

Care 4U Services (Midlands) Ltd

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Inspection report

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Date of inspection visit:
27 February 2019

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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

About the service:

This service is a domiciliary care agency which provides personal care to people living in their own homes. At the time of our visit 42 people were being supported with personal care.

People's experience of using this service:

At the last inspection visit we made a recommendation to improve recruitment processes within the service. At this inspection we found the registered manager had not acted upon the advice and consistently implemented safe recruitment processes. We looked at the recruitment of four members of staff and found appropriate checks had not been followed. Two records did not have a full employment history on their application form. There was no evidence this had been discussed at interview or a satisfactory written explanation sought.

The registered provider used a variety of methods to assess and monitor the quality of the service. However, we found auditing systems were not always effective and had failed to identify concerns regarding the safe recruitment of staffing. Recruitment file audits had taken place but had not identified the concerns we found.

People told us they felt safe with the support they received from the staff. People told us they were supported by staff who knew and consistently met their needs. Staffing levels were reviewed to ensure there were enough staff to provide a flexible and responsive care.

Staff were aware of their responsibilities in reporting and responding to abuse and said they would not hesitate in reporting any unsafe or abusive practice. Staff told us the registered manager understood the importance of creating a culture where people were free from abuse and harassment.

People's care and support had been planned in partnership with them. People felt consulted and listened to about how their care would be delivered. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People and relatives told us they were more than happy with the service provided. They told us staff were committed, kind, caring and reliable.

People said they were consulted with about all aspects of their care and support. They said they could raise any concerns with the management team and were confident they would be dealt with professionally and in a timely manner.

People said they received effective health care with positive outcomes. They said the staff at the service

liaised with health professionals to ensure their health needs were met. We saw evidence of multi-agency working to meet people's health care needs.

When people required support with managing their medicines we saw good practice guidance was followed.

Rating at last inspection:

At the last inspection visit the registered provider was rated good. The report was published 04 May 2016.

Why we inspected:

This was a planned and scheduled inspection.

Enforcement:

Please see the action we have told the provider to take' section towards the end of the report.

Follow up:

We have requested an action plan from the registered provider as to how they plan to address the breach in regulation and make improvements to the service.

The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning information about the service.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Effective findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One adult social care inspector carried out this inspection.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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. At the time of the inspection visit, the registered manager was unavailable to take part in the inspection visit. The Care Quality Commission had been notified of the registered managers absence and a deputy manager was overseeing the service.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit to be sure the registered provider, staff and people they supported would be available to speak with us.

This inspection took place on the 27 February 2019.

What we did:

Before our inspection we completed our planning tool and reviewed the information we held on the service.

This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people supported by the service and previous inspection reports.

During the inspection we spoke with one person who was being supported by the service and five relatives. In addition, we spoke with three members of staff and the deputy manager.

To gather information, we looked at a variety of records. This included care plan records relating to three people who used the service. We also looked at other information related to the management of the service. We did this to ensure the registered provider had oversight of the service and they could respond to any concerns highlighted or lead in ongoing improvements.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Recommendations made at the last inspection visit had not been actioned. Improvements to ensure robust recruitment procedures had not been made. We viewed the recruitment records for four members of staff and found two records did not contain all the necessary information. This was because a full employment history had not been explored and documented for each staff member.
- This failure by the registered provider to demonstrate robust recruitment procedures were followed is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.
- The service employed enough staff to ensure they could provide people with the support they required. People commended improvements made by the registered provider to promote staff continuity. One person told us, "Initially we had lots of different staff being sent but [new deputy manager] makes sure they send the same three or four staff."
- The registered provider had systems to monitor staff calls and attendance. People told us missed visits were rare. People and relatives said overall staff were reliable. They said staff would call if they were going to be late. One relative said, "They are brilliant, always stay the full time. They are reliable. I have had no missed visits."

Systems and processes to safeguard people from the risk of abuse

- People and relatives said safety was an important factor within care delivery. One relative said, "My [relative] is most definitely safe; They bring in extra carers to shadow and to see how things are done."
- The registered provider advised no safeguarding concerns had been highlighted since the last inspection visit. They confirmed however safeguarding systems were in place.
- Staff understood their responsibilities for keeping people safe and the processes for reporting any concerns they had about people's safety. One staff member said, "I have had safeguarding training. We have a safeguarding policy which we can access this via the company site. I would definitely speak up if I thought someone was being abused."

Assessing risk, safety monitoring and management;

- We looked at how personal risk was managed and addressed to ensure people were safe. The registered provider had considered personal and environmental risk for each person they supported.
- Risk assessments viewed were person centred and individualised for each person. Information contained details of the person's level of independence and action to support them.
- The deputy manager said to promote effective care, the staff member who carried out the pre-

assessment was always present at the person's first visit to ensure risk was suitably addressed and managed.

- Staff told us risk assessments were available through a cloud based IT system and said they could access them at any time. They said they were instructed to read these before they worked with a person and were reminded to review them on a regular basis. Staff said all changes in risk were communicated to them so they could read updated risk assessments be made aware of changes.

Using medicines safely

- People told us they were happy with the support they received with their medicines. One relative said, "They help me with medicines. I order them. The staff seem to be well-trained."
- Staff who administered medication said they had received appropriate training. In addition, they said senior members of staff carried out competency checks to ensure they had the suitable skills and knowledge to carry out the task safely.
- We reviewed medicines processes within the service and found medicines were managed safely and in line with good practice guidance, "Managing medicines for people receiving social care in the community." (National Institute of Clinical Excellence, 2018.)

Preventing and controlling infection

- Staff told us they were provided with sufficient personal protective equipment, such as disposable gloves and aprons to maintain good standards of infection control.
- People confirmed they were happy with processes to prevent cross infection. They said staff always used personal protective equipment when carrying out personal care.

Learning lessons when things go wrong

- The deputy manager advised there had been no accidents since the last inspection visit. They confirmed however all accidents and incidents would be reported through to the office by care staff and said they would review them to ensure there were no trends or themes so lessons could be learned to prevent re-occurrences. When asked staff could tell us the correct reporting procedure for all accidents and incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered provider carried out a rigorous pre-assessment prior to offering a person a service in consultation with other health and social care professionals when appropriate. They did this to ensure good practice guidance was being considered and to ensure the service could meet the person's individual needs.
- We saw health and social care professional involvement continued when people were being supported by the service. This supported staff to provide effective, safe and appropriate care which met people's needs and protected their rights.

Ensuring consent to care and treatment in line with law and guidance

- 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.
- We checked whether the service was working within the principles of the MCA. Processes were in place for people to give their consent to care and support. Care records maintained by the registered provider addressed people's capacity and decision making.
- People supported by the service confirmed they were involved in making decisions about their care and their consent had been sought for how care was delivered.
- Staff were aware of processes to follow when a person lacked capacity to make decisions for themselves. This included carrying out mental capacity assessments and working with the local authority or advocacy service to support people with decision making.

Supporting people to eat and drink enough to maintain a balanced diet

- Care plans seen confirmed people's dietary needs had been assessed and support and guidance was recorded as required. When people had specific nutritional needs good practice guidelines had been considered.
- The registered provider had recently introduced care logs within each person's home. The care logs acted as prompts to ensure information related to people's dietary needs were addressed and met.
- People told us when they required support with meal preparation they were happy with the meals and snacks staff made for them. One person said they had trained their staff team to make meals in a way for them to meet their preferred needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff responded promptly to people's changing needs. Records showed staff had engaged well with health and social care professionals to ensure people's needs were effectively met. For example, one person had a specialist bed which promoted their independence. Staff had responded in a timely manner when the bed had broken to ensure it was repaired as soon as practicable.
- When concerns were noted regarding people's health and wellbeing information was shared on a need to know basis with GPs, district nurses and other relevant healthcare professionals.

Staff support: induction, training, skills and experience

- People told us suitably qualified, experienced and knowledgeable staff supported them. One person said, "I think they are appropriately trained. They know how to use my equipment."
- The deputy manager said the registered provider had recently made improvements to training, increasing the scope of training provided to each staff member. We saw the registered provider maintained a training matrix to ensure training was planned and carried out.
- Staff confirmed they had received a variety of training to enable them to carry out their tasks safely and effectively. They said they could ask for specific training and this would be provided.
- We discussed induction processes with staff. Staff confirmed they were required to carry out an induction period at the start of their employment. This included carrying out specific training and a period of shadowing to get to know people and the organisations procedures. People and relative's confirmed staff carried out a period of shadowing before working with them.
- In addition, a senior carer said they carried out spot checks on staff early on in their employment to ensure staff were working safely and in line with policy and people's needs.
- We spoke with staff about supervisions. Supervision is a one to one discussion held between a staff member and a more experienced member of staff which allows staff to discuss performance and training needs. Staff told us they received frequent supervision and felt well-supported by the management team.

Adapting service, design, decoration to meet people's needs

- The service enabled people to remain as independent as possible by ensuring they had the equipment they needed to promote independence and safety.
- The service had systems to identify, record and meet people's communication and support needs. This was so they could adapt the service to ensure people received the best care and support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives praised the way in which staff treated them. Feedback included, "They're the best, we have had a few care agencies. We have a good relationship, they laugh and joke and often go above and beyond what is expected." And, "[Relative] definitely gets person centred care. They are very caring and we are perfectly happy."
- Staff had a good understanding of protecting and respecting people's human rights. They talked about the importance of respecting people's different and diverse needs.
- Care records seen had documented people's preferences and information about their life history. Additionally, care records showed consideration had been given to people's diverse needs and cultures. For example, the registered provider addressed people's cultural needs by ensuring people were supported by staff who had a good understanding of the person's culture and religion.
- Relatives told us staff sometimes staff went the extra mile to help people. On the day of the inspection visit one staff member told us they were voluntarily going to attend a meeting that day with a health professional to discuss a person's well-being. They said, "It's not always about getting paid, it's about keeping people safe."
- Staff spoke fondly about the people they supported. One staff member said they would sometimes pop in to see a person if they had a gap in their visits. They said they would often take fish and chips and share them with the person they were visiting. The staff member said, "They are lonely. It always puts a smile on their face. That's what it's all about."

Supporting people to express their views and be involved in making decisions about their care

- Staff recognised what was important to people and ensured they supported them to express their views and maintain their independence.
- Care records viewed showed planning was personalised and focused on retaining and promoting people's independence.
- People told us staff knew their preferences and cared for them in the way they liked. Each person had their individual preferences recorded which staff used to get to know people and to build positive relationships with them.
- When people were unable to express their own views, we saw advocates had been called upon by the service to assist people to express views and make decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Care records referred to people's independence and how to effectively support people to maintain this.
- Staff understood the importance of treating people with dignity and respect. They told us how they ensured people were addressed by their preferred name and received the support they needed whilst

maintaining their dignity and privacy. For example, making sure doors and curtains were closed and respecting people's choices. One staff member said, "It's people's safe space their home. You can't set the rules."

- People and relatives confirmed privacy and dignity was considered always.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care records viewed showed care was personalised and centred on the individual. For example, care records detailed individual routines for each support visit. This included how people liked their meals preparing and other personal routines.
- People told us there was an emphasis on the provision of flexible person-centred care. One person told us, "Staff know me. They know what I like, I have a routine and they follow it."
- Person centred care was promoted through people being supported by a team of regular carers who know them well. When people had specific communication needs we were told staff were allocated to work with people who could communicate in the same language.
- People we spoke with they were encouraged to express their views and wishes. This enabled people to make informed choices and decisions about how they were cared for and at what times suited their individual circumstances.

End of life care and support

- Staff told us they had received training to enable them to effectively support people at the end of life. When asked, staff could discuss the importance of providing high quality palliative care. Staff spoke compassionately about people and care provided at the end of life. One staff member said, "If I can see someone happy and put a smile on their face and have been able to respect their dignity to the end I have done my bit."
- Staff confirmed the service worked alongside the person, their relatives and other health professionals to coordinate end of life care.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care and said they would not be scared to raise any complaints.
- When complaints had been raised we saw the registered provider had followed their own policy and responded accordingly.
- At the time of the inspection visit the service had had no formal complaints. People and relatives told us when they had raised concerns in the past they had been appropriately managed.

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

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

- People, relatives and staff were complimentary about the way in which Care 4U Services (Midlands) Ltd was managed. They told us the management team were committed to ensuring people received a high-quality service.
- Although people told us the service was good, we found the registered manager had not acted upon recommendations made at the last inspection visit to ensure compliance with the regulations regarding safe recruitment of staffing. The registered manager had not followed its own policy in ensuring all recruitment information was in place on staff files. Additionally, quality audits failed to identify information was missing from the two staff records.

We recommend the registered provider consults with good practice guidance to ensure quality audits are consistently implemented to meet the fundamental standards.

- The registered manager had notified CQC of any incidents in line with the regulations. The home had on display their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.

Continuous learning and improving care

- The registered provider sought and acted upon the views of people they supported. There was an emphasis on striving to improve their service to deliver the best possible care for people who used the service. We saw people had been asked to provide feedback on their experience of the service and noted all feedback received had been positive.
- The registered provider had commissioned an external company to carry out a compliance audit in December 2018. We saw actions identified within the audit had been acted upon. For example, the registered provider had started auditing daily records to ensure care provided reflected the person's care plan and risk assessment.
- Staff told us the staff team used technology to securely communicate with each other to discuss any concerns to learn and improve care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff spoke positively about the support they received from the registered provider. They said the registered provider promoted a person-centred service which extended to looking after employees as well

as people receiving a service. They said this promoted good staff morale and effective teamwork.

- Staff told us they had general confidence in the management of the service and would not hesitate to report any concerns.
- When things had gone wrong, we saw the registered provider acted diligently and professionally and apologised for their mistakes. This demonstrated the registered provider understood the duty of candour.

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

- The registered manager and management team demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and outside agencies who were involved in the service. One staff member said, "We are like a family unit. We work as one."
- People told us they routinely involved in discussions about their care and how it was managed. People repeatedly told us the service provided was good.
- Staff told us the management team was approachable and always available for advice and support. One member of staff told us, "This company is good at valuing staff. They [the managers] will go out of their way to help us."

Working in partnership with others

- The service worked in partnership and collaboration with other organisations to support care provision and improve service development. In addition, the deputy manager said they kept themselves up to date by accessing websites for information to enable them to develop and provide high quality care.

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	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered provider had failed to ensure systems and processes were consistently implemented to ensure fit and proper persons were employed.</p> <p>19 (1) (a) (b) (c) (2) <input type="checkbox"/></p>