

Care 4U Care Limited

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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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 25 October 2017 and was announced. The provider was given short notice of the inspection in line with our current methodology for inspecting domiciliary care agencies. The last comprehensive inspection took place in August 2015, when the provider was meeting the fundamental standards and was rated Good. You can read the report from our last inspections, by selecting the 'all reports' link for 'Care 4 U Care Limited' on our website at www.cqc.org.uk.

Care 4 U Care Limited is a domiciliary care agency who provides personal care to people who live in their own homes. At the time of our visit the provider was supporting approximately 60 people. The office is situated in the Manvers area close to Wath-Upon-Deane.

At the time of our 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 2008 and associated Regulations about how the service is run.

The management team worked together to ensure care packages were completed as agreed and that staff were supported to do this. The registered provider had systems in place to monitor the service although these were not always documented effectively.

The management team listened to people who used the service, their relatives and staff to gain feedback about the service provided.

The service had a procedure in place to safeguard people from the risk of abuse. Staff we spoke with could explain what they would do if they suspected abuse.

Risks associated with people's care had been identified and plans put in place to reduce any hazards and minimise the risk from occurring.

The registered provider had a system in place to ensure people received their medicines as prescribed. Staff told us they received training in this subject and the management team ensured they were competent to administer medicines.

The service had a safe recruitment system in place. This enabled the provider to select staff that were suitable to work with vulnerable people. Staff received an induction which included mandatory training and shadowing experienced care workers.

We saw that staff received training and support which gave them the skills and knowledge to complete their role well. Records of training attended were maintained and updated when staff completed training. Staff spoke highly of the support they received from the management team.

We spoke with people who used the service and they told us the care workers always asked their consent prior to completing care tasks. Where people lacked capacity, their representatives were involved in making decisions in the person's best interest. However, this information was not documented.

Some people required support to ensure they received adequate nutrition. Staff were knowledgeable about people's needs and told us they left drinks and snacks for people where required.

Staff told us that they would seek the guidance of healthcare professionals as required. They told us they would speak with people's families and inform the management team if they had any concerns about anyone's health.

During our inspection we visited people who used the service and spoke with some people over the telephone. People told us the staff were very kind, caring, thoughtful and respectful. We spoke with staff who knew how to maintain people's privacy and dignity.

People who used the service and their relatives were aware of the registered provider's complaints procedure. Some people told us that they had raised concerns and that they had been taken seriously and addressed swiftly.

Prior to people using the service, a member of the management team visited people to complete an initial assessment. This information formed the care plan. We looked at people's care records and found they reflected people's current needs.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service caring?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service responsive?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>At our last inspection of August 2015, we rated this domain as Requires Improvement.</p> <p>At our inspection of October 2017 we found the service had improved and we rated this domain as Good. The service had made some improvements regarding the recording of complaints, and untoward incidents. However, systems to record audits which had been undertaken required further documentation.</p> <p>People we spoke with felt involved in the service and were asked their opinions about the service delivery.</p>	<p>Good ●</p>

Care 4 U Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 25 October 2017 and was announced. The inspection was carried out by one adult social care 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. At the time of our inspection there were approximately 60 people using the service.

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority and other professionals supporting people at the service, to gain further information about the service.

We spoke with seven people who used the service and five relatives over the telephone. We also visited four people who used the service and met two relatives. The visits were completed with the registered manager.

We spoke with eight staff which included care workers, the registered manager, a senior care co-ordinator, the quality manager, the office manager and the administrator. We also met the director of the company. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at six people's care and support records, including the plans of their care. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

We spoke with people who used the service and they told us they felt safe while they were being supported by the care workers from Care 4 U Care Limited. One person said, "I always feel comfortable with my care worker, all the time." Another person said, "Yes I am safe. They [the staff] are brilliant with me." Relatives we spoke with also felt comfortable with their family member using the service. One relative said, "There are no issues about safety. My relative is happy."

The service had a procedure in place to safeguard people from the risk of abuse. Staff we spoke with could explain what they would do if they suspected abuse. Staff told us they received training in this subject and would know what to look for. One care worker said, "I would call the office straight away if I had any concerns whatsoever. The office staff would take appropriate action and I am confident they would resolve the issue without delay."

We looked at care records and found that risks associated with people's care had been identified and risk assessments were in place. We saw risk assessments for things such as, environmental issues, mobility, fire safety and obtaining medication supplies. Risk assessments identified if the risk was low, medium or high risk. For example, one person required support to mobilise around their home and the staff had to ensure the person had their walking aid with them to support them. Also the fire risk assessment looked at how a fire could start, the people who would be at risk and what was in place as a precaution, for example, a smoke alarm.

We looked at systems in place to ensure that people, who required support to take their medicines, were assisted to take them as prescribed. We spoke with people who used the service and they felt staff supported them well. One person said, "I have no issues with medication, the staff support me well." Another person said, "The care workers always check that I have taken my tablets."

Care records we saw included information about medicines and indicated when people required support to take them. We spoke with staff who informed us that they completed medication training and that managers observed them administering medicines to ensure they were competent.

We saw that people who required support with their medicines had a medication administration record (MAR) in place. This was signed by care workers following the administration of their medicines. However, we saw that some records had gaps where staff should have signed. We raise this with the registered manager who was already in the process of looking into this.

The provider ensured that there were sufficient numbers of suitable staff to keep people safe and meet their needs. Staff we spoke with told us they were given enough time to support people without rushing them. One care worker said, "We all work together as team. If I am delayed, I let the office know. They make sure people are informed or that another carer visits them." People we spoke with felt care workers arrived on time. One person said, "Mostly on time, when they [the staff] are late they will ring. They complete all the tasks and they are good." Another person said, "Majority of the care workers do turn up on time. They have a

window of half an hour; I've nothing really to grumble about. I do wish I could have more time at lunchtime. I told the company that I would not go to bed before 9.00pm. They [the managers] have listened to me. If they come early they have to wait."

The service had a safe recruitment system in place which was used to employ new staff. This included obtaining pre-employment checks prior to people commencing employment. These included references from previous employers, and a satisfactory Disclosure and Barring Service check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

We looked at three staff recruitment files and found they contained all the relevant checks. We also spoke with staff who confirmed that checks were completed when they began working for the agency.

We saw that new staff completed an induction programme which included training in mandatory subjects such as moving and handling, safeguarding and food hygiene. It also included shadowing experienced staff. We spoke with the office manager about the introduction of the 'Care Certificate.' The 'Care Certificate' replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. All staff employed that were new to a caring role were required to complete the 'Care Certificate' within the first three months of their employment. The office manager told us that this was incorporated within the new starters National Vocational Qualification.

Is the service effective?

Our findings

We spoke with people who used the service and their relatives and they told us that staff were well trained. One person said, "The majority of the care workers are trained. The new ones do need time to settle, they are anxious in the beginning. I do feel they need more training but there are no real issues." Another person said, "No problems. The carer does everything I want them to do. They do things properly." Relatives of people who used the service also commented. One relative said, "Staff skills are spot on, my relative is extremely happy."

We looked at records in relation to staff training and found that staff received training to provide them with the skills and knowledge to complete their role effectively. We saw that staff had completed training in mandatory subjects such as safeguarding, moving and handling, medication, and dementia awareness. Staff we spoke with told us they received regular training and felt this enabled them to do their job well. One care worker told us they had completed training to support someone with a particular care need and this had helped them to understand the person's needs.

Staff we spoke with told us they received regular supervision sessions with their line manager. Supervision sessions were individual meetings with their line manager to look at aspects of their role and responsibilities. Staff told us that the sessions were worthwhile and they benefited from them. Annual appraisals to discuss training needs and work performance were not routinely taking place. However, the office manager had devised a format to enable these to take place more regularly in the future.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where someone is living in their own home, applications must be made to the Court of Protection.

We spoke with people who used the service and they told us the care workers always asked their consent prior to completing care tasks. Where people lacked capacity, their representatives were involved in making decisions in the person's best interest. However, these decisions needed recording in people's care records. Some staff had received training in Mental Capacity Act 2005 and the registered manager confirmed that all staff would eventually receive this training.

We saw that some people required support to maintain a balanced diet and have access to food and fluids. We spoke with staff who said they made sure people had access to drinks and snacks in-between their visits. One relative we spoke with said, "We have a spread sheet we have devised and the care worker follows this. We then have the assurance my relative is getting a balanced meal." One person who used the service told

us of how they looked forward to one care worker calling as they made beautiful omelettes.

People were supported to access healthcare professionals if required. Care workers we spoke with told us that they would liaise with families and the office staff if they found someone was unwell or they would seek medical attention depending on the severity of the situation. One care worker said, "I would call for assistance first, if it was an emergency, then I would let the office know and they would contact the person's family and ensure my next visit was covered. I would stay with the person until medical assistance had arrived."

Is the service caring?

Our findings

We spoke with people who used the service and they told us Care 4 U Care Limited was a caring service. One person said, "They [the staff] are very kind, happy and very helpful. They treat my home with respect. They are excellent care workers, so caring." Another person said, "They [staff] are very good with me. I am extremely happy with them." Another person said, "Very pleasant care worker. Always asking me what I need and gives me the utmost respect."

We also spoke with people's relatives who also felt the staff were kind, caring and thoughtful. One relative said, "They [the staff] are marvellous, they do anything for [my relative]. They listen and the interaction with my relative is brilliant." Another relative said, "Absolutely wonderful, caring and they [the staff] go the extra mile. They [the staff] have a wonderful relationship with my relative." Another relative said, "They [the staff] are good, caring and they make conversation with my relative. They make her laugh and they are building a good relationship. It is hard for my relative as they have never had anyone to look after them. It has only been three weeks but it is good so far."

We visited some people who used the service and they were all very satisfied with the care and support they received. They told us the care they received was excellent and very respectful. One person said, "We [the staff and I] have friendly banter between us, it's great. I look forward to them [the staff] coming."

We spoke with staff who were passionate about providing a caring service and meeting people's needs. The staff understood how important it was to ensure they respected people's privacy and dignity. One care worker said, "I love my job and I enjoy building up a relationship with people." Another care worker said, "I respect the person and their home. I am a visitor in their home, and I try to be friendly so they feel comfortable when I am completing personal care. I explain what I am doing and constantly check if that's alright."

We looked at care records and found that they reflected people's choices and preferences. One person had a pet dog who they were very fond of and this had been incorporated within their care plan.

Is the service responsive?

Our findings

We spoke with people who used the service and their relatives and they told us they were involved in their care and support. One person said, "The manager is good. She went through the care plan with me." Another person said, "We do have meetings about the care plan. They [my care worker] involve me." People's relatives also told us that their family members care plan was discussed with them regularly to ensure it was still relevant and meeting the person's needs.

We spoke with the quality manager who informed us that one of the management team visited people in their homes and completed an initial assessment of people's needs prior to care and support commencing. This was to ensure the registered provider would be able to meet people's needs. This information was then used to formulate a care plan.

We looked at a selection of care records belonging to people who used the service. We saw that they were person centred and responded to people's current needs. Care plans were in place for things such as medication, personal care, and social needs. We also saw a schedule of the call times along with tasks that were to be undertaken on each visit.

We spoke with staff about people's needs and preferences. Staff were able to clearly explain what tasks they completed at each visit. They also spoke about people's preferences and how people liked their support to be delivered.

The registered provider had a system in place for people to raise concerns if they were unhappy about the service they received. People we spoke with felt as ease to raise concerns with care workers or any member of the management team. People felt that any issue raised would be resolved quickly and efficiently. One person said, "They [the staff] are good, they listen. I did not get on with two care workers and they changed this for me."

We also asked people's relatives if they felt able to raise concerns with the registered provider. One relative said, "[Name of a manager] is wonderful- they take time to discuss matters with us and will deal with any problems we have." Another relative said, "The management are brilliant, they listen and take aboard what concerns we have and they then help us to resolve the matter."

We looked at records in relation to complaints and found they had been recorded on an untoward incident form. We saw that concerns had been addressed and resolved.

Is the service well-led?

Our findings

At the time of our 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 2008 and associated Regulations about how the service is run.

The registered manager was supported by a management team which consisted of an office manager, senior care co-ordinator, quality manager and an administrator. The team supported a group of care workers and were available outside office hours.

People we spoke with and their relatives told us the management team were supportive. One person said, "The management are very good. They are a cheerful bunch." Another person said, "The managers are approachable. I have no issues." A relative said, "[The managers] are brilliant managers, they always listen. They always deal with the problems we have. We are extremely happy with the care we are now receiving for my relative." Another relative said, "The managers listen to us. The owner comes out to see us and we have a good chat. I have nothing to complain about, they are good."

At our last inspection of August 2015, we rated this domain as requires improvement. At our inspection of October 2017 we found the service had improved and we rated this domain as Good. The service had made some improvements regarding the recording of complaints, and untoward incidents. However, systems to record audits which had been undertaken required further documentation.

We looked at how the registered provider monitored the quality of service provision. We saw that spot checks took place. These were unannounced visits from a member of the management team, to people's homes to assess the quality of the support provided. They ensured the care worker was wearing the correct uniform and had their identification badge with them. They also looked to see if the care worker was wearing personal protective equipment such as gloves and aprons. The checks also included looking at the persons care records to ensure they were fully completed and meeting people's current needs. It was also an opportunity for a member of the management team to talk with people who used the service and gather their feedback.

Care files were also audited when they were returned to the office. However, there was a lack of records to evidence this. We spoke with the office manager and the registered manager and they were looking at developing the audit systems, to record what had been checked, the outcome and what actions were taken to resolve any concerns.

Staff we spoke with told us they felt supported by the management team and felt they were able to share ideas which could develop the service. Staff told us they had regular staff meetings and if they were unable to attend they were sent the meeting minutes.

The registered provider completed an annual questionnaire to ensure people who used the service could

comment about the support they received. The office manager told us this will now take place every six months so that people's views are captured more frequently. Comments from questionnaires were collated and any actions were identified and addressed. People we spoke with confirmed they had received questionnaires. One person said, "They [the company] are alright. I have had a questionnaire. I am extremely happy with my carer and I have no issues with the company."