

C4 Care Ltd

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Inspection report

Suite 18b
Northwich Business Centre
Northwich
CW9 5BF

Date of inspection visit:
30 August 2022

Date of publication:
19 September 2022

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of the inspection the agency supported seven people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People we spoke with were positive about the agency and the support provided. One person said, "Fantastic they are outstanding." Staff were recruited safely and deployed to meet specific needs of people. Staff understood the fundamentals of safeguarding people from the risk of abuse. Training was provided and updated regularly. Staff managed medicines in line with national guidelines in people's own homes. Support for people was planned to ensure the persons needs and wishes were considered. Risks were assessed both for the environment and when out in the local community. Staff were provided with personal protective equipment to protect people and themselves from the spread of infection.

People received support with their healthcare and nutritional needs. they 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. Staff training was ongoing and comments from staff were positive about access and training courses on offer. Staff we spoke with confirmed this.

People supported by the agency told us staff who visited them were polite, reliable and professional in their approach to their work. Staff supported people to attend healthcare appointments if that was required.

The service had a complaints procedure which was made available to people they supported. People we spoke with told us they knew how to make a complaint if they had any concerns. No complaints had been received by the agency.

The registered manager had auditing systems to maintain ongoing oversight and development of the service. Quality assurance processes ensured people were able to give their views of the service. In addition, 'spot checks' were completed by senior staff to ensure the agency maintained a good service and any issues could be addressed.

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

Rating at last inspection

The service was registered with us on 12 December 2021 and this is the first inspection.

Why we inspected

This was a planned first inspection based on their registration.

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?

Good ●

The service was 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

C4 Care Limited

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 Health and Social Care Act 2008

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

Registered Manager

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 24 hours' notice of the inspection. This was because we 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 their registration. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. In addition, we spoke with six members of staff, the registered manager and area manager. We looked at a range of records. This included two people's care records, two staff recruitment files, training records, medication records and audits of the service.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at their quality assurance systems and training records for staff.

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.

Staffing and recruitment

- Recruitment procedures were in place. Staff told us the recruitment process was thorough and checks had been obtained prior to starting work. One staff member said, "They made sure checks were all completed and to their satisfaction before starting work."
- There were sufficient staff to support people in their own homes. One person said, "Carers are always on time and stick to the same staff which helps [relative]."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and their human rights were respected and upheld. Safeguarding systems were in place and staff spoken with had a good understanding of what to do to ensure people were safe in their own homes.
- People we spoke with had no concerns about their safety. For instance, people told us they received the same carers most of the time and that made them feel safe in their own home.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The registered manager had identified and managed risks to people's safety. People's care records including risks linked to people's home environments and equipment were identified by the provider to keep people safe. Records confirmed these were reviewed when changes occurred.
- The registered manager had a system to review incidents to ensure risks were reassessed to prevent reoccurrence. However, since their registration no incidents had been reported.

Using medicines safely

- People were supported to manage their medicines independently and to work towards this where possible.
- Staff had received medicines training and had their competencies assessed, staff spoken with confirmed this. The management team checked medication administration was safe and acted on any discrepancies through their auditing systems they had in place.

Preventing and controlling infection

- We were assured that the provider was preventing visitors to their office from catching and spreading infections.
- We were assured that the provider had processes to admit people safely to the service.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the office premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

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 received support from a consistent team of staff, who were aware of the needs of people. Comments from people confirmed they were involved in managing their care and had input to how that was delivered.
- Information gathered during the process helped to form a care plan with involvement from family and health and social care professionals to ensure an efficient service was delivered.
- The management team continued referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported staff to ensure people received effective and appropriate care which met their needs.
- People's rights were protected. Policies and the initial care assessment supported the principles of equality and diversity.

Staff support: induction, training, skills and experience

- Staff were trained and skilled to provide people's care. The office had a specific training area for courses provided by their 'in-house' training staff. A staff member said, "We have training provided at the office base which helps."
- Staff told us they completed a range of mandatory training that supported them to effectively carry out their role with confidence. One staff member said, "There is an emphasis on training and that is good." In addition, regular supervision was carried out and staff confirmed this when we spoke with them. A staff member said, "I do have regular supervision with the manager which helps to discuss training needs and we are well supported by the management team."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff provided support people needed with preparing their meals and drinks. They gave people choices and respected the decisions they made.
- Care plans detailed where people may need support to monitor health needs and where they require support to attend any healthcare appointments and what risks they entailed.
- People's diverse needs were detailed in their assessment and support plans and met in practice. This included support required in relation to their culture, religion, lifestyle choices and diet preferences.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- We spoke to staff about their understanding of the MCA and were assured by their knowledge.

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

- People told us they were treated with respect and kindness by caring and competent staff and comments confirmed this. For example, "I have nothing but praise for them, they keep me going." Also, "Fantastic they are outstanding"
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs.
- Staff and people who used the service had developed good relationships. Staff knew about people's preferences and how best to support them and enable people to be as independent as possible. This was evident when we spoke with people.

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

- The service supported people to make choices in their daily lives. Staff said they had time to talk with and listen to people. One person said, "They never rush when they are here and always ask if everything is alright."
- Where a person may struggle to express their views in words, staff had detailed understanding and know-how of the indicators that alerted them to signs of agitation and unhappiness or other emotions.
- People said they had been fully involved in making decisions about how care workers were going to help them when support was required.
- People said they felt comfortable to talk with staff at the office if they had an issue or wanted an aspect of the care package changing.

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 good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences. Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received personalised care, which met their current and changing requirements. Records were written in a person-centred way with the person and their relatives at the centre of decisions about their support needs.
- Information about people's social hobbies and interests were written in care records. Staff told us they match staff to people who might have similar interests. This helped develop relationships and stimulate people who received a service.

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.

- Records had a communication needs assessment and detailed where people had communication needs and what staff should do to ensure the person understood them.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and process. No formal complaints had been received by the agency.
- The registered manager assured us complaints would be taken seriously in accordance with their policy. No formal complaints had been received by the agency.

End of life care and support

- Where appropriate end of life plans would be put in place and staff would have appropriate training.

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. This key question has been rated 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

- There was a positive culture throughout the service which focussed on providing people with high standards of support and care. Discussions with people confirmed this. A staff member said, "We are small but growing at the moment, but people are at the centre of what we do."
- Staff told us they felt supported and valued by the management team. One staff said, "We are a small team, but morale is high, and the management provide great support."
- The registered manager had the skills and knowledge to lead the service effectively. One person said, "They have a good manager and office staff who always keep in touch and help when needed, that's reassuring."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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

- The management team had auditing systems to maintain ongoing oversight and continued development of the service. The management team had responsibility for areas of quality assurance. For instance, spot checks by senior staff were carried out in people's homes. This help to ensure the quality of care remained good, and people were happy with the service they received. Systems highlighted any potential issues and review dates so they could be responded to.
- The registered manager understood their responsibilities to keep CQC informed of events which may affect people and the care delivery. They were open and honest about what achievements had been accomplished. In addition, what had not worked so well and where improvements might be needed.
- Duty of candour was understood, and it was clear in the way if any complaints were made, they would be listened to and concerns and worries would be investigated.

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

- Systems and processes were developed to ensure people and relatives were fully engaged. For instance, a system of surveys sent to people and their relatives had been introduced in August. The registered manager told us the results would be analysed and action taken and improvements made if required.
- The registered manager was available at any time. This was confirmed by staff and people we spoke with. A relative said, "We can contact the manager any time which is good she is so helpful and flexible."

Working in partnership with others

- Records and discussion demonstrated the service worked in partnership with a variety of health and social care professionals to ensure people received the support they needed. These included social workers, GP's and community nurses.