

Care for You (UK) Limited

# Care for You (UK) Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The inspection took place on 15 June 2017. The provider was given two days' notice of our inspection. This was to ensure someone was available to talk to us at the office about the service.

Care for You (UK) Limited is a domiciliary agency providing 24 hour live-in-support to people living in their own home. At the time of our inspection 15 people were receiving personal care from the provider.

At the last comprehensive inspection in February 2015 the service was rated as Good overall. Following this inspection we have changed the rating to Requires Improvement.

There was a manager in post and they were in the process of registering with the Care Quality Commission to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives as well as staff were aware of changes in the management arrangements. Some believed these changes had brought about improvement while other people believed improvement was needed. Staff did not always feel they received the support they needed to meet people's needs. Training was provided for staff in line with the care and support needs of people. This training included specialist training where this was needed.

Systems in place to monitor the quality of the service were not always effective in highlighting shortfalls and identifying where improvement was needed. Staff recruitment procedures were seen to be unsafe as checks and follow up action were not in place to protect people from potential risks. Risks assessments were in place however these were not always amended and reviewed to reflect any changes in people's care.

People told us the care and support they received was safe and people liked their regular live in care worker. People felt these staff members were aware of their support and care needs. People told us in the event of them having a member of staff they did not get on with they would contact the management at the provider's office and were confident the person would be removed. People confirmed the majority of staff sought people's permission prior to providing care and support and assisted them in enjoying hobbies and interests.

The management team and staff we spoke with knew the action they would need to take if a person was at risk of abuse or harm. People were confident their care needs would be met including medicines. Staff assessed people with their food and drink and ensured healthcare needs were met. Healthcare appointments were made for people if needed and staff helped people with these.

We found a breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the report.

## 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 consistently safe.

People were not protected against unsuitable recruitment as the provider was not following up concerns highlighted.

People received medicines as prescribed although accurate records were not always maintained.

People received care and support from a consistent team of staff.

People told us they felt safe while receiving a service.  
Management and Staff were aware of how to protect people from the risk of abuse.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff were trained in areas which were relevant to the needs of people they supported.

People's permission was gained prior to staff providing care and support.

People were supported to assess healthcare provision and to maintain a healthy diet.

**Good** ●

### Is the service caring?

The service was caring.

People received care and support from staff who were kind and caring.

People's rights to privacy and dignity were respected.

People were involved in the reviewing of their care plans.

**Good** ●

**Is the service responsive?**

**Good** ●

The service was responsive.

People received an individual service to meet their own needs.

People needs as well as their likes and dislikes were known to the care staff who provided their care.

People and their relatives were confident they could raise concerns about the service provided.

**Is the service well-led?**

**Requires Improvement** ●

The service was not consistently well led

Audits in place were not effective in identifying shortfalls within the service provided.

The management team were aware of improvements needed to ensure people received a quality service.

# 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 June 2017 and was announced. It was completed by one inspector.

We reviewed the information we held about the service and looked at notifications they had sent to us. A notification is information about important events which the provider is required by law to send to us. The inspection considered information shared by the local authority.

As part of the inspection we spoke with two directors of the company. One was working as the assistant manager. In addition we spoke with the manager. On the telephone we spoke with three people who received a service from the agency and four relatives. In addition we spoke with six members of staff about their experience of working for the provider.

We looked at care plans and risk assessments relating to two people plus medicine records for people. We also look at records maintained by the registered provider such as their audits of records maintained by the staff.

Following the inspection the assistant manager sent us their training planner showing the training staff had received.

# Is the service safe?

## Our findings

At the time of our last inspection in February 2015 we rated the safe question as Good.

People we spoke with told us they felt safe while receiving care and support. One person told us, "I feel very safe". A relative told us they believed their family member to be safe and added, "I trust them (staff) implicitly."

However, we looked at the files of two members of staff. These highlighted to us concerns with the recruitment process used by the registered provider. The registered provider's recruitment procedures were not suitably effective to protect people from unsuitable staff gaining employment. Although the provider had carried out checks with the Disclosure and Barring Service (DBS) prior to staff starting their employment, other checks had not consistently taken place. These included occasions where there were gaps or concerns within the documents and information supplied as part of the recruitment. For example references were not always taken up to demonstrate good character. Risk assessments were not completed where concerns were highlighted to ensure people were suitable to be employed in the role. These shortfalls left people exposed to potential risk.

This was a breach of Regulation 19 (2), Fit and proper persons employed, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks regarding the care and support provided to people were identified and assessments were carried out to identify how people's care and support needs were to be carried out in a safe way. These were not always however up to date. Staff worked the majority of the time with the same people and told us they were aware of the care and support needed. On occasions where they supported other people the information would not always be available for them to refer to.

We spoke with two directors of the company and found they had an understanding of their responsibility to inform agencies of any allegation of abuse. For example they were aware of the need to inform the local authority and the Care Quality Commission (CQC). We saw they had taken steps to protect people and where necessary made referrals to additional agencies. Staff were aware of who they would report concerns to. The assistant manager told us of their plans to include whistleblowing procedures within a forthcoming newsletter to ensure staff had the information they would need if ever required. Staff confirmed they had received training in the recognition of abuse. They were able to tell us about the action they would take in the event of them becoming aware of actual or potential abuse. The management told us of their plans to follow up training staff had already received to evaluate their learning and understanding in safeguarding people from abuse. This was to ensure staff had a full understanding of their responsibilities.

We were told of one accident which had involved a person using the service which had occurred since our last inspection. We saw the response made by staff ensured the person was safe and in receipt of suitable treatment as a result of the accident.

Staffing levels were based around the support each person required to provide the care people needed to remain safe in their own homes and when accessing the community. The manager knew of the staffing level required to meet the needs of people who used the service. They were aware they would need to increase the staffing levels before taking on any additional work. People and their family members told us they liked having consistency in care and knowing who was to provide the care. Most people received care from a live-in member of staff who spent a period of a few weeks at a time with people in their own homes. This enabled people to get to know their staff member well and for them to get to know people's needs. Some people spoke of not liking some staff as much as others or of not always knowing who would provide their care when the main worker was unavailable. People told us they were introduced to new members of staff before they began working with them. One person told us this made them, "Feel secure" knowing who would be providing care for them. They told us they were able to bring any of these concerns to the attention of office staff and were confident these would be addressed.

An on call system was in operation when the office was closed. This meant people were able to contact a senior staff member in the event of an emergency. In the event of staff shortage we were told the manager would provide the care and support people needed to ensure a consistency in care delivery. This was done by monitoring of the service and having an oversight of the staff rota.

People we spoke with as well as family members were happy with the arrangements regarding medicines and confirmed they received these as prescribed. One person told us, "Staff are very good with medication and are adequately trained which is important." One relative told us the care worker providing care and support to their family member, "Knows when to administer medicines and this is never a problem." One member of staff told us they had managed to secure some medicines for one person because they were running out and worked closely with the pharmacy to obtain them. The manager told us people would be able to request prescribed medicines prescribed on an as and when needed basis. One person we spoke with confirmed this. Records were not always completed by staff to demonstrate they had administered people's medicines as prescribed by a health care professional. There was however, no evidence to show people had not actually received these items.

## Is the service effective?

### Our findings

At the time of our last inspection in February 2015 we rated the effective question as Good.

People felt staff were trained to meet their needs. One person told us staff, "Get training quickly" referring to new members of staff. The same person told us new staff undertook shadowing with experienced members of staff to ensuring they had the skills needed to meet people's needs.

Staff we spoke with told us they had received the necessary training to meet the needs of people they provided care and support for. All the staff we spoke with told us their training was up to date and they had received refresher training when needed. One member of staff told us they were able to request additional training if needed. Some people had specialist healthcare conditions which required staff to undertake certain training. Staff confirmed they had received specialist training to be able to meet people's care needs. Relatives we spoke with believed the staff who had provided the care and support to their family member were trained to be able to carry out this role. The management we spoke with knew which staff were suitably trained to meet specific needs and had access to healthcare professionals to provide this training when needed. The manager had plans to evaluate the training staff had received as part of the monitoring of the care people received.

We saw evidence of staff receiving an induction. The assistant manager told us this was in line with the core standards of the care certificate which would equip them with the standards and skills required. This included training and working with experienced staff in so new employees were able to get to know people and have the skills to meet their needs. Although staff believed they had received training to provide them with the skills needed to provide effective care they did not always feel supported by the management of the agency which could lead to frustration and isolation.

We spoke with the management about the supervision of staff members. We were informed new staff received more regular supervision than more established staff. New agreements in the supervision process had been drawn up to improve the regularity and there purpose. Although there were plans to improve in this area we were assured supervisions were undertaken every two to three months. Due to the working arrangements of staff the management team told us they had not managed to facilitate staff meetings as a means of supporting staff and enabling them to speak openly.

Staff had received training in The Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. While at the provider's office we were informed everyone who used the service had the mental capacity to make decisions about their own support and care. Staff we spoke with confirmed this.

People told us the majority of staff would seek permission from them prior to undertaking any aspect of

their daily living arrangements although one person told us this was not always the case with some members of staff. One person told us staff, "Always ask before doing anything. They will say 'Do you mind?'". One member of staff confirmed people who they provided care and support to were able to make their own decisions about what they wanted to do. A member of staff told us, "I don't do anything people don't want me to do" and "I ask them what can I do for you."

People told us they were supported in the preparation of meals of their choosing. One person told us their staff member knew what they liked to eat. The manager explained to us how staff would work alongside people in the preparation of their meals as appropriate.

Relatives told us they were contacted if needed regarding their family member in the event of staff needing to seek medical attention. During our inspection a member of the care team made contact with the office to inform them of one person's admission to hospital. The staff member was instructed to make their way to the hospital until such time as the person was either admitted or returned home. We saw records of involvement with a range of healthcare professionals and evidence of staff accompanying people to appointments as needed and as appropriate.

# Is the service caring?

## Our findings

At the time of our last inspection in February 2015 we rated the caring question as Good.

People told us they liked their main care worker who in the majority of cases lived in with the person. One person described their care worker as, "Marvellous" and added, "Like a true friend". This person found it to be beneficial to them to have this relationship. Another person told us, "I wouldn't swop" their care worker for anything and described the staff member as, "A lovely person."

A relative described their family member's care worker as, "Wonderful" and "Fantastic" adding, "So tuned in" in their ability to meet the persons' needs. Another relative told us their family member got on so well with their care worker and was pleased with the relationship they had built up. We received comments from people about the length of time they had received a service from the provider and for many of these people the same member of staff had provided this service. People told us they had developed a relationship with their main care worker. People told us of the special bond they had established with their member of staff and how important this was for them due to the trust they had established.

People felt involved in the care they received. One person told us, "I do feel involved in my care. They [staff] make a big effort to involve me". People felt involved in who provided care for them. One person told us, "They have taken my opinions on board." The same person told us their independence was never hindered by staff.

People we spoke with as well as family members confirmed care plans were in place at people's own homes. People told us their care plans were reviewed with them and they felt involved in their care and support with their preferences met. People were able to make decisions on how they spent their day and on the supported they needed.

People we spoke with confirmed staff did uphold their privacy and dignity. As people had received a service for a long period of time with the same staff member people told us staff were aware of their privacy and dignity right. One member of staff told us, "When I go into the person's bedroom I knock the door to see if they will allow me in." The same member of staff told us it is important to give people the opportunity to remain on their own and retain their level of independence to be able to do things on their own.

## Is the service responsive?

### Our findings

At the time of our last inspection in February 2015 we rated the responsive question as Good.

People told us they received care and support from care staff who understood their individual needs. One person told us, "They [staff member] do my meals and know exactly what I like to do". Another person told us staff they had to support them were aware of their chosen life style and were able to meet their needs taking their chosen way of living into account. This person told us staff had, "Never let me down." People told us the relationships they had with staff were important to them and often referred to staff as a friend.

Staff we spoke with were able to describe the care and support needed by people. Staff knew of people's likes and dislikes as well as their preferences and routines. Staff told us they could refer to the care plan if needed. The care plans we saw were centred on the individual and show what specific needs people had and how these were met. One member of staff described a handover routine which included sharing information with other staff to ensure people's needs were communicated with others on a need to know basis. Information shared included any changes in people's health and any visits to healthcare professionals. Another care worker told us they would contact the management of the agency as a result of a change in a person's care needs. The same member of staff told us people's care needs could change at any time and of the need to relay these changes back to the management. This was so these changes could be reflected back to other staff members to ensure a consistency in the care provided for people.

The provider spoke of how the care provided worked towards meeting people's needs and recognising their individuality and culture. For example the management were aware of how staff needed to respond to needs such as the bringing in of certain foods into people's own homes and the gender of the staff member providing care and support. This showed staff took into account people's cultural and diverse needs and had respect for the house in which they were living with people who used the service.

The management told us about a recent questionnaire sent out to people who used the service and staff members to seek their views. At the time of our inspection none of these had been returned to the office so we were unable to establish any comments from people about the service they were receiving from these.

People and their family members felt able to raise complaints or concerns about the service provided with staff based at the office and believed they would be addressed. For example people and their relatives told us at times they had received care they were not happy with and had contacted the management of the agency. Action was taken to the satisfaction of people.

## Is the service well-led?

### Our findings

We last inspected Care for You (UK) Limited in February 2015. At the time of that inspection we assessed the provider as Good in this question.

Earlier this year the registered manager left the employment of the provider. A new manager was recruited and is in the process of applying to the Care Quality Commission to become registered. We saw people were informed of changes in the management arrangements and when we spoke with people they were aware of these changes. Staff we spoke with were aware of changes in the management of the agency.

We spoke with people and relatives about the changes in management and the effectiveness of these changes. The comments we received were mixed. While some people told us they had found it easy to contact the manager describing them as "Perfect" and "Excellent" others told us it was less easy to make contact. Some spoke of recent improvements within the service while others told us the service was not as good as in the past due to inconsistency in communication and problems experienced contacting staff at the office. One family member spoke of the agency needing time to, "Settle down" after the recent management changes and felt they needed time to bring the service provided back to where it previously was.

Some staff believed they received support and guidance however, others did not feel so supported and rather on their own. We were told could lead to frustration when support was needed and not forthcoming from the office based staff and their inability to have contact with the manager when needed. This could potentially have an impact on people receiving safe and effective care if staff felt isolated and under supported.

There were occasions whereby risks to people and to the staff working with people had changed. The risk assessments we saw were not always amended or reviewed in order to provide staff with the necessary guidance and instructions to reflect these changes and keep people safe. The assistant manager was aware these were not up to date and that they did not always reflect the needs of people. They told us they intended to undertake additional training in risk assessment to enable them to have the skills needed to assess risks further and with more confidence.

The systems in place by the provider to monitor, check and review the quality of the service were not effective means in identifying any concerns or shortfalls in people's care. For example we saw records going back three or more months had only recently been reviewed. In the event of finding concerns this would have resulted in delays. The medicine records we saw contained gaps and lines across areas where staff should have signed for items as administered. The manager was unable to explain why these records were not completed and had not had these shortfalls brought to her attention as part of the auditing arrangements in place. The manager acknowledged a need for everyone to accept accountability for the management and administration of medicines.

The management team was aware of shortfalls in their monitoring arrangements and the need to make

these improvements. For example the management team were aware of improvements needed in risk assessments.

The provider had engaged the service of an external person. This was to assist them in improving the management systems and to review their policies and procedures to ensure they were suitable for purpose. We were told by one of the directors as well as the manager of their desire to make improvements, start again and get back to where they previously were following the recent changes in management at the service. We were also told of plans to revise the staff handbook and to incorporate these changes with the work underway in reviewing policies to ensure staff were working in a safe and consistent way. Once the review was completed the provider intended to ensure staff had update information about the organisations working policies.

One of the directors who worked as the assistant manager told us they had commenced management meetings. These were as a means of discussing the way forward having recognised the need to make improvements as they were aware they needed to be more effective and increase they knowledge and management skills. At the time of our inspection they had held one meeting. We were also told of a three year business plan which included some expansion of the service while also wanting to remain a personalised service for people.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The registered provider did not have safe and effective recruitment procedures in place to ensure suitable people were employed to care and support people.