

Care 4 Me Limited

# Care 4 Me Limited

## Inspection report

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Date of inspection visit:  
26 January 2017

Date of publication:  
27 March 2017

Website: [www.care4.me.uk](http://www.care4.me.uk)

## 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 inspection took place on 26 January 2017 and was an announced inspection.

The service provides personal care to people living either in their own home or the home of a family member. At the time of the inspection, approximately 70 people used the service and a registered manager was in post. 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 and associated Regulations about how the service is run.

People felt safe with the care staff supporting them in their home. Care staff were familiar to them and that they knew. People were supported by the number of staff they expected to support them. Staff working at the service underwent checks of their background to assess their suitability for working with people.

People received care from staff who understood their individual health needs and what was required to support them in a safe way. People were supported to take their medicines where appropriate and regular checks were made to ensure staff supported people to take their medicines as they should.

People received care and support from staff who were regularly supervised and their performance and ability to do the job was checked. People were supported by staff that understood their needs and knew their individual requirements. Staff could request and access training when they needed. Staff training was also reviewed and updated frequently.

People's consent was obtained by staff. The Care Manager understood the requirements of the law and what action to take if they became concerned about a person's ability to make decisions for themselves.

People were offered choices in the meals and drinks staff prepared for them. Staff understood people's dietary requirements and when necessary left snacks or drinks for the person to have later.

People's health needs were reviewed regularly so that people received the care they needed. Where changes were necessary, people's care was amended to ensure people received the correct level of care. Care staff understood how they should care for people and about people's individual preferences.

People liked the staff who cared for them and who they felt understood their needs. Staff understood how to support people with dignity and respect through the manner in which they supported people. People's privacy and dignity were respected by care staff who understood people's individual needs.

People understood they could call the administration office and speak to one of the management team if needed. People were confident that they would be listened to and that any action needed was taken. People's care was regularly checked and reviewed by the Care Manager in order to plan the person's care.

Where changes were needed, people's care was amended to reflect their preferences.

## 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.

People were supported by staff to manage risks to their safety. Staffing was reviewed regularly and checks made about staff backgrounds before they commenced work. Checks were made to ensure people received their medication when needed.

### Is the service effective?

Good ●

The service was effective.

Staff had completed training and knew how to provide care and support for people in their care. Staff understood how to obtain people's consent. People were offered choice in the meals they received. Staff monitored the well-being of people and quickly requested a health professional visit them when needed.

### Is the service caring?

Good ●

The service was caring.

People told us that they felt well cared for. Staff took action to support people in ways which took into account people's rights to dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People decided what care they wanted and people's care needs and preferences were regularly monitored and reviewed. Systems were in place to respond to people's changing care needs. People understood how to complain should they need to.

### Is the service well-led?

Good ●

The service was well led.

People felt able to access senior staff to discuss their care. People's care as well as staff performance was regularly reviewed

in order that the quality of care could be monitored and people's care developed further.

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# Care 4 Me Limited

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 January 2017 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to see us. The inspection was carried out by one inspector.

We reviewed the information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also asked the local authority if they had any information to share with us about the services provided at the home. The local authorities are responsible for monitoring the quality and funding for people who use the service.

As part of the inspection we spoke to seven people and two relatives. We also spoke with three care staff, two care co-ordinators and one care manager. The registered manager was advised of the inspection and had made arrangements for the care manager to speak with us on their behalf.

We reviewed the care records held at the office for eight people and viewed three staff recruitment records. We also looked at records relating to the management and quality assurance of the service including checks the care manager made. These included checks of care plans, daily records and medicine administration records. We reviewed minutes of staff team meetings, complaints and compliments. In addition, we also reviewed memos sent to staff and responses to questionnaires from people who use the service.

# Is the service safe?

## Our findings

People using the service told us they felt safe with staff in their homes and comfortable around them. One person told us, "They wouldn't harm me." Another person we asked whether they felt safe around staff told us "Definitely." People told us they were familiar with the staff who attended to them regularly and who they recognised.

Staff we spoke with knew what action to take if they had any concerns for people's safety or well-being. Staff were able to explain the different types of abuse and how this may present itself. Staff were also able to describe what they would do if they considered a person to be at risk of harm and were confident senior staff and the Registered Manager would take action. Staff told us they would speak with the manager immediately and record any information they thought was relevant. The Care Manager told us they understood the need to share concerns with the local authority and notify the CQC where appropriate.

Risks to people's health and wellbeing were assessed and recorded in people's care plans for staff to refer to. We reviewed the care plans for eight people. These detailed information about people's health that staff told us they read to understand people's needs. One person we spoke with told us they had skin that sometimes required greater attention because it was at risk of breaking down. We saw this was reflected within the person's care plan. A staff member told us they used the care plans to understand if people needed to be supported to follow a particular skin care regime. The staff member explained doing this helped them to protect people's health.

People told us they were supported by the correct number of staff. For example, if people required the support of two staff, then it was two staff that attended. The Care Manager told us they were continually recruiting staff although they had sufficient staff to meet people's needs. They did this to ensure they always had enough staff to support people. The Care Manager told us staff within the management team in the office were also trained to deliver care and could deliver care when needed. One Care Co-ordinator we spoke with told us they attended calls when needed to cover staff annual leave, or at short notice if staff had called in sick. The Care Manager told us they assessed the number of staff people needed to support them as part of the initial assessment and this helped them to plan their staffing needs. The Care Co-ordinator also demonstrated how they used an electronic call monitoring system to monitor attendance at calls so they could be assured people were receiving their care as planned.

A visual display advised senior staff if care staff were running late, so that both staff and people could be contacted to understand the reason for the delay and let people know how this would affect their care. One person told us, "On the odd occasion they are running late, someone does call you and let you know."

We reviewed the registered provider's process for recruiting staff to work at the home. There was a system in place so that staff recruited had the necessary pre-employment checks to ensure they were suitable to work with people. Three staff files we reviewed contained confirmation of the necessary pre-employment checks. We saw that references have been sought and that staff had completed Disclosure and Barring Service (DBS) checks before commencing work. The DBS is a national service that keeps records of criminal convictions.

Staff we spoke with also described the same process to us and confirmed they completed the necessary checks before commencing work. The Care Manager understood these checks helped ensure that suitable people were employed and that people were not placed at risk through their recruitment processes.

People told us they received the support they needed to take their medicines, where needed. One person told us they had to have the medication at very specific times and that they received them as they should. Staff we spoke with confirmed if medication for people was changed or if people needed extra medication this was recorded in the person's care plan. Information was also passed to staff from the office, explaining what the most current details were and how to meet people's care and safety needs. Regular checks were carried out on staff to ensure they understood how people should receive their medicine and of their competency to support people with their medicines.



# Is the service effective?

## Our findings

People told us they felt staff understood how to care for them. One person told us "They're very professional. They're concerned about us and that we're happy." Another person told us, they were confident staff understood how to support them.

Staff told us they received support and regular supervision from their manager. They told us they also had an annual appraisal where they discussed their performance and any support they needed to provide good care to people. Staff we spoke with told us they also underwent spot checks to monitor how they cared for people so that if they needed further training, this could be organised. The Care Manager told us that where needed staff would be retrained on how they helped people to move around their home and support them, if it was found improvements could be made.

Staff also attended regular team meetings which were used to update staff about people's care needs and to provide any guidance about changes affecting people's care. For example, staff were reminded to encourage people to increase their fluid levels and to ensure people had access to drinks. Staff were also informed if they no longer needed to provide care to people.

The Mental Capacity Act 2005 (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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Staff could explain to us what was meant by a Best Interest decision and demonstrated this knowledge by sharing examples. We saw that where appropriate people who required checks on their capacity to make some decisions received these.

Where people receive support in their own home, applications to deprive a person of their liberty must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. The Care Manager understood the process for referring matters to the Court of Protection if they needed to. The Care Manager had not needed to make any applications to the Court of Protection at the time of our inspection.

People told us they were offered choice in the meals staff prepared for them. People told us staff always asked them which meal they would like prepared or if they needed a hot drink. One person described how staff always knew which drink to prepare for them and which to prepare for their family member. Staff also understood which people had dietary needs. For example, one person lived with diabetes and told us staff would always leave a snack for later, if they did not want a meal immediately.

People's health needs were understood by staff. During the inspection we saw the administration staff

receive a telephone call from a staff member asking them to make a further appointment with one person's GP, so they would get the health care they needed. People told us staff helped them make appointment when needed for medical appointments such as the GP, chiropodist or the opticians. Staff we spoke with also confirmed they routinely spoke with district nurses and GP surgeries to obtain advice on how best to support people.

## Is the service caring?

### Our findings

People told us the care staff were caring towards them. One person told us "All the staff are good." Another person told us staff were "Brilliant."

People told us they were familiar with most of the staff that supported them. People that required a larger number of calls a day told us there were a team of care staff that visited them but that they had become familiar with all of them. People we spoke with told us they knew the names of the care staff and were introduced to new staff by existing staff so they got a chance to know them.

People told us that care staff had familiarised themselves with their needs. One person told us care staff understood them and how they felt that day. They told us, "The care staff know just by looking at me what I need." People described staff as understanding. One person told us, "It's only the new staff you have to explain things too. The others can get on with things." People described how because staff understood their needs, they sometimes did things without prompting. One person described how staff always put the dishwasher or washing machine on before they left, to save the person having to do it themselves.

Staff we spoke with talked positively about their work. One staff member told us, "The people we care for are all so lovely." Another staff member described how sometimes they found people with a low mood and tried to support them. They told us, "We sit down and have a chat with them and try and find out what's going on."

People described how staff supported them to make decisions about their care. One person told us staff always asked them which clothes to get ready for them to wear. Another person told us "The girls always ask if there's anything else I want them to do." People were asked about their care and if they were happy with it. One person told us staff visited them periodically to check they were satisfied with the care. A relative we spoke with told us they had told staff about how their family needed support and that staff had followed their advice as this ensured the person received the support they needed.

Staff we spoke with could explain how people liked to be given support and people's individual preferences. Staff described how they received a sense of satisfaction when people were happy with the care they received. One staff member told us, "You get to know how people like things done." Another staff member told us about how staff tried to reduce people's feeling of isolation by engaging positively with them. One staff member told us "It's my job from the moment I start to the moment I finish to make people happy."

People described staff as very respectful. People said staff were mindful of their belongings and their home. One person told us, "I ask them to leave the kitchen as they found it, and that's what they do." Other people we spoke with also told that staff were respectful towards them in their attitude. For example, one person told us that they had been through a difficult time and that staff had always shown empathy and respect towards their circumstances.

Staff we spoke with understood what it meant to promote dignity and respect. Staff gave us practical day to

day examples such as closing curtains when supporting people with personal care. Staff also gave examples that were specific to people and their circumstances. For example, staff understood which people were more independent and preferred to do certain tasks for themselves. Staff understood this was important to people in retaining their dignity and privacy.

## Is the service responsive?

### Our findings

People we spoke with were able to tell us about ways in which they were involved in planning and adapting their care to meet their needs. People we spoke with told us they were asked a number of questions before their care began, so that the most appropriate care for them could be organised. We saw people's care plans were amended and saw people's care was amended as their needs changed. We saw as people's need increased or decreased, their care was changed to respond to their needs. One person told us they had reduced the number of calls they needed because they now needed less help and this had been arranged. Another person told us they routinely changed calls to fit around their social commitments and said this had not been a problem.

Staff we spoke with told us about how they worked flexibly in response to people's needs. One staff member told us about how they had attended a call and found a person collapsed. They told us they sat with the person until the emergency services so that the person did not feel alone.

The Care Co-ordinator explained how people's individual care needs were reviewed regularly to ensure people's needs were met. For example, some people preferred same sex staff, and where this was available they received this. One person also told us that over time they had added more tasks because they needed additional help and said this had been provided.

We also saw that risk assessments were regularly completed so that people's care needs were up to date. We saw one person's needs were reviewed again after they had been discharged from hospital, so the person would receive the care they needed. Where people required no changes to their care their review was used to check all the details were up to date and to confirm people were receiving the care they wanted. People told us staff from the office often carried out spot checks on staff so that staff completed their care as they should. Staff also told us the care they delivered was reviewed to check it was in accordance with how people wanted to be cared for.

Staff understood each person's individual care needs and could describe them to us. Staff explained people's care records contained information that staff would need to refer to. Care records we reviewed included information about people such as their likes and dislikes and about people who were important to them. People we spoke with confirmed staff supported them in line with their own preferences.

People we spoke with understood how to complain but did not always want to complain formally. For example, one person told us that they had not liked a particular member of staff because of their attitude. They called the office and the member of staff did not attend any more of their calls. We saw the Care Manager had a system for recording and acknowledging complaints and that information was shared with the Registered Manager for them to investigate and respond to. Where complaints had been submitted, these had been reviewed and action taken to change people's care so that their complaint was responded to.

## Is the service well-led?

### Our findings

The Care Manager had recently joined the service. The Registered Manager of the service was also the Registered Provider and had taken on the Care Manager with the aim of eventually handing over the responsibility to her and for the care manager to become the registered manager for the service. The Care Manager told us they had recently completed further training and was looking to apply to become the Registered Manager soon.

People we spoke with understood they could call the administration office and speak with the staff at the office. One person gave us an example of when they had contacted staff in the office. The person told us the staff had listened to them and taken the action they wanted, so they were able to continue receiving their care in the way they wanted. People we spoke with were confident that if they called the office about their care, that they would be listened to.

Staff described the Care Manager as approachable and willing to listen. Staff described the Care Manager as approachable and willing to offer advice if they had any concerns for people's needs or well-being. One staff member described her as "easy to talk to." Another staff member told us they had recently changed roles and had been supported by the Care Manager in order to understand what was expected of their new role. One staff member told us they had spoken with the Care Manager about making some adjustments to their work pattern and this had been supported.

Staff working at the service told us they felt the service was well organised and that they received the information they needed promptly. For example, staff we spoke with told us they received information about the working pattern quickly so that they had time to review what was required of them. Staff also said they had the opportunity to attend staff meetings, so that they could understand what was going on within the service.

The Care Manager explained how they were able to use their electronic system to review and trends in the care being delivered. For example, if there were any complaints they could identify the geographical area or whether it was a particular staff member that was linked to these.

People we spoke with shared their feedback in a number of ways. Questionnaires people completed were analysed and collated to identify trends. The Care Manager showed us the results from questionnaires. The majority of response demonstrated people were happy with the care and how they were involved with their care. Results of questionnaires were also shared with staff so that staff could understand the feedback.

We reviewed how the Care Manager assured themselves of the quality of care being delivered by the service. We saw how daily records of people's care were reviewed and where anomalies existed, how action was taken. For example, records were reviewed to ensure staff had taken the correct action to meet people's needs. Medical Administration Records were reviewed as were Exceptional Recording sheets to verify the correct action was taken. Exceptional Recording sheets were completed when an adverse or unusual incident occurred that the Care Manager or other staff needed to be aware of.

The Care Manager told us they were working closely with the registered manager with the aim of eventually succeeding them. They told us how they were working with the current registered manager to better understand the needs and preferences of people using the service. They told us they spoke with the registered manager daily in order to that they could plan how to develop people's care and the service further.