

Care 2 U Limited

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Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

The Inspection took place on 5 October 2015 and was announced. At the last inspection on 29 January 2014 we found the provider was meeting all the requirements of the regulations we reviewed.

Care 2 U provides care and support to people living in their own homes. At the time of the inspection 129 people were receiving a personal care service.

There was a registered manager in post at the time of the inspection. 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.

Most people felt that there were sufficient staff but people told us that staff were frequently late for their calls. People and their families told us that they felt safe. Staff knew their responsibility to protect people from the risk of abuse and what to do if they needed to report it

Summary of findings

outside of the company. Safe recruitment practices were in place. People were supported by staff who knew how to manage any identified risk to their health. People received their medicine when they required it.

Not all people thought that staff had received training to meet their needs. People were not always asked if they consented to their care. People were supported to eat and drink the food they required to maintain their health. People were supported to access other healthcare services and help was sought from relevant care professionals when there was a deterioration in people's health.

People told us that not all the staff were kind and considerate. People and their relatives told us that their privacy and dignity was respected by staff who supported them with their care.

People were involved in their care planning. People told us that staff stayed the allocated amount of time but were often late.

People told us that although they had complained they had not received a response from the provider.

The provider did not have adequate monitoring systems to ensure people received their calls at the appropriate time. People and staff found the registered manager approachable and staff told us that they were well supported.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People did not always receive calls as planned as care workers were often late. People were supported by staff who understood how to keep them safe. Safe recruitment practices were in place. Risks to people's care were managed appropriately. People received their medicines when they needed them.

Requires improvement



Is the service effective?

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The service was not always effective.

People were not always asked for their consent to their care. People were not always supported by staff who had received training to help them deliver the care they needed. People were supported to have food and drink to maintain their health

Requires improvement



Is the service caring?

The service was not always caring.

People told us that not all the staff were kind and considerate. People's privacy and dignity was respected.

Requires improvement



Is the service responsive?

The service was not always responsive.

People did not always their care at the time they chose. People told us their complaints were not listened or responded to by the provider.

Requires improvement



Is the service well-led?

The service was not always well led.

People did not think the service was well led as concerns had not been addressed. The provider did not have adequate systems in place to monitor the quality of the service.

Requires improvement



Care 2 U 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 5 October 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service we needed to be sure that someone would be in.

The inspection was carried out by two inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of this inspection we we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send to us to inform us of certain events. We also contacted the local authority and commissioners for information they held about the service. This helped us with planning the inspection.

We sent out 48 questionnaires to people and their families to seek their views on the service provided. Eleven of the questionnaires were returned. We also sent out 53 questionnaires to staff. Eight of the questionnaires were returned. We contacted 37 people who gave their views on the service they receive. We spoke with the registered manager and finance director, the office manager and six members of staff. We looked at four care records and the complaints folder.

Is the service safe?

Our findings

People told us they did not always receive care when they wanted it and carers did not always turn up at the agreed time. One person said, “They are usually late and don’t always let me know. They can be up to an hour late although this doesn’t happen often”. Another person told us that, “No, they don’t come on time sometimes they are an hour late and other times they turn up early but they don’t let me know and I get anxious”. We asked people if they had experienced a missed call. One person told us that they had but only once and someone did turn up eventually. A relative of a person told us that it had happened twice. His relative had not received his meal or medication which may have had an effect on his diabetes.

Some people told us that they thought there were enough staff. However one person did tell us, “They seem to struggle especially when carers are off sick”. Staff we spoke with told us when they were off sick that their shifts were covered by other staff. The registered manager told us, “We are selective with staff it’s about quality not quantity. There is a constant recruitment campaign to recruit new staff”.

People said they felt safe with the care staff. One person told us that they felt safe because the care staff always set their burglar alarm before they left at night. Another person told us, “I certainly trust them”. A relative told us that they felt their family member was safe with the care staff, and said “They always tell us where they have been and what they have been doing when they are out with the carers”.

Care workers were able to tell us how they protected people from the risk of harm in their role. One member of staff told us that they always ensured the people they looked after had everything close to them that they needed. Staff demonstrated a good knowledge of how to protect people from the risk of abuse and all said that they would feel comfortable in reporting any suspected abuse or bad practice to the registered manager. A member of staff said, “I have voiced my opinions and reported when I think a colleague needs more training to ensure they are doing their job properly”. All the staff we spoke with were aware of what to do if they needed to go outside of the company to report abuse if no action was taken by the registered manager. One member of staff told us that how

to keep people safe was “drummed into us in our induction”. The registered manager demonstrated a good knowledge of the procedure in place in protecting people from harm and abuse and how to make any referrals when necessary to the local safeguarding authority.

We saw detailed risk assessments were in place where risks to the person’s health or safety were identified. For example, where people required support with being fed using equipment, staff were provided with guidance to ensure people received a nutritious diet. We also saw that guidance was provided to staff about people with fragile skin and the actions they should take to avoid skin becoming sore, including how to move the person safely to avoid any areas of broken skin.

Staff told us about the recruitment process in place. One member of staff told us, “Induction was informative. We talked through a lot of things. I had to bring in my documentation before I was allowed to start work. I shadowed other members of staff more experienced until I felt confident”. We looked at two staff records, both demonstrated that there were safe recruitment practices in place. The provider had obtained appropriate references prior to people commencing employment. Criminal background checks had also been completed prior to the person starting work by the provider to ensure that staff were safe to work with vulnerable people.

People reported different experiences about how staff gave them their medicines. Some people told us they got their medicines on time. One person told us, “I don’t have any concerns as all I need is for them to undo the tops on the bottles of morphine so I can take it myself”. However another person told us, “This is an area where staff need more training. They don’t seem to know what I am on or what it is for. They have to do my eye drops but again new girls I have to tell them what to do”. Staff we spoke with told us that they had all received medication training and that they were confident in giving people their medicines. Staff also told us that they had been observed by their manager to ensure that they were giving out medication correctly. The registered manager told us that medicines were covered in the induction that staff received when they started working for the service.

Is the service effective?

Our findings

People told us that staff did not always ask for their consent. One person told us, “They seek my consent sometimes but not all the time”. Another person told us, “No they don’t seek my consent” and “They don’t usually ask for my consent they tell me what they are going to do”. We spoke with the registered manager about this following the inspection and they said they would address this in the next staff meeting. Staff told us they asked for people’s consent before carrying out care and that there were consent forms in care records with regards to some aspects of people’s care.

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 make particular decisions, any made on their behalf must be in their best interests and the least restrictive as possible.

All the staff we spoke with were able to explain to us in detail their understanding of a person’s capacity and how it affected their care. One member of staff gave us an example of how the care plan had detailed what food a person usually chose for their lunch. However, they went on to explain to us that they would listen to what the person chose to eat as they have the capacity to make their own decisions. Another member of staff told us that they involved families and if necessary advocates when people lacked capacity to ensure that they were acting in the best interest of the person and that their human rights were respected when providing care and support. We saw in one person’s care plan that how their capacity affected the decisions they make and how when necessary they gave their consent to the carers.

People told us staff were trained and understood their roles. One person said, “They are well trained”. Another person said, “They seem to be aware of what patients with dementia needs are”. However some people felt that staff required more training in specific areas. For example, one person said, “I think they need more training on how the condition of Parkinson’s affects clients with this disorder.” Other people had concerns about staff understanding of moving and handling and cleanliness and hygiene. We

looked at the training records for staff which indicated whilst training was up to date for moving and handling the training for infection control needed to be completed by most staff.

Staff we spoke with told us about the recent training they had received which helped them in their role. They also gave us examples of the training they had received to support people who used a hoist to transfer around their home. All the staff we spoke with felt that they were supported by the registered manager and said they would feel able to discuss any training needs with them. All were confident that the induction they had received along with ongoing training helped them care for the people they looked after adequately.

Not all the people we spoke with required support with their meals. This depended on their individual needs and assessments. Many people told us they could prepare and cook their own food or families supported them. One person said, “They always make me a cup of tea on arrival and leave me with a cup of tea and they always leave me with two bottles of water beside my bed at night”. Another person told us that they knew the staff who cared for them and could tell us who was able to cook a meal from scratch and who could only prepare microwave meals. They gave us an example of how on the day we telephoned their care worker had cooked them a meal and had left them with a small kettle they were able to use so they could make themselves a hot drink. One family member told us, “[person’s name] doesn’t like ready meals and we prepare food so they can just lift it out of the oven. This works well as long as they aren’t late. If they are late the food is burned”. Staff were able to tell us about the people they looked after who had specific dietary needs. One member of staff told us that they looked after people who had diabetes which was controlled by their diet. They said it was important that they only ate the right foods. The staff member said, “I make sure that I don’t give them any sugar or chocolate. If their sugar is too low they are very pale and I ask them to take their sugar levels”. All staff we spoke with told us that they recorded in people’s care plans when drinks or food were refused when people required their food and drink to be monitored in order to remain healthy. Staff also told us if they were concerned about anyone who was refusing food regularly they would contact the office to inform them so as any further action could be taken if necessary.

Is the service effective?

One person told us that the care workers called for the paramedics when they fell and that they stayed with them until the paramedics arrived. Another person told us, “If carers are worried about me they talk to me about it and inform the office that I am unwell. If I need an appointment from the doctor the carers tell the office who then arrange an appointment for me”. A family member told us, “If the carers pick up anything such as swollen feet they mention it to me”. Care workers told us that if they noticed a change in a person’s needs they would report it to the office so it

could be reviewed and other professional help sought if necessary. The registered manager told us that they worked closely with the dietician and occupational therapist if people’s needs changed. One member of staff told us that they had called the paramedics on one occasion as they suspected a person had had a stroke. They told us, “It is my responsibility to ensure they are well”. Some staff told us that they had escorted people to medical appointments if they needed the support.

Is the service caring?

Our findings

One person told us, “All but one of the carers is compassionate. The one who isn’t doesn’t talk to me and when she has done the bits she needs to do she doesn’t ask what else I would like her to do. Instead she sits and plays with her phone”, Another person told us that their care worker rushed her too much. A family member told us, “One carer is good at caring but her language was foul”. People also told us care workers spent time on their personal phones during calls. One person told us, “If carers are worried about me they talk to me about it and inform the office if I am unwell.” A relative told us, “They are kind and caring to my wife”. Some people thought that staff did not have enough time to deliver the care that had been agreed and rushed their care. One person told us that, “One or two of the carers do not recognise that I cannot get out of bed in five minutes. I tell them not to rush that is why I have a long call”. People told us that they had a good rapport with their care workers and that they were able to laugh and joke with them but two people expressed concerns that they were not able to understand one care worker very well.

People told us they were given a choice of male or female carers and call times. However they thought that their choices were not always being adhered to by the agency. One person told us that they had agreed to a male carer but this had recently changed. They had spoken to the staff at a recent review and they were trying to accommodate their choice where possible. People and their families told us that they were involved with their care plans and felt that they were listened to. One person told us, “We were involved with the setting up of the care plan. We told them what we wanted and they listened to us. However they thought that what had been agreed wasn’t happening with regards to consistency of staff”.

The staff we spoke with demonstrated a passion for their role and understood the importance of treating people in a caring way. Staff were able to tell about how they cared for people who were not able to communicate their needs verbally. An example was given by one member of staff of a person they looked after using hand signals such as rubbing their tummy when they were happy or sticking their tongue out when they were not happy. Another member of staff gave us an example of how they spoke with people who were not able to stand. They told us that that they had to go to their eye level and speak in a calm manner.

All of the people who answered our questionnaire and people we spoke with told us that staff treated them with dignity and respect. One person told us, “They treat me very respectfully and when helping with my personal care they ensure they cover my private parts with a towel.” Another person said, “All the carers are very respectful people.” Positive comments were also received from family about how staff were respectful when caring for their family member. One relative told us when they visit their relative the carers were always very polite and they protected their dignity and always ensured the bathroom door is closed.

Staff were able to give us examples of how they ensured people’s privacy and dignity was respected. One member of staff commented that they thought it was important for them to ensure that people had a clear understanding of what care was being provided or what was being requested. The registered manager told us that dignity was covered during staff induction and that all the team leaders were dignity champions. Their role was to promote dignity at all times. People and their families told us that they were encouraged to maintain as much of their independence as possible. One person told us “They do try and encourage me to be as independent as possible”.

Is the service responsive?

Our findings

People told us that they didn't think their preferences were taken into account. One person told us, "Although it is pretty reasonable they are coming to me before 7am, I don't like this. They are supposed to come later". One person told us that the rota they were sent did not reflect their call times so wasn't correct. The registered manager told us that the rotas were based around people's preferences with regards to the time they wished to have their calls and that this was discussed with staff during team meetings, however people told us that the care workers were often late for their preferred call time. The registered manager explained to us that some staff used public transport and it was the team leader's responsibility to plan rotas taking this into account. We looked at rotas and saw that some were prepared for staff who walked to calls. We saw different amounts of travelling time built into the rotas to allow staff sufficient time to get to their next call. However, many people told us that care workers were late for their call. The registered manager told us that they assessed people's care needs initially when they started receiving care from the service but then asked staff to let them know when they started delivering the care if anything in the initial assessment had changed.

A family member told us of their concerns that their relative was unable to have their choice of food as the care staff did not like to prepare this food item. We spoke with the registered manager with regards to this. They said they were not aware of this concern and would follow this up with some of the staff to ensure people's choices and preferences were respected.

We saw people's preferences and life histories were recorded for staff to read and understand. We saw specific information in one person's care plan about their memory problems and how this affected their current care and

choices they make. We were told by people using the service and their families that the service responded well when their needs changed, for example cancelling calls due to health appointments. One person told us, "When my sister is taking me out I have phoned to cancel the call and they are always very friendly about it".

People told us that they had made complaints both to care workers and team leaders and that they had not received a response from the provider. One person was very upset when we spoke with them because they thought their complaint would have repercussions on their care. Another person told us, "I feel the office has a poor attitude towards me. I think they feel oh here [person's name] is complaining again. They say they will get back to me but they never do". Another person told us, "When the team leader came last week I complained to them about the issues about timing. They said they would look into it but we haven't heard back from them". The main areas of concern people told us they complained to the provider about was call timings. One person did tell us that they knew how to make a complaint but had never had to. Another person that any issues they had had been resolved to their satisfaction.

The staff we spoke with were aware of the provider's complaints policy and their role in reporting any concerns to the provider. The registered manager told us that there was a complaints system in place and that staff were given the confidence to encourage people to complain. We looked at the complaint records and saw there were three complaints recorded. We saw that these had been responded to and an outcome logged. We looked at the records to see if the people we spoke with had their complaints logged. We did not see these recorded or how they were responded to by the provider. The complaints system was not effective as people had made complaints to staff they had not been recorded and people had not been responded to.

Is the service well-led?

Our findings

People did not think the service was well led. We were told by one person, “I don’t think the agency is well run. It is okay but could improve in places starting with rotas and regimes”. Another person told us, “I am frustrated with lack of communication and the unresolved problems. This is not the way to run a business of this sort”. Another commented, “Customer service is extremely poor and complaints often remain unresolved”. People told us that it was very difficult to get through to speak to the office staff and when they did were given excuses or promised a call back and didn’t receive it. Some people thought that when they got through to the office staff they were friendly. One person told us, “I have found the office staff very polite and they do the best they can to resolve the issues”.

Many people we spoke with told us that their call times were often late. We discussed this with the registered manager who told us that care workers often overstayed on some of the shorter calls which lead to staff being late for the next call and that travelling times were variable. Whilst the staff rotas reflected travelling time in between calls, people were getting their calls late and this was not being picked up by the registered manager. The registered manager told us that the system they used was currently broken which meant they were not able to identify which calls were late. The management team forwarded us an action plan following the inspection which highlighted that their quality assurance system need to be updated. Although there was a system to monitor calls it was ineffective as people were not in receipt of calls at the correct times.

The registered manager was knowledgeable about many of the people who used the service. They were aware of their responsibilities in notifying the Commission of important events and any allegations of abuse when they occurred.

Staff we spoke with thought the managers were approachable and that they listened to them. Most told us they were happy with their rotas and got nights off when they requested them. One staff member told us that they used to have to work double shifts but that had been sorted out and now they only worked their chosen shifts. Staff told us that they got regular spot checks and they liked this as they knew they were doing their job properly. They felt listened to and involved in how the service was run as they got regular questionnaires. One member of staff told us, “I am supported in my job. Everyone is approachable and they have an open door policy”.

One person told us, “I get asked my opinions on the way things are run if call times need changing and I am asked to attend reviews”.

We looked at some of the internal systems the service used to improve quality of care. For example, all of the medicine administration records (MARS) charts were checked by the team leaders. We looked at a sample of the MAR charts that had been checked and some contained gaps which had not been picked up by the sample checks by the registered manager. We were told it may be because they were in hospital. Accidents and incidents were being monitored by the registered manager. The registered manager told us that they were looking to improve the quality assurance system.

We looked at satisfaction surveys returned by people and staff, both contained positive feedback. A staff member had commented “I really do feel valued”. The action plan forward to us following the inspection had highlighted that the internal quality assurance system needed to be upgraded and this was something that the management team were looking at.