff practice and face to face reviews of people's care.
- People received monthly reviews of their care to monitor their needs and identify if they had any concerns. In response to the COVID-19 pandemic, these reviews were changed from face to face to telephone calls. Where possible, the provider would ask the care worker to not be present to maintain a greater level of impartiality.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The registered manager understood their responsibilities in relation to the duty of candour.
- Records showed the registered manager responded to complaints and used staff supervision to address

practice issues. Where issues persisted, records showed action was taken through disciplinary processes. However, two people told us they felt uncomfortable about raising concerns, as they were worried about how this would impact on their care.

- The provider was planning to introduce external professionals to improve staff knowledge of using more complex moving and handling equipment. However, this had been put on hold due to COVID-19.
- Where staff were concerned about changes in people's health this was reported to management or they made contact with relevant health professionals directly.