

Carers 4 U Ltd

# Carers 4 U Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 19 and 21 January 2016 and was announced. This was our first inspection at Carers 4 U Ltd. Carers 4 U Ltd is a domiciliary care agency that provides personal care and support for people living in their own homes. At the time of this inspection Carers 4 U Ltd was providing personal care to 23 people.

The service had a registered manager 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.

A breach of legal requirements was identified. The provider did not always keep up to date records of the staff supervision sessions or annual appraisals. You can see the action we have asked the provider to take at the back of the full version of the report.

The provider did not have a call monitoring system in place that ensured staff turned up to support people or stayed for the allotted time to provide care. We saw the manager and a care coordinator contacting people using the service and staff throughout the course of our inspection, making sure people received care when they were supposed to. The provider was currently looking at the different call monitoring systems available with a view of adopting a call monitoring system for the service. We were not able to assess the impact of the lack of a call monitoring system on people's care as the system was not in place at the time of inspection. We will assess this at our next inspection of the service.

People said they felt safe and staff treated them well. The service had appropriate safeguarding adults procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks took place before staff started work. Where appropriate people were supported to take their medicines as prescribed by health care professionals. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

The manager had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. Staff had completed an induction when they started work and they were up to date with their training. People's care files included assessments relating to their dietary support needs. People had access to health care professionals when they needed them.

People had been consulted about their care and support needs. Care plans and risk assessments provided information for staff on how to support people to meet their needs. People were aware of the complaints procedure and said they were confident their complaints would be listened to, investigated and action taken if necessary.

The provider took into account the views of people using the service through satisfaction surveys. The

provider carried out unannounced spot checks to make sure people were supported in line with their care plans. Staff said they enjoyed working at the service and they received good support from the manager. They said there was an out of hours on call system in operation that ensured management support and advice was always available when they needed it.

## 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, where required, to take their medicines as prescribed by health care professionals.

Appropriate recruitment checks took place before staff started work.

There was enough staff available to meet the needs of people using the service.

Appropriate procedures were in place to support people where risks to their health and welfare had been identified. People could access support in an emergency.

### Is the service effective?

Requires Improvement 

The service was not always effective.

The provider did not always keep up to date records of the staff supervision sessions or annual appraisals.

Staff had completed an induction when they started work and training relevant to the needs of people using the service.

There was an out of hours on call system in operation that ensured management support and advice was always available to staff when they needed it.

The manager demonstrated a clear understanding of the Mental Capacity Act 2005 and acted according to this legislation.

Where people required support with cooking meals this was recorded in their care plans. People had access to health care professionals when they needed them.

### Is the service caring?

Good 

The service was caring.

People said staff were caring and helpful.

People said they had been consulted about their care and support needs.

People's privacy and dignity was respected.

### Is the service responsive?

**Good** ●

The service was responsive.

Assessments were undertaken to identify people's support needs when they started using the service. People's care files included detailed information and guidance for staff about how their needs should be met.

There was a matching process in place that ensured people were supported by staff that had the experience, skills and training to meet their needs.

People knew about the provider's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

### Is the service well-led?

**Requires Improvement** ●

Some aspects of the service were not well-led.

The systems in place to monitor the quality of the service were not robust and required improvements.

The provider took into account the views of people using the service through satisfaction surveys.

The provider carried out unannounced spot checks to make sure people were supported in line with their care plans.

Staff said they enjoyed working at the service and they received good support from the manager and office staff.

# Carers 4 U Ltd

## **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.

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

This inspection took place on 19 and 21 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team comprised of two inspectors. One inspector attended the office on both days of the inspection. They visited three people using the service on the first day. The other inspector made telephone calls to people who used the service and staff.

We looked at the care records of 6 people who used the service, staff training and recruitment records and records relating to the management of the service. We spoke with 8 people using the service and 3 relatives, 7 members of staff and the manager. We also spoke with a health care professional and an advocate and asked them for their views about the service.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, "The staff are kind and caring I feel safe and confident with them." Another person told us, "All the staff are very helpful, I feel very safe." A third person said they had regular carers who met their needs. They told us, "I know the carers as I get the same ones each day. It makes me feel happier when I know them." A health care professional said, "People have consistent staff and they like that. The agency provides people with a good safe service."

The service had a policy for safeguarding adults from abuse and a copy of the London Multi Agencies Procedures on Safeguarding Adults from Abuse. The manager was the safeguarding lead for the service. We saw a safeguarding adult's flow chart in the office that included the contact details of the local authority safeguarding adult's team and the police. The manager told us this flow chart provided guidance for staff in reporting safeguarding concerns. Staff demonstrated a clear understanding of the types of abuse that could occur and the signs they would look for and what they would do if they thought someone was at risk of abuse. They said they would report any concerns they had to the manager. The manager told us they and all staff had received training on safeguarding adults from abuse and training records confirmed this. Staff said they were aware of the organisation's whistle-blowing procedure and would use it if they needed to.

At the time of this inspection there was an on-going safeguarding concern being investigated by a local authority that commissioned the services from the agency. We will continue to monitor the outcome of the investigation and the actions taken by the provider to keep people safe.

Appropriate recruitment checks took place before staff started work. We looked at the personnel files of six members of staff. We saw completed application forms that included references to staff's previous health and social care work experience, their qualifications, health declarations and employment history. The manager told us that any breaks in employment were discussed with staff during the recruitment process. Each file included two employment references, proof of identification and evidence that criminal record checks had been carried out.

People using the service, their relatives, staff and the manager told us there was always enough staff on duty to meet people's needs. One person said, "The staff are nearly always on time. It's a rare event when they are late. The agency would let me know if there is a problem." Another person said, "I get the same staff each day. I am well looked after." A relative told us the agency provided them with a weekly staff rota. They said, "Dad gets a rota with named staff so he is aware of who will undertake the visit." A member of staff said, "There is always enough staff to meet people's needs. We have plenty of staff so people get their care on time." The manager said staffing levels were arranged according to the needs of people using the service. If extra support was needed to support people to attend social activities or health care appointments, additional staff cover was arranged.

People could access support in an emergency. One person told us, "I have a folder with the agency's number on the front. I can call the office if I need any help." We saw that people's care files included the contact details of the agency and emergency information about their home for example where the electrical supply,

gas and water stop cocks were located and telephone numbers of these suppliers. Action was taken to assess any risks to people using the service. We saw that people's care files, both in their homes and at the office, included risk assessments for example on, moving and handling. Risk assessments included information for staff about action to be taken to minimise the chance of risks occurring. A member of staff told us they had identified a moving and handling risk whilst undertaking care with a person. They raised this with the manager and a further assessment had been completed and additional equipment was put in place to reduce the risk of harm to the person using the service. We also saw risk assessments had been carried out in people's homes relating to health and safety and the environment.

People were supported, where required, to take their medicines as prescribed by health care professionals. The manager told us that most people using the service looked after their own medicines, however some people needed to be reminded or prompted and some people required support from staff to take their medicines. Where people required prompting or support to take their medicines we saw that this was recorded in their care plans. We saw medicine administration records (MAR) completed by staff confirming that people had taken their medicines. One person told us, "The staff help me to fill my dispensing box on a Sunday evening and I take my medicines myself through the week." Another person said, "The staff do my pills and it's written down in the book." All of the staff we spoke with told us they had received training on administering medicines and training records confirmed this. One member of staff told us they had been concerned when a person had not been taking their morning medicines. They fed this information back to the agency and following a review with the relatives and the person using the service the care plan was changed to reflect the need for medicine to be administered by staff.



## Is the service effective?

### Our findings

All of the staff we spoke with told us they received regular supervision and, where appropriate, an annual appraisal of their work performance. The provider's policy on supervising staff stated that staff would receive formal supervision sessions six times a year with the minimum of four sessions. However staff supervision records seen showed that staff were not receiving formal supervision at this frequency. Some staff had not received any supervision at all in 2015. Records relating to staff annual appraisals indicated that only eight out of the nineteen staff eligible for an annual appraisal had received one. The manager told us that although they and the care coordinator had regularly supervised staff and carried out annual appraisals they had not always made formal records of the supervision sessions or appraisals. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). You can see the action we have told the provider to take at the back of this report.

People told us staff knew them well and knew what they needed help with. One person said, "The staff know me well and what I need. They do what they need to do." A relative told us, "The staff are well trained to do the job. My mum got a new hoist and the nurse trained the staff on how to use it and support her. They are really good staff." Another relative said, "I can't fault the service they give 110%."

Staff had the knowledge and skills required to meet the needs of people who used the service. Staff told us they had completed an induction when they started work and they were up to date with their training and records confirmed this. They said they were well supported by the manager and there was an out of hours on call system in operation that ensured management support and advice was always available when they needed it. Training included first aid, food hygiene, medicines, moving and handling, safeguarding adults, dementia awareness, health and safety, infection control, the Mental Capacity Act 2005, the role of a care worker and person centred care. Records showed that twelve members of staff had attained nationally recognised qualifications in care and seven staff were in the process of obtaining these qualifications, in order to develop their skills..

Staff told us that initial shadowing visits with experienced members of staff had helped them to understand people's needs. A live in member of staff told us before they provided care to someone they visited the person and their relatives to get to know them. They discussed the persons care needs and read their care plan. This also gave them an opportunity to meet with the current member of staff and complete a handover. We saw handover forms completed by living in carers in peoples care files. We saw records of unannounced spot checks carried out by a care coordinator. The care coordinator told us they carried out these checks on staff to make sure they turned up on time, wore their uniforms and identification cards and supported people in line with their care plans.

The agency provided care and support to nine people living in a retirement village. These people also received support from on-site health care professionals. One the health care professionals told us that staff often talked with them about people using the service to learn about their past history so they could understand their needs better. They said, "The residents here never complain about the agency staff."

People had access to health care professionals when they needed them. One person told us, "I can see my GP when I need to. There are nurses on this site too and I can see them if I need. The agency staff would call them for me if I wasn't feeling well." A relative told us, "We go together to health appointments. They support me in doing this." Staff monitored people's health and wellbeing, when there were concerns people were referred to appropriate healthcare professionals. One member of staff said, "If I noticed any deterioration in the person I am supporting's health I would call the GP or district nurse and report my actions to the office immediately. I recently called the district nurse due to a sore on the person's foot. I also recorded everything in the daily notes."

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). 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. This provides protection for people who do not have capacity to make decisions for themselves. We checked whether the agency was working within the principles of the MCA. Most of the people using the service had capacity to make decisions about their own care and treatment. However the manager told us, if they had any concerns regarding a person's ability to make a decision they would work with them, their relatives, if appropriate, and any relevant health care professionals to ensure decisions made for them were made in their 'best interests' in line with the Mental Capacity Act 2005. The manager was also aware that were any person using the service was subject to continuous supervision or control that they would be required to make an applications to the Court of Protection.

Where people required support with shopping for food and cooking meals this was recorded in their care plans. One person using the service said, "They cook food of my choice." A relative said, "They cook a good variety of fresh food. I think that has really improved my mother's health." A health care professional said, "The agency staff will go the extra mile. They went and got fish and chips for one person when they wanted it for their tea."

## Is the service caring?

### Our findings

People using the service and their relatives said staff were caring and helpful. One person said, "The staff are great. They really do care about us. They are very kind and caring. They always respect my privacy there is no problem with that." Another person said, "The staff are very good to me. They respect my views and listen to me." A relative told us, "My dad tells us they are all nice staff. He was very reluctant to have any support from the agency at first but he now enjoys their visits and he is happy." Another relative told us, "I was able to take a three week holiday recently as I was so confident that mum was receiving good safe care." A health care professional at the retirement village said, "The carers are great we could not manage without them."

One relative told us their mother had two live in care staff. The same staff had been supporting their mother for around three years. They said, "They agency is brilliant. The care staff are part of the family. I am very happy with the support they give my mother. They are real stars. I recommended the agency to my friends and they now use them." Another relative said, "The agency is excellent, they have been looking after my mother for five years. We have regular staff who don't rush things and know exactly what they are doing. The staff are not doing this job for the money, but they are doing it because they get something rewarding from it."

People and their relatives said they had been consulted about their care and support needs. One person using the service told us, "I always talk to the manager and staff about my needs and what I want. They write it all down and make sure I get that help." A relative told us, "One of the good things about the agency is how they communicate with me. I am always consulted about my mother's care needs. They send me care plans when they have been reviewed and ask for my input. They also keep me posted about any medical issues." Another relative told us that their fathers care plan was reviewed with them every three months and the agency sent them a copy of the plan. A third relative said, "I am always asked about my mother's needs. I think the live in staff know her well too and they can see if her needs are changing. We all work together."

People were treated with dignity and respect. One person gave us the thumbs up sign and said, "I have very good staff coming to see me. They are kind and respectful. They take their time to understand me; they never rush my care and always have time to talk. Even the manager, if I need or ask for help, she always comes to see me." Staff told us they tried to maintain people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. One member of staff told us, "I always ask people what they need help with. For example, what time they want to get up or whether they would like to have a bath or wash. I explain what I am doing and offer them a choice of clothes they might want to wear or the food they might want to eat."

People were provided with appropriate information about the agency in the form of a 'Service Users Guide'. The manager told us this was given to people when they started using the service. This included the complaints procedure and the services provided by the agency and ensured people were aware of the standard of care they should expect.

## Is the service responsive?

### Our findings

People and their relatives told us that the agency and staff provided them with good support and care. Their comments included, "Fantastic." and "All very good carers." A health care professional told us that agency staff were very responsive and went out of their way to meet people's needs. A member of an advocacy service told us the manager was good at attending meetings and liaising with other professionals. They were proactive in meeting people's needs and worked to make things happen for example. They said the manager had obtained a wheelchair for one person using the service so they can now get out more often.

A relative told us that due to their mother living with dementia they suggested to the agency manager that a specific training course on communication techniques and dementia might be helpful to the living in staff. The agency supported one of the staff to attend this two day training course. They said they had noticed significant improvements in how this member of staff managed their mother following the training and how the learning had been shared with other staff working with their mother.

Assessments were undertaken to identify people's support needs before they started using the service. Care files were well organised and easy to follow. Initial assessments covered areas such as personal care and well-being, family involvement, sight, hearing and communication, mobility, medical requirements, personal safety and risks, dietary requirements and social, religious and cultural needs. Care plans were developed outlining how these needs were to be met and included detailed information and guidance for staff about how each person should be supported. The care plans showed that people using the service and their relatives, where appropriate, had been consulted about their needs. A member of staff told us care plans included good information about people and told them what they needed to do for people. They were simple, straight forward and easy to understand. We saw care plans were reviewed regularly and kept up to date to make sure they met people's changing needs. All of the care plans and risk assessments we looked at had been reviewed on a six monthly basis or more frequently if required. We also saw daily notes that recorded the care and support delivered to people.

The manager told us there was a matching process in place that ensured people were supported by staff with the experience, skills and training to meet their needs. They told us, for example, that a person using the service with a spinal injury was matched with a member of staff who had completed a 'spinal injuries care in the community' training course. Staff told us they would not be expected to support people with specific care needs or medical conditions unless they had received the appropriate training. For example, one member of staff said, "If we need to support a person with moving and handling or we needed to use a hoist to support them, we would receive training on the use of the hoist before we would be allowed to support that person."

People and their relatives said they knew about the complaints procedure and they would tell the staff or the manager if they were not happy or if they needed to make a complaint. One person said, "If I need to complain about something, I will. I haven't needed to but I'm sure the manager would see me and sort things out." A relative said, "I have seen the agency's complaints procedure in the Service Users Guide so I know what to do. If I needed to complain they would address my complaint fully. I have absolutely no doubt

about that." The agency had a complaints procedure in place. The manager showed us a complaints file. The file included a copy of the complaints procedure and forms for recording and responding to complaints. The manager told us they had not received any complaints, however, if they did, they would write to the person making a complaint to explain what actions they planned to take and keep them fully informed throughout.

## Is the service well-led?

### Our findings

Some aspects of the provider's monitoring systems required improvement. The provider had some systems in place for monitoring the service. For example we saw records of unannounced spot checks, files for recording and monitoring complaints and incidents and accidents and recent audits of staff files and peoples care files. However the staff file audit had failed to identify that some staff supervision sessions and annual appraisals were not being recorded and held in staff files.

The service had a registered manager in post. The manager had been in post since April 2013. They told us one of the challenges they faced was to grow the service and maintain and improve the quality of care provided. They felt they had established a very committed staff team that provided consistent care and support to people using the service.

There was no call monitoring system in place that made sure staff turned up to support people or stayed for the allotted time to provide care. We observed the manager and a care coordinator contacting people using the service and staff throughout the course of our inspection, making sure people received care when they were supposed to. The manager and the care coordinator agreed that although they kept in close daily contact with live in staff and the staff working at the retirement village, and they had not complaints from people using the service about staff not turning up or being late, the current system was not robust enough. They showed us the minutes from a managers meeting in December 2015 where they had discussed call monitoring systems. The manager told us they were currently looking at the different call monitoring systems available with the view of adopting a call monitoring system for the service. We were not able to assess the impact of the call monitoring system on people's care as the system was not in place at the time of inspection. We will assess this at our next inspection of the service.

The provider took into account the views of people using the service through six monthly satisfaction surveys. The manager told us they had recently sent out questionnaires to people using the service and showed us some which had been completed. The feedback recorded in these surveys had been very positive. One person did say however that they had not received a rota indicating when staff would support them. The questionnaire included the actions the agency had taken in response to the survey and that they immediately sent a rota to the person concerned. The manager told us they used feedback from the surveys to constantly evaluate and make improvements at the service. They had not previously recorded the analysed the feedback from previous surveys or drawn up an action plan however they said they would to do so in the future and share the findings with people using the service, relatives and staff.

People and their relatives told us that the agency was well run and managed. Comments included, "We can always contact the manager. They know what they are doing, well organised.", "Communication with the agency is a strong point." And "I can't speak highly enough of the agency. All very satisfactory."

Staff said they enjoyed working at the service and they received good support from the manager and office staff. One member of staff said, "I love this job, I love caring for people. Communication is really good with the manager and the office. If people using the service or I have any problems the manager deals with them

immediately. I feel that the agency is a very caring agency and we all work as a team." Another staff told us, "If I have any worries the manager listens and sorts it out. Communication with the office is good they always keep in contact with us." A third member of staff said, "They look after people using the service and their staff. For example, my car broke down recently and they called me a taxi and made sure I got home. I know I work for people who care about 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not always keep up to date records of the staff supervision sessions or annual appraisals.</p>