Care Just 4U Limited

Care Just 4U

Inspection report

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Date of inspection visit:
08 February 2017

Date of publication:
04 April 2017

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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Care Just 4U Limited is a domiciliary care agency (DCA) which provides care and support to people in their own homes. At the time of our inspection there were 10 people using the service.

The inspection took place on 8th February 2017 and was announced. 48 hours' notice of the inspection was given because we needed to be sure that the registered manager would be available.

At the time of inspection there was 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.

People were safe at the service. They were protected from harm by staff who were aware of their safeguarding responsibilities. Staff understood what constituted abuse and knew what take action if abuse was suspected.

People had risk assessments and risk management plans in place to guide staff on how care was to be provided in order to prevent or minimise the risk of people coming to harm.

People who required support with medicines were assisted by staff who were trained and assessed as competent to give medicines safely.

Systems and processes were in place to ensure the safe recruitment of staff with sufficient numbers of staff employed to safely meet people's needs.

Staff had access to training and regular supervision to equip them with the knowledge and skills to care and support people effectively.

The legal requirements of the Mental Capacity Act 2005 (MCA) were followed when people were unable to make specific decisions about their care. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves.

People were supported to have enough to eat and drink. The service worked with health and social care professionals when staff had concerns about people's health and wellbeing.

Staff were kind and caring and treated people with dignity and respect.

The service adopted a person-centred approach and care was tailored to meet people's individual needs. Care plans detailed how people wished to be supported. . People were involved in the care planning

process and in decisions about their care and treatment.

There were systems in place to support people if they wished to complain or raise concerns about the service.

The provider had systems in place to monitor the quality and safety of the service provided. . Feedback from people who used the service was sought and the information was used to drive improvements.
Staff felt well supported by the management team who they found approachable and accessible as they were hands-on providing care and support to people.
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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.

Risks to people were identified and managed to reduce the risk of harm.

Staff understood their responsibilities to protect people from the risk of abuse.

There were sufficient staff who had been recruited safely.

People were supported to take their medicines by trained and competent staff.

Is the service effective?

Good

The service was effective.

Staff received training and supervision to ensure they were knowledgeable and competent to do their job.

People were supported to make their own decisions and their consent was sought before staff provided any care or support.

The service assisted people to have enough to eat and drink and helped people to access healthcare services when required.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect by staff who were kind and courteous.

Staff knew people well and listened to how they wanted their care and support provided.

The service helped people to have end of life care that reflected their choices.

Is the service responsive?

Good

The service was responsive.

People received care that met their individual needs and wishes.

There were processes in place to deal with people's concerns or complaints appropriately.

Is the service well-led?

Good

The service was well-led.

The registered manager took a hands-on approach and was held in high regard by people and staff.

Quality assurance processes were in place to monitor the safety, quality and effectiveness of the service.

The service sought feedback from people and staff to drive improvements.

Care Just 4U

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.

The inspection took place on 8th February 2017 and was carried out by one inspector and was announced. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

Before the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and at all the information we had collected about the service. This included information received and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

As part of the inspection we spoke with the registered manager and the care-coordinator and three other members of care staff. We received feedback from relatives of four people who used the service. We looked at four people's care plans and associated records, four staff recruitment files, staff training records and the staff supervision and competency checks. We reviewed a number of other documents relating to the management of the service including policies and processes relating to aspects such as safeguarding, handling complaints, incidents and accidents and medicine management.

Good

Is the service safe?

Our findings

Relatives told us they felt their families were safe when supported by staff in their own home. Reasons given included that staff wore ID badges and used safe infection control practices such as wearing disposable aprons and gloves when necessary.

People were protected from the risks of abuse. Staff had received safeguarding training and knew what to do if they suspected one of the people they supported was being abused or was at risk of harm. Staff felt confident about reporting any concerns or poor practice to the registered manager.

Risk assessments were carried out to identify any risks to people when providing care. Identified risks were incorporated into the care plans and included a management plan for staff on what to do to minimise any potential or actual risk. We saw that risk assessments were personalised and specific to each person.

Where people had sensory impairments, risks were identified and managed to keep people safe whilst still allowing them freedom to move around independently. For example, where a person had a visual impairment staff were reminded to monitor their fatigue levels and ensure they were wearing the right shoes as tiredness and the inappropriate footwear increased the risk of the person falling.

Risks associated with moving and positioning were assessed and managed. Detailed guidance was provided to staff to help them move and position people safely. For example, staff were advised whether a person was able to weight-bear; any help or equipment they required; how many staff were required for each manoeuvre and the recommended equipment to use. Where equipment was used staff were reminded to check that it was in good working order and had been serviced and maintained to ensure it was safe to use.

The service also assessed the environment and premises for risks to the safety of people who used the service and staff when providing the package of care, as part of the initial assessment. For example, slip and trip hazards inside and outside people's homes as well as any potential infection control issues, for example, having appropriate means available for staff to dispose of any waste products.

Safe recruitment processes were in place for the employment of staff. All of the relevant checks had been completed before staff began work. This included taking up references, which were then verified by the manager, and obtaining a Disclosure and Barring Service (DBS) check on all staff before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

There were enough staff employed to ensure people received the care they needed in line with their packages of care. Staff said the time allowed for each visit meant they were able to complete all the care and support required by the person's care plan. One staff member told us, "There are enough staff; we get enough time to spend with people; I would rather be late than rush someone; the person we are with is the priority."

Relatives told us that they had never experienced a missed visit however sometimes staff did not turn up on time and they were not always contacted to be told if staff were going to be late. They said staff stayed the correct amount of time and provided the care and support needed.

We spoke with the registered manager regarding the timing of visits and inconsistent communication. They told us that it was their policy to ring and let people know if their visit would be late and that care workers were told to ring in if they were running late but that this had not always happened in practice. The service was currently exploring the option of purchasing a computerised logging system to help them to monitor and improve the experience for people. The registered manager advised that they currently audited people's daily records every two weeks to monitor call times and check people had signed to say they had received their visits as scheduled.

The registered manager told us, and relatives confirmed that for the most part people managed their own medicines or were supported by their family members. In those instances where the service supported people with medicines we saw this was set out in their care plans and a medicine assessment was completed. This contained instructions to staff on the level of support people needed with their medicines.

Staff who administered medicines had received training and had their practice observed by the registered manager to ensure they were competent to administer medicines safely so that people received their medicines as prescribed. Where people were supported to take medicines, staff recorded what had been given on a medicine administration record (MAR) which was double signed by two staff. The registered manager collected people's MAR sheets every two weeks and completed an audit to check people were receiving their medicines safely. Where gaps were noted on the MAR the registered manager investigated the reason why and took the appropriate action, for example, reminding staff of the necessity of double signing the MAR.

Good

Is the service effective?

Our findings

People told us that they received a good service and all of the relatives we spoke with said that they would recommend the service to other people. Comments included, "They're really good," and, "They seem to know what they are doing." And, "Overall, I'm very pleased with the service."

When new staff joined the service they received an induction which provided essential training, based on the care certificate. The care certificate represents a set of minimum standards that social care and health workers should stick to in their daily working life. The induction process included the opportunity for new staff to shadow more experienced workers to build their confidence and get to know people's needs. The registered manager was very hands-on and delivered care and support. They worked alongside new workers to monitor and assess them to ensure they were competent to work unsupervised.

After induction, staff were provided with ongoing training and support by external training providers as well as the registered manager who was a qualified 'train the trainer' and could deliver courses in manual handling, medicine management and infection control. Staff told us they had been provided with all the training they needed to enable them to feel confident to carry out their roles and responsibilities competently. We looked at the organisation's training matrix and saw that staff training was up to date or was scheduled to take place.

The registered manager advised us and staff confirmed that workers received regular competency checks to ensure they continued to have the skills and knowledge required to meet people's needs.

Aside from mandatory training, staff were supported to undertake specialist training which met the specific needs of the people they cared for, for example, training in end of life care, dementia and stoma care. If staff were interested in developing their skills and knowledge the service supported them to do so. Many of the staff we spoke to told us they were being supported to take further advanced qualifications in health and social care.

Staff also received training in the Mental Capacity Act 2005. This legislation provides a legal framework for acting and making decisions on behalf of people who lack the capacity to make their own decisions. All of the staff we spoke with understood how to apply the principles of the act in practice. For example, staff used non-verbal communication, pictures and writing things down to help communicate information to people in ways that they could understand. Staff understood the importance of asking people for consent before providing any care and support and relatives we spoke with confirmed that staff asked people's permission before helping them.

We found that the provider demonstrated a good awareness of the Mental Capacity Act and consideration to people's capacity to make decisions was evidenced throughout the assessment process. Where people had appointed a representative to make decisions on their behalf, the service consulted them when a best interest decisions needed to be made.

People's care records emphasised the importance of allowing people choice and control. For example, in one person's care plan staff were reminded not to assume a lack of understanding because of a person's lack of speech.

The majority of people receiving a service were supported by their family members with meals and drinks. In those instances where staff provided support people received meals that met their preferences. One relative told us that initially care workers were not cooking meals as they would like however they had left instructions in how to correctly heat the meals and things had now improved.

We saw that the service worked with health care professionals to support people with special nutritional needs, for example, those with swallowing difficulties or where people required percutaneous endoscopic gastrostomy (PEG) feeding. Staff received training and guidance from the speech and language therapists and PEG feed nurse so that they could meet people's needs effectively.

The service worked closely with the Clinical Commissioning Group, [the health organisation which commissioned the service for people], to support people to maintain their health and wellbeing, by communicating any change in people's health or increased need. This meant that people got the help and support they needed in a timely fashion, for example, where care staff noticed a person's skin becoming red they had requested input from the district nurse.

Where people had behaviours that might be perceived as challenging, staff were provided with written guidance on how to support people to alleviate any distress. For example, one person's care plan advised staff; "Give information but do not ask to many questions as this agitates [person]." Staff we spoke with were aware of how to support people who might become distressed or agitated.

Good

Is the service caring?

Our findings

People's relatives told us that staff were caring. One relative said, "They [staff] are very polite, very caring and very kind." Another said, "They are lovely people, really friendly." All of the people we spoke with said the carers were polite and respectful and always had time for a chat.

Guidance was provided for staff on how to communicate with people, for example, where a person was unable to speak and could only nod; staff were instructed to use simple 'yes' and 'no' questions so the person could be included in decisions about their care and support. In other cases, staff were instructed to work with family members to help them understand a person who had difficulty talking. Staff we spoke with told us they would use whatever means they could to engage with people, for example, using signs and gestures or writing things down so that people could tell them what they needed.

Staff told us when supporting people with any personal care they would always ensure this was done in a way that respected the person's privacy and maintained their dignity. One staff member told us, "I will always keep people covered, close curtains, doors and gain the person's trust". Relatives told us that staff were courteous and put people at their ease when delivering personal care. One relative told us, "[person] feels very comfortable with the staff who come in the morning, they are completely at ease with those two. . They have a laugh and a joke, always take time to have a chat, and don't leave early."

After each visit staff recorded the care and support they had given in a daily record sheet and people or their relatives signed the record to indicate that the information was accurate and they were happy with the care provided. This meant that people were included and consulted regarding how their care and support was delivered. Relatives told us that they and their family members were very much involved in how care and support was delivered and they felt listened to. One relative said, "If they don't do it right I tell them and then they do it."

The registered manager told us they looked at the daily notes every two weeks to double check that people were receiving the care and support that had been agreed. We reviewed four sets of daily notes and saw that the care and support given matched what was detailed in people's care records. We also found that the daily notes were written in a kind and friendly way, for example, we saw one entry from a care worker who provided live-in care which stated, '[person] woke at 3AM, I showed them the time and we had a little chat before I tucked them back in at 3.30.'

Staff knew the people who use the service and how they liked things done. Relatives told us their family members mostly received care and support from familiar and consistent care workers. One relative said, "There were some issues at first with lots of different workers but now we always have the same carer each morning; another one does dinner, tea and bed; It's just at the weekend it might be someone different."

People were supported to be as independent as possible. The care plans gave details of things people could do for themselves and where they needed support. This helped staff to provide care in a way that maintained the person's level of independence.

People's right to confidentiality was protected. All personal records were kept in a lockable cabinet in the office and on the service's computer system, only accessible by authorised staff.

The service used their assessment and review process to record people's preferences and choices for their end of life care. The provider had identified and verified where people had appointed someone with a lasting power of attorney for health and welfare decisions. In these instances the person's chosen representative(s) was consulted to ensure that the service respected and followed people's choices and wishes. The provider worked closely with the CCG who had commissioned the service to ensure people had access to the appropriate palliative care services and any equipment they might need to ensure their comfort and safety such as pressure relieving mattresses and hospital beds.

Good

Is the service responsive?

Our findings

The service provided a fast track service for people who needed their support quickly so that they could be discharged back home from hospital or avoid a hospital admission. In these instances the service would speak with the person or their family on the phone to make sure they could meet people's needs in the way they wanted before agreeing to provide the care and support.

The registered manager told us that they would review all new referrals they received and if they did not feel they could meet someone's needs with the resources available they would refuse the referral or request an increase in allotted hours to make sure people would have their needs met.

Once the service had accepted a referral they then completed an initial assessment which included identifying any risks to that person as well as recording their wishes and preferences. Information was sought from the person and their family members if appropriate. The information gathered informed a more detailed care and support plan which was individualised and tailored to meet the person's specific needs. We looked at four care plans which clearly explained how people would like to receive their care and support. The plans were personalised which supported workers to meet people's individual needs. . Relatives told us that they were included in the development of people's care & support plans and we saw that the plans were signed evidencing peoples involvement in the process.

We found that the service demonstrated a commitment to providing care and support in the way people wanted. For example, a relative told us that when their family member started using the service, not only did they come out and complete an assessment but they also shadowed the person's previous care provider for a day to help them understand and learn how the person wanted their care and support provided.

Person-centred care is a way of thinking and doing things that views people as equal partners in planning, developing and monitoring their care and support to make sure it meets their needs and wishes. We found that staff and management understood the importance of a person-centred approach. The registered manager told us "We deliver person-centred care through our assessment process; talking to people to find what they want and not running them through the same process; respecting their choices and making changes in response to people's expressed preferences." We saw examples of person-centredness in practice, for instances, where a person said they wanted to spend a few hours in their nightwear before getting washed and dressed in the mornings, their care plan was re-written to provide that aspect of personal care during a later visit.

No-one had yet received a planned review of their care package as they had not been at the service for a year. However, if something changed for people then a review was organised to re-assess the person's needs to ensure they continued to receive the right level of care and support. One care worker said, "I will feedback to management if I think a person needs have changed and they need more time." The registered manager told us, "If we think people need more time or extra staff we put in a request to the CCG and they will come and re-assess, in the meantime we put in the extra care people need as we will always make sure people are safe."

Relatives told us that when their family members started using the service there was an initial learning curve whilst the service got to know people and how they liked their care and support delivered but everyone we spoke with said that the service responded positively to any issues raised and worked with them to deliver a package of care that met people's needs and preferences.

The service had systems and processes in place to respond to complaints. We saw that the registered manager logged and investigated any complaints received and recorded any actions taken in response to resolve them. We found complaints made had been dealt with appropriately in line with the provider's complaints procedure.

People and their relatives told us they knew how to make a complaint and who to speak to. A person told us, "I have never needed to complain but if I needed to I would go to the manager." Another said, "I know the manager and how to get hold of them and they usually come back to me quickly."

The service gave people a service user guide which provided people with the information needed to make a complaint. We looked at the booklet and saw that it provided people with contact details of organisations which they could contact to escalate complaints if they were not satisfied, for example, the local authority, CQC and local ombudsman.

Good

Is the service well-led?

Our findings

There was a registered manager in post who understood their registration requirements including notifying us of any significant events to help us monitor how the service keeps people safe. The registered manager was pro-active in developing the service and keeping up to date with best practice. They had joined various organisations such as UK HCA, [an organisation which supported providers to provide quality care services] and the Provider Forum of their local authority. Membership gave them access to up to date guidance and bulletins as well as learning and development opportunities, for example, the management team had recently attended a workshop on the Mental Capacity Act.

The registered manager was supported by a newly appointed care co-ordinator and a senior member of staff who was clinically trained. Between them they were responsible for the day to day running of the service and also provided direct care and support to people. The registered manager told us, "Because I'm hands-on I know what's going on and I get to know people." This personal approach was valued by people. One relative told us, ""[registered manager] is very nice; what I like about them is that they are hands-on; I think they really know what they are doing."

Staff spoke highly of the registered manager and felt they were a good leader. Comments included, "[registered manager] is brilliant" and "They are a superb leader; they always hear you out and correct you if you are wrong; they are really supportive." All of the staff we spoke with said that they felt very well supported and listened to. This meant that staff felt confident to approach the manager with any concerns including whistle-blowing as felt they would be dealt with fairly without recrimination.

The service promoted a positive culture that was person-centred and emphasised the importance of including people, listening to them and being responsive so that people were happy with the service they were receiving.

We saw that staff were supported by management through staff meetings which were held in response to particular issues as they arose or when the manager wanted to cascade information to the staff team. Staff told us they found meetings a positive experience as they provided an opportunity to meet up with their team and share information and ideas.

At the time of inspection the service, which was in its first year, had only just sent out its first annual satisfaction survey the results of which had not yet been received. However, the registered manager told us that other methods were used to collect feedback which included random spot checks on staff performance. This involved the service ringing people to ask for their feedback on the quality of the service they had received. The registered manager told us, the directors of the company completed the spot checks on any care the manager provided so that people could feel free to give honest feedback.

We looked at a sample of spot checks and found that people were satisfied with the service. Comments included; "They [the service] are very flexible" and "Really happy with the care and staff are friendly and nice.

Quality assurance systems were in place to monitor the safety and effectiveness of the service being delivered. The manager completed regular competency checks on staff with regard to manual handling, infection control and medication. They also completed fortnightly audits of people's daily notes and MAR sheets and made improvements as necessary. For example, where the MAR audit had picked up on mistakes, the registered manager had contacted the staff in question to reinforce learning in how to complete the MAR accurately.