

## Staff Management Limited

# Caring 4 U

### Inspection report

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### 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Caring 4 U is a domiciliary care agency providing personal care to people living in their own homes. There were 43 people using the service at the time of the inspection.

### People's experience of using this service and what we found

Staff were exceptionally responsive to people's needs and circumstances. They went above and beyond the call of duty to provide individualised, person centred, high quality care. The service listened to people's complaints and concerns and changed the service to accommodate their needs and wishes. People had outstanding care towards and at the end of their life by skilled staff who went the extra mile to be there for them.

Staff were very caring and kind and involved people in their care arrangements and treated them with dignity and respect. Assessments were carried out to ensure people's needs could be met. Staff understood people's likes, dislikes and preferences and people told us they were offered choices about their care.

People received safe care and staff understood safeguarding procedures. There were systems for assessing and managing risk to help make sure all were kept safe from foreseeable risks. Recruitment practices were safe, and there were enough staff, which meant people received the calls they needed. There were systems in place to make sure people received their medicines safely. The service analysed accidents and incidents to prevent reoccurrence and keep people safe from harm.

Staff had the right skills and experience to meet people's needs. A comprehensive induction and training programme were completed by all staff. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was a strong management team, who had strong values and provided positive role models to staff. Staff were well supported and respected. The provider ensured there was effective oversight and governance of the service and any concerns in relation to the quality of support were identified and acted upon promptly.

### Rating at last inspection

This was the service's first inspection at this location.

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

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 caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Caring 4 U

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was completed by one inspector and an Expert 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.

#### Service and service type

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

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.

#### Notice of inspection

We gave the service four days' notice of the inspection. This was because we required details of people who used the service for the Expert by Experience to contact by telephone. We also needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 11 people who used the service and five relatives about their experience of the care provided. We spoke with four members of staff, the registered manager, branch manager and operations director. We reviewed a range of records. This included five people's care and medicine records. We looked at four staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The provider sent us additional information we requested, and this was looked at as part of the inspection.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures. One staff member told us, "They [the managers] are really hot about keeping people safe, any concerns we have, we are told to raise, regardless of how small it may seem."
- Everyone felt safe with the staff who supported them. They had every confidence in their competence and trustworthiness. One person said, "I always feel safe with my staff and consider myself fortunate to have them." Another said, "The staff all seem very trustworthy and professional to me, they make me feel safe."

Assessing risk, safety monitoring and management

- Individual risks to people had been assessed with guidance in place for staff to follow. These included risks to people's mobility, falls, skin conditions, choking and swallowing and use of equipment. Information was comprehensive and included people's choices and wishes as to how to support them safely.
- If staff noticed any changes to people's health and wellbeing such as bruising or injury to a person's skin, a change in their behaviour, demeanour or appearance, this was recorded and reported to the management team. A referral to the appropriate health professional for advice and treatment was made and action taken.
- The risks to people and their home environment had been assessed and guidance was available for staff on how to support people safely. Any changes to people's needs were shared with staff and people's care records were updated. A family member told us, "The staff let themselves in each night at 1am to provide personal care to my [relative]. We have a key safe which they access safely every night, they come in quietly so as not to wake me."
- People's safety, and that of the staff, was monitored effectively through a computerised planning and tracking system. This monitored all staff activity and ensured care plans were kept up to date and 'live'. This included using a colour coding system, which highlighted people's level of risks. Where, for example, a red flag would indicate a person needed medicines at a specific time or district nursing for any risks to people having or developing pressure sores.

Staffing and recruitment

- There were enough staff available to meet the needs of people who used the service. There was a consistent team of staff who knew people well and rotas were well organised, giving staff enough time to be with people and travel in between to meet their needs. Agency staff were not used as staff were given the opportunity to cover shifts if there was a need. Staff told us, "We all work as a team", "We sort things between us if there is a problem", "We wouldn't let anyone down, never" and, "We would make sure our people were all okay, always."
- Rota arrangements were well organised and managed. People told us they were very grateful for the weekly rota which they always received on time. One family member said, "It's very helpful for my [relative]"

to know the names in advance, as the staff normally have to wake her up in the middle of the night." Another said, "[Relative's] rota really helps them. They [staff] do stick to the times as well, so we know [relative] is safe around those times."

- Robust recruitment processes were in place. All relevant checks had been completed including taking up references, exploring gaps in employment and carrying out disclosure and barring checks (DBS) to make sure staff were suitable to work with older and disabled people in the community.

#### Using medicines safely

- Staff had been trained and assessed as competent to administer people's medicines. People told us staff were efficient and professional in this respect. One person said, "They do everything, give me my tablets, go to the doctors to put the prescriptions in and they've never let me down or overlooked anything." Another told us, "The staff always give me my tablets on time, it works well. It makes me feel I'm in safe hands."
- People had electronic medicine administration records (MAR) which staff completed to show they had given people their medicines. These were completed to an acceptable standard.
- Medicine administration records were audited and checked. These had been effective at picking up errors which were then investigated, and appropriate action taken, for example, supervision with staff or additional training provided.

#### Preventing and controlling infection

- All staff received training in infection control and were provided with appropriate protective clothing to prevent the spread of infection. People told us staff were, "Good at washing their hands" and, "Good at clearing away properly."

#### Learning lessons when things go wrong

- Accidents and incidents were recorded so any patterns or trends could be identified, and action taken to reduce the risk of reoccurrence. A protocol had been put in place for assessing risks where people chose to use hot water bottles and heated appliances, such as laptops and wheat bags to reduce the risk of burns.
- Lessons learnt were used as case studies on training days. For example, one incident included making decisions on behalf of someone who was unwell but, who did not want to call for assistance and ended up in hospital. Staff were able to consider what had happened and how to deal with this for the future. Guidance was developed to illustrate the action to take for the possible signs of Sepsis (Sepsis is the immune system's overreaction to an infection or injury and attacks the body's own organs and tissues. If not treated immediately, Sepsis can result in organ failure and death).

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- People had an assessment of their physical and mental health, social and cultural needs before using the service. This ensured staff had enough information to meet people's needs and preferences.
- People's protected characteristics under the Equality Act 2010, such as their gender, age, disability, religion, ethnicity and sexual orientation were discussed and recorded in agreement with them during the assessment. The service was currently in discussion with the software designer to include the equality characteristics on the computerised system.

Staff support: induction, training, skills and experience

- New staff received a comprehensive induction programme based on the Care Certificate which represents best practice when inducting staff into the care sector. Ongoing support and oversight of new staff was in place. New staff completed shadow shifts where they worked alongside senior staff to learn about the job and get to meet people until they were assessed as competent. One staff member said, "The induction and training is very thorough and you are prepared and supported well."
- Observation of practice, regular supervision and annual appraisals were undertaken so that all staff had the opportunity to discuss their work, well-being and any learning needs identified.
- Ongoing training was provided to staff which was regularly updated so staff knowledge remained current. The training was of a good quality, delivered face to face and provided in-house. Specialist training was organised to meet the specific needs of people who used the service, for example, care for people with Parkinson's disease and people with living with Dementia. One person told us, "My staff are well trained I believe, and do daily checks on my skin condition as well as caring for all my needs".
- Staff told us they felt very well supported by the management team. One staff member said, "The moral amongst staff is very good. We work so well together." Another said, "You cannot beat the managers, so good, always there and I have got no worries about contacting them any time."

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

- Where it was part of an assessed need, staff supported people with eating and drinking. People's food and drink preferences were recorded and understood by staff. A staff member told us, "[Name of person] won't be able to do anything or function in the morning before they have their cup of tea, so we go with the flow and have one with them." One person said, "Staff will always ask me for my preferences, and give me ample choices regarding my meals. These are prepared and presented well."
- Where people had difficulties swallowing and, were at risk of choking, staff followed the advice given by the speech and language therapist such as the use of thickening fluids and textured meals.

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

- People were supported to access health and social care services. One person told us, "Staff would suggest I ring my GP or the district nurse if they were concerned about anything. They log everything that happens, my medicines, any changes to my skin in my folder, it lists everything that relates to my health."
- People's health conditions were recorded as part of their initial assessment. Care plans included guidance for staff on how to support people to stay well and healthy.
- Records showed staff were vigilant in picking up on any health concerns and ensuring people received prompt treatment and advice. If staff noticed people becoming unwell, this was immediately reported to the office, who made referrals to the relevant health professional. One person said, "It all works very well, my regular staff member is especially good at noticing if I'm developing any skin irritations. They will suggest we call in the nurse if she thinks it's necessary."
- The service worked with a range of professionals such as the district nurses and occupational and speech language therapists to support people to maintain their health and wellbeing. A health professional told us, "I have had many communications with Caring 4 U and staff have attended joint meetings when required to support the changing needs of the person. They have been happy to meet to discuss any issues and if they have any concerns, they will contact the service or myself."

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- The principles of the MCA legislation were interwoven throughout people's care plans which reminded staff about people's human rights and good practice. For example, one person's care plan stated. "I can become anxious if rushed, it can be quite debilitating and overwhelming in some situations. Best way to deal with this is to give me some space but with my agreement. Offer support and advice but do not assume I need help, I will ask for it, if I need it."
- Staff had received training in the MCA and understood the importance of asking for people's permission before providing care and support. One family member said, "New staff always seem to know the procedures in advance but will listen to my [relative] and I about how we like things done and where things are."
- Barriers to people's ability to communicate had been identified to ensure staff could assist people to be involved in decision making and communicate their choices. For example, one person's care plan said, "Speak clearly so I can understand you, prompt me if I am struggling." Another said, "Please use cards and sit with [person's name], hold their hand and chat to them and make sure their hearing aid is working."

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People had nothing but praise for the staff who were caring, kind and considerate. One person said, "My staff are both very caring people, they encourage me but never patronise me." Another told us, "Staff are all very good, some are exceptionally kind to me. They arrive looking smart and wearing their uniform." A third said, "They're very kind people, I've got no problems with any of the staff." A family member said, "My [relative's] regular staff member is very good, absolutely lovely to them and will do anything and everything for them."
- The service had systems in place to ensure people were treated in a compassionate manner and their individual diverse needs were respected. Staff were given information and guidance about people's specific religious beliefs and customs and how their dignity was always to be maintained when providing personal care.
- Staff received equality and diversity training to ensure the needs of people were met. This specific training enabled each member of staff to have a greater understanding of any sensitivity surrounding each person.
- Staff spoke very fondly of the people they supported. One staff member said, "We are supporting people to live their best lives, to live in their own home, how good is that." Another told us, "My [person's name] is so special, helping them is a dream, so lovely and gives me such a lot."

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

- People were consulted and involved in their care and support. One person told us, "[Staff members name] is very nice, always polite, friendly, gives me choices over things and always listens to me." A family member said, "Staff are so polite towards [relative] and always cheerful and happy, that makes a difference to them. I'd say they're all very good and very kind and I'd like to praise them for all they do. As a family we're very grateful."
- Care plans were used to record people's preferences and how their care and support should be delivered. These showed how people were involved in managing their care arrangements in partnership with the service and staff to enable them to live independently. As people's needs changed, care plans were reviewed and updated.
- Staff were very proud of each other and told us of situations where they had made a difference to a person's life. For example, one staff member in their own time, had cleaned a person's flat after they came out of hospital, so they had a clean and homely place to live, giving them the respect and compassion, they needed." Another example given, was of helping a person, who was a chef to start to cook again. The staff member described the buying of the ingredients and making homemade burgers and how proud they both were, not just at the success of the task, but of it being the start of a renewed confidence and independence for the person they so needed.

- There was good communication across the service. Staff were alerted when there were any significant changes to a person's care to make sure they were up to date with the latest information. One family member said, "Communication is good between us all, in order to keep [relative] safe and happy." A staff member told us, "We all work together, talk to each other, make sure information is passed on and then we double check it has. I would be beside myself if something happened to someone because I had not passed something on."

#### Respecting and promoting people's privacy, dignity and independence

- People's lives, choices and decisions were respected by the staff and they were enabled to maintain their independence. A family member said, "My [relative] is improving slightly following an illness. They are now trying to walk a little, and the staff encourage and try to help them to do things for themselves, but only when it's appropriate."
- The daily notes about the care provided were written in a sensitive and caring way which showed staff had a human rights approach to their work, showing fairness, respect, equality, dignity and autonomy. One person said, "I trust [staff member] implicitly to keep me safe, treat me with respect, and make wise decisions for me if I were taken unwell. I don't like it when they [staff] go on holiday, or have days off, but the others step in and it still works well, they know my needs equally as well, so I don't worry." One staff member said, "A lot is about our approach to people, and making sure they always stay in control of their lives. Take that away from people and they will really struggle so that's why I love my job and love the people as I don't let them struggle alone."

## Is the service responsive?

### Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People, their relatives and stakeholders told us staff had outstanding skills and met their needs in a truly responsive way. One person said, "They [staff] are obsessive about things being done correctly and really focus on getting things right." Another said, "Staff never say that something's 'not their job', if I ask them to do something, they're happy to do it for me. I honestly think they'd do anything." A family member told us, "I have to say, staff take great care of my [relative's] cleanliness and notice any changes and stop infections, almost before they start. They will draw my attention to skin problems and give me good advice about how to proceed." One social care professional complimented the service saying, "I am aware staff visited [person's name], and they spoke highly of the support and got on well with them. The quality of the staff was a protective factor in terms of their health and getting them the support when they needed it."
- Everyone told us they were extremely grateful how staff were responsive, reliable and punctual in their visits. One family member said, "It means we can plan our day, knowing what time we'll be free. I've just started trying to get my [relative] out again, later we're going out for coffee, before we could never make any such plans, it makes such a difference."
- The responsive approach to people's needs and circumstances by management, office staff and care staff was outstanding. One family member told us, "Caring 4 U have been amazingly accommodating, going over and beyond to help whenever extra help for my [relative] has been needed. They are very flexible, and if I ring the office, they are very personable and helpful, and have always been able to assist with extra help as needed."
- Staff went over and above their roles and responsibilities to meet people's needs and circumstances. For example, one person, who was supported to get ready for church and, who used community transport, wanted to attend a friend's wedding and evening event but the transport service was unable to take them. The staff member contacted three other transport agencies, was able to arrange alternative transport for them to go and attended the evening event with the person so they could spend time with their friends. The staff member did all this in their own time.
- People's care and support was planned proactively in partnership with them. One person said, "I've seen my care plan, know everything's that written about me, it goes into great detail about every aspect of my life. I have a review every six months to a year which is very helpful. I listen to them, and they listen to me." One family member said, "The assessment process for my [relative] had been very helpful and informative. We had two visits from one of the bosses, and they took so much information down, they seemed very professional and eager to help us."
- Staff used innovative and individual ways of involving people, so they felt consulted, empowered, listened to and valued. One such example, included upskilling staff with training in bowel management, by using the

service's internal specialist resources. Staff were signed off as competent in this personal procedure and managed the task without needing the involvement of the district nurses. Training took place in the comfort of the person's home; they had a team of regular, consistent, competent trained staff and they could live their life with reduced reliance on health professionals. The outcomes for the person were life changing and meant they had an exceptional quality of life.

- Staff knew how to meet people's needs and preferences and were innovative in suggesting additional ideas and sources of help which gave them an enhanced sense of wellbeing. One example included the gentle and coordinated approach staff gave a person to rebuild their life. Staff told us, "We did things slowly, suggested lots of options and choices and we liaised with each other to help [person's name] regain their confidence and how to deal with their own behaviour." One staff member said, "I couldn't believe the change in [person's name], when I came back from holiday, they had gone out in a taxi, had money in their pocket and got flowers for their [relative]. These were big achievements for them and felt like the start of getting themselves back again, I love this job."
- Care plans were exceptionally person centred and provided staff with guidance about what support people needed and how they preferred their care and support to be delivered. There was a high level of detail, written in an exceedingly respectful and sensitive way in relation to people's lives, interests, likes, dislikes and preferences. One family member said, "I've seen [relatives] care plan, my [other relative] and I have been very involved in their care, and the company keep us informed of any changes."
- Professionals told us the service was focussed on providing person centred care and it achieved results for people. One social care professional told us, "Caring 4 U took over a big care package from another agency. From the start, they were very so very responsive, supportive and professional. They fitted in around the person and their family, providing care and all is going smoothly. Even though they are a big service, they personalise the care. They are a top-quality provider and I wouldn't hesitate to use them."
- Staff had an excellent understanding and enthusiasm for enabling people to follow their social and cultural needs, respected their values and beliefs. People were supported to have a life of their choosing, access the community and participate in a range of arts and crafts, clubs and groups and to meet friends to reduce isolation and provide stimulation and involvement. Staff rotas were arranged to support them to have autonomy and equality with others. For example, one person went to a regular Dementia group, gym and Boccia class which meant they were less isolated and kept physically and mentally well. One person was enabled to start going to church regularly. The service responded by fitting their calls around the times of Sunday service. An appropriate staff member was allocated to be able to push their wheelchair some distance and go regularly to the local shops and church on Sundays with them. The service requested funds from the family be made available for a taxi, so the person did not miss out on attending church and following their beliefs, just because it was raining.
- The provider had set up a service to provide care during the night, called the Night Owls service. This was in response to people requiring a call in the night to support them with their personal care, and to enable family carers to have an undisturbed rest, so they could carry on caring during the day. We were provided with numerous examples of how this service had had an exceptionally positive impact for people and their relatives.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was complying with the Accessible Information Standards (AIS) and was able to provide information about the service in a range of formats such as large print and easy read.
- People's sensory and communication needs were known and understood by staff. The registered

manager told us of one person where picture cards were produced to support staff to communicate with them effectively. Staff also checked people's glasses were clean and their hearing aids were working well.

#### Improving care quality in response to complaints or concerns

- People were actively encouraged to give their views and raise concerns or complaints. People's feedback was valued, and their concerns dealt with in a transparent and open way. One person told us, "At the beginning of my care, there were some 'teething troubles'. I didn't have the appropriate fit with staff at first, which was important to me. Caring 4 U were keen to get it right, so we had a few changes, but now it's great." A family member said, "Anything I have talked to them about has been sorted quickly, quietly and without any fuss, apology given and that's how complaints should be dealt with, that's real customer service."
- Records of comments and complaints were maintained, and these showed action was taken when a complaint was received. When people had raised issues, during spot checks and surveys, for example, help making the bed and problems with medicines, the registered manager had responded by looking at how they could improve. When we looked at the care plans, changes had been made and apologies given.
- The registered manager had access to a system which monitored notifiable incidents, incidents, accidents, near misses, safeguarding alerts, complaints, compliments and medicines errors. The learning from these was exchanged with the providers other services, so managers could share good practice, discuss complaints and how to learn from them.
- We saw examples of where staff had worked together in this way to use, resolve, learn from complaints and concerns and improve the service as a result.

#### End of life care and support

- The service provided outstanding end of life care and people experienced a comfortable and dignified death. People were cared for by exceptional staff who were compassionate, understanding, enabling and who had distinctive skills in this aspect of care.
- Staff had received training in end of life care. One staff member was trained to be an end of life Champion with responsibility for collating and writing people's last wishes so that their needs could be continually assessed towards the end of their life.
- The service had cared for two people who had been on an end of life pathway. They had proactive advanced care plans in place including their wishes, such as not to be resuscitated in the event of a cardiac arrest. People's care plans included their decisions and the care to be provided, during this difficult time, so staff could assist them in the best ways possible.
- The staff were very responsive to the people they supported, and we saw many examples where they had put people above their own arrangements. One staff member deferred their holiday to stay with a person who was dying. The reason they gave was, "I did not want [person's name] to have a stranger with them." The family wrote, "[Staff member's name] was with my [relative] from when they were ill to when they passed. The kindness and professionalism they showed was outstanding and, we as a family, are profoundly grateful. [Staff member's name], as you are aware, did not go on their holiday to stay with my [relative] to provide continuity. I can't thank them enough."
- The daily notes were written sensitively and clearly, showing how staff had provided compassionate person-centred care. A staff member wrote about their experiences of caring for one a person who was at the end of their life. "[Person's name] was unable to communicate towards the end and we did absolutely everything to make them as comfortable as possible; they were still smiling bless their heart. Once the syringe driver was fitted we were told they were 'nil by mouth', so we got some saliva replacement gel and used a toothbrush dipped in cold water which they were happy to suck on. I washed their hair in bed as they said they wanted to be clean and nice looking when they went, and always made sure they were clean and comfortable. We sat with [persons' name] all day, so they always knew they were not alone and who was

here, whilst listening to Smooth radio which they liked. I massaged their hands, feet and legs, let them know what family had been doing, arranged regular visits from the GP and nurses to make sure they were as comfy as possible. In my opinion, [person's name] was peaceful when they took their last breath and very well looked after. When they died, their hair was braided, nails painted, and they looked beautiful."

# 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.

This is the first inspection for this newly registered service. At this inspection this key question is Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their families were very positive about the service and all said they would recommend Caring 4 U to others. Another said, "I'd give them nine out of 10 but only because there's always room for improvement, but I can't think of anything I'd like changed."
- The provider's ethos, vision and values were very person-centred. This ensured people were placed at the heart of the service and were the focus of everything the service worked to achieve.
- The registered manager was a very good role model for staff, promoting a person-centred, open and transparent culture. They led by example to ensure staff shared the vision and values of the service. People and their families thought the service was well managed and office staff were always helpful. One person told us, "I think the manager runs things well. I think they are exceptional. I have never come across anyone like them. They are professional, but they care too and is very hands-on."
- Care staff were very positive about working for Caring 4 U. They were effectively supported by the registered manager, other managers and office staff to do their job well. One staff said, "It's a great place to work, it's like my family." Another said, "I can't think of another place I would rather work, I think the support systems and the rotas, and the supervision are all good and I feel valued and looked after." A third said, "The managers are hot on people's rights and I think that is really important. It shows they think of people in the right way, just like we all do." A fourth said, "There is a good culture here, we are good back up for each other and there is good communication between us all. "

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice.
- The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events that were required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear about their roles and responsibilities. They received information on their induction and continuous updated refresher training to ensure they were skilled and knowledgeable. Regular spot checks

were carried out by the management team to ensure staff were providing good quality care.

- A robust quality assurance system was in place which covered all aspects of the service. These included; oversight of visits, staff training and supervisions, health and safety reports, safeguarding, care files and medicine records. The findings of audits were analysed to identify any patterns or areas where improvements may be required.

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

- The provider used satisfaction surveys and regular quality assurance checks to gain the views of people and their representatives about the care and support offered by the service. The results from the 2018 and 2019 surveys showed people were very satisfied with the service saying, "Staff and service excellent," and, "[Names of three staff] are all outstanding." Feedback on what could be improved included, better preparation when a new staff member arrived, and some changes to the rota were actioned.

- Staff were asked their views via an annual survey and regular team meetings which were recorded. The results showed, staff were satisfied with working for the service, saying, "Brill company to work for" , "Been very helpful and organised shifts, I am happy to do" , "We now get thank you emails, the Company is supportive and understanding and a good place to work" and, "My work makes me feel like I have accomplished something as I find working with [person's name] very rewarding."

- The service had a rewards scheme for staff, who had gone the extra mile to support people and who represented the Company. The service recognised their staff with financial recompense, an email with their photo sent to all staff, and appeared in the service's newsletter.

Working in partnership with others; Continuous learning and improving care

- The service worked very well, and in collaboration with, all relevant agencies, including health and social care professionals. The service was active in utilising training and new initiatives offered from the local authority such as taking on the dementia and end of life Champion roles to provide a high-quality service. These partnerships helped to ensure there was joined-up care provision between services. One social care professional said, "Caring 4 U helped a person I referred to them, with accessing the community and making friends. They are now more self-sufficient and getting out and about."

- The staff also worked closely with a range of other services in the community and voluntary sector. People were also supported to access advice and resources in the community to assist them to remain in their own homes.

- The registered manager was able to access a provider's forum where they could share their experiences, discuss good practice and lessons learnt. They had access to expert advice from external stakeholders and their peers in other services which provided a wealth of support and assistance to deliver continuous improvements.