

Care 4 All Ltd

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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 ●

Summary of findings

Overall summary

This announced inspection was carried out between 10 and 12 May 2017. The service provides domiciliary care and support to people in their own homes. At the time of the inspection, one person was being supported by the service.

The service had two registered managers (managers), one of whom was also the Nominated Individual (Responsible Person). 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 person supported by the service was safe because the provider had effective systems to keep them safe, and staff had been trained on how to safeguard people. There were risk assessments in place so that staff knew how to support the person safely. The person had been supported safely to take their medicines. The provider had effective staff recruitment processes in place and there was sufficient numbers of staff to support the person safely.

Staff received training, support and supervision that enabled them to provide appropriate care to the person who used the service. The person was able to provide verbal consent to their care and support, and the requirements of the Mental Capacity Act 2005 were being met. The person had been appropriately supported to have enough to eat and drink, and to access health services when required.

Staff were kind and caring towards the person they supported. They treated the person with respect and supported them to maintain their independence as much as possible. The person's relative was happy with how their relative's care was provided, and they valued the support they received from staff and the provider.

The person's needs had been assessed before they were supported by the service. Care plans took account of the person's individual needs and choices, and information received from their relative and healthcare professionals. Staff were responsive to person's needs and were working closely with the relative to ensure that the support they provided was appropriate. The provider had a system to manage people's complaints and concerns, and there had been no concerns raised about the quality of the service.

The provider had systems to assess and monitor the quality of the service. The provider worked closely with the person and their relative to ensure that the service provided appropriately met the person's needs.

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.

There were effective systems in place to safeguard people and staff had received appropriate training on how to keep people safe.

There was enough staff to support the person safely.

The person's medicines were managed safely.

Good ●

Is the service effective?

The service was effective.

Staff had received training and support to develop their skills and knowledge so that they supported people effectively. The requirements of the Mental Capacity Act 2005 were being met.

Staff understood the person's individual needs and provided the support they needed.

The person had been supported to maintain their health and wellbeing.

Good ●

Is the service caring?

The service was caring.

The person was supported by staff who were kind and caring towards them.

Staff respected the person's choices and supported them to maintain their independence.

The person was supported in a respectful manner that promoted their privacy and dignity.

Good ●

Is the service responsive?

The service was responsive.

Good ●

The person's care plans took into account their individual needs, preferences and choices.

The person and their relative were involved in planning and reviewing the care plans to ensure that their care needs were appropriately met.

The provider had a system to manage people's complaints and concerns.

Is the service well-led?

Good ●

The service was well-led.

Quality monitoring audits had been completed to assess and monitor the quality of the service.

The provider worked closely with the person and their relative to ensure that the service provided appropriately met the person's needs.

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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 between 10 and 12 May 2017. We contacted the service on 9 May 2017 to give notice of the inspection because we needed to be sure that there would be someone in the office to support the inspection process. The inspection was carried out by one inspector.

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 this and other information we held about the service including notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the visit to the provider's office on 10 May 2017, we met and spoke with two of the three directors who owned the service. Both registered managers were not available on the day. We looked at the care records for the person who used the service. We also looked at the recruitment and training records for the member of staff who supported the person. We reviewed information on how medicines and complaints were being managed, and how the quality of the service was assessed and monitored.

On 12 May 2017, we spoke with the member of staff who supported the person, and the person's relative by telephone. We were unable to speak with the person as English was not their first language.

Is the service safe?

Our findings

The person's relative told us that their relative was supported safely by staff and they had never been concerned about their safety. They added, "So far, the service has been good and I have no concerns."

The provider had processes in place to safeguard people from harm or abuse, including safeguarding and whistleblowing policies. Whistleblowing is a way in which staff can report concerns within their workplace without fear of consequences of doing so. We noted that the member of staff who supported the person had received training on how to safeguard people and they showed good knowledge of local safeguarding procedures. They also told us that the person was safe and they would report to the manager if they had any concerns.

Care records showed that potential risks to the person's health and wellbeing had been assessed and there were risk assessments in place that gave guidance to staff on how to support the person safely. The member of staff told us that the person's ill-health meant that they were careful not to spend too much time away from their home as this affected their mobility. They added, "The client likes going shopping, but because they are unwell, we don't go out for too long." One of the directors told us about the assessments and remedial work they did to the person's home to ensure that it was safe for them, their relatives and the member of staff who supported them. For example, they told us that they replaced non-working light bulbs to improve lighting within the person's home. They also replaced broken electrical sockets to reduce the risk of fire and electrical hazards, and the person's relative confirmed this.

We looked at the recruitment records for the one member of staff who was currently working for the provider and we found thorough pre-employment checks had been done. These included checking their identity, employment history, qualifications and experience. The provider also obtained references from previous employers and completed Disclosure and Barring Service (DBS) checks. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

The provider had sufficient numbers of staff to support the person who used the service safely. The person was consistently supported by the same member of staff for one hour a day. The visit times were planned daily with the person so that the support provided appropriately met their needs and preferences. There were no planned visit times because the service provided support to the person at times when their relative was not available to do so. Records showed that the member of staff or managers phoned the person each morning to check what time they required support and staff always visited at a time of their choosing. The member of staff told us that they were always able to plan their day around the person's preferences. There were other three members of staff who were ready to start working as soon as the provider had received more referrals. The provider told us that they had on-going recruitment plans as they hoped to get more referrals through local authorities.

The person was regularly supported by staff to take their medicines and their relative told us that this had been done safely. Although we did not see any medicine administration records (MAR) as these were kept at person's home, the member of staff told us that they always ensured that the person took their medicines

on time and as prescribed by their doctor. They also told us that they had been trained on how to administer medicines safely and the manager visited them regularly to ensure that they were doing everything properly.

Is the service effective?

Our findings

The person's relative told us that their relative always received appropriate care and support. Although they did not know what training the member of staff who supported their relative had undertaken, they said the member of staff had the right skills to support their relative effectively. The relative was particularly happy that their relative was supported by a member of staff who could speak their language as this made communication much easier.

The member of staff told us that they provided appropriate and good quality care to the person who used the service. They said, "I support the client with their shower, food and medication and they are happy with this." They told us that they had received adequate training and they had no unmet training needs. They added, "Training was good and I would always ask the manager if I was unsure about anything." We noted that as well as the training provided by the managers, the provider had also made arrangements for another organisation to provide training in the future.

Although we did not see the supervision records as they were kept in another office local to where staff worked, the member of staff confirmed that they had regular supervision with one of the managers. They were complimentary about the support they received from the manager who also occasionally visited the person's home to ensure that the member of staff was providing appropriate support to the person. One of the directors told us, "The managers speak with the carer on a daily basis to arrange visit times and any issues could be addressed then."

The relative told us that the person was able to make decisions about their care and could give verbal consent to the support provided by staff. This was confirmed by the member of staff who told us that they always sought the person's permission before they provided any care and support. Although not required in this case, the member of staff knew that they should be considerations that any care provided to people should meet the requirements of the Mental Capacity Act 2015 (MCA). This 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 saw that when required, staff supported the person with their meals and the relative of the person told us that they were happy with how this had been done. The member of staff we spoke with had no concerns about the person not eating or drinking enough because they always ensured that they had eaten and provided drinks during the times they were supporting them. They further told us that they would report to the person's relative and managers if they were concerned that the person was no longer eating enough food or drinking enough fluids to maintain their health and wellbeing. This was so that appropriate support could be sought from health professionals.

The service supported the person to contact their GP and attend appointments. The person had signed a letter which was sent to their GP, confirming that they were happy with the service to be involved in

discussions about their health conditions and medicines. The member of staff told us that they were happy to support with any future appointments they needed to attend. They added, "I will do anything the client needs me to do to make their life better. The client is unwell and I make sure they have all the medication they need."

Is the service caring?

Our findings

The person's relative described the member of staff who supported their relative "as kind and caring" They told us that they never had any doubts about the member of staff's commitment to providing care in a person-centred and compassionate manner. One of the directors told us that "serving people" was at the centre of the service's ethos so that they provided care that appropriately met people's needs, preferences and expectations. The member of staff told us, "The client gets good care. I always make sure [person] is happy with what I do."

One of the directors told us that the service's main aim was to provide care to people within communities that did not always access appropriate care because of language and other social barriers. They told us that the person had developed a close and trusting relationship with the member of staff who supported them because they could speak their language. This made communication much easier and ensured that they could provide care exactly the way the person wanted. This was supported by the member of staff who said, "It has been easy to care for the client because I can speak their language." They also told us that this enabled them to have meaningful conversations with the person because they understood their cultural norms and needs too.

One of the directors told us that they wanted to be different from other local providers by providing a lot more support to people without charging them for it. They said, "It's about doing a lot more for people than just providing personal care." They went on to give us examples of what they could do to make people's lives easier, more fulfilling and happier. For example, they said that they could do housework, gardening, repairs to people's homes, support them with disposing their rubbish and recycling. They added, "It's about showing compassion towards people, not just about the money. Between the three of us (directors), we have enough skills to help people with a range of issues and we are happy to do that." They further told us about the work they had already done to improve the person's home environment and that on average, they supported the person for 10 hours a week although they were only paid for seven hours.

The relative and member of staff told us that the person made decisions and choices about how they wanted to be supported and that staff respected this. The relative also said that the member of staff was always respectful and supported their relative in a way that promoted their privacy and dignity. The member of staff told us that they did this by ensuring that they supported the person with their personal care in private. The member of staff understood how to maintain confidentiality by not discussing about the person's care outside of work or with anyone not directly involved in their care. We also saw that the person's care records were kept securely within the provider's office to ensure that they could only be accessed by people authorised to do so.

The member of staff told us that they supported the person to maintain their independence as much as possible, and that the person was appreciative of the support that enabled them to live in their own home. This was supported by the relative who said, "The carer encourages [person] to be independent and does this really well and in a caring manner."

We saw that the person had been given information about the service including contact details and the complaints procedure. The provider also worked closely with the person's relative and the local authority that commissioned the service to ensure that the person was supported well and they had no unmet care or social support needs.

Is the service responsive?

Our findings

We noted that the manager had assessed the person's needs prior to them being supported by the service and that this information had been used to develop appropriate care plans. The person's care plans identified their care and support needs, and took account of their preferences, wishes and choices. The person's relative told us that their relative's individual needs were being met by the service and they were happy with how care was being provided by staff. They further told us that they provided the bulk of their relative's care and that they were appreciative of the help they received from the service when they could not support their relative themselves. The member of staff we spoke with told us that they provided the person's care in a flexible way that suited them. Records we saw showed that there were no set visit times and the member of staff visited the person at a time that was convenient to them and their relatives.

The relative told us they and their relative had been involved in planning and reviewing the care provided by the service. They confirmed the information we had been told by the member of staff that the person's care needs had changed and a review was required to ascertain whether they needed more support than they were currently receiving. Additionally, the relative told us that they would not be able to provide most of the support to their relative because they were going to return to work soon. They were therefore, going to ask the person's social worker to re-assess their needs so that appropriate support could be provided.

The member of staff told us that they supported the person to pursue their hobbies and interests outside of their home by taking them shopping if they wanted to do this. One of the directors told us that they had supported the person to increase their social networks by giving them information about a local day centre they could attend to socialise with other people who spoke the same language as them. The member of staff told us that the person enjoyed going to the day centre and on days they went, the member of staff normally supported them for more than the agreed period of one hour daily. They added, "Sometimes I stay with the client for more hours while in the community and I don't mind. Today I am going to the client at 2pm and we might go out if [person] wants to."

The provider had a complaints policy and procedure so that people knew how to raise any complaints they might have about the service. There had not been any recorded complaints or concerns, and the person's relative told us that they had no concerns about how their relative's care was managed and provided.

Is the service well-led?

Our findings

The service was owned by three directors whose ethos was to ensure that they provided holistic support to people beyond what they would have been commissioned to provide, at no extra cost. It was evident from speaking with two of the directors that they were passionate about promoting a caring and compassionate culture within the service. Two of the directors had no previous experience of working in care services and they had enrolled in a college to complete a Level 5 diploma in health and social care leadership. One of the directors told us that it was important to them to make sure they understood what they needed to do to deliver good quality care. They also said that it was an asset for the service that both registered managers (managers) were registered nurses as they could use their expertise, experience and knowledge to support care staff to provide safe and effective care to people who use the service.

We saw that the provider had a range of policies, procedures and systems to assess and monitor the quality of the service. These had been purchased from a provider who regularly updates them when regulations and operational systems have changed. One of the directors told us that they were spending this time before they supported many people, going through the documents and reviewing the effectiveness of their systems. We discussed with one of the directors that the care plan template they were currently using was too long, which could result in staff not being able to read all of it and therefore would not fully understand people's needs. They told us that they would review this to ensure that it was the most effective way of planning people's care. Both the person's relative and the member of staff said that the service was "good". The member of staff also said, "It's a perfect company to work for and the manager is a hard worker."

The managers completed audits to assure themselves that the care provided to the person who used the service met current regulations and good practice guidance. Additionally, one of the directors told us that the managers undertook random unannounced visits to the person's home when the care staff was there to check that they supported the person well and followed the service's guidance. This was confirmed by the member of staff who said, "The manager comes sometimes to heck that I am doing everything properly."

The provider had systems to enable people, their relatives, staff and external professionals to give feedback about the quality of the service because they planned to complete annual surveys and regular telephone or visits to ask people their opinion about the quality of the service. We noted that one of the managers spoke with the person on a daily basis to agree visit times and to check if there were any concerns with how they were supported by staff. One of the directors told us, "We speak with the client regularly to check if they receive the care they need or expect. We sometimes check with the client at the end of the day if they were happy with that day's care and we address with the care staff any issues raised during their supervision. The client is very happy and we have not had many issues." This was supported by the person's relative who said that they had not been concerned about the quality of their relative's care.