

Care4U Wolverhampton Limited

# Care 4 U Wolverhampton Limited

## Inspection report

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Tel: 01902830171

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## Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Good 
Is the service well-led?	Outstanding 

# Summary of findings

## Overall summary

We carried out this announced site inspection on 16 March 2018. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. Not everyone using Care 4 U Wolverhampton receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

This service was last inspected in August 2015 and was rated as 'good' in all domains; Since this inspection the registered office has changed address. However the provider and staff remain the same.

At the time of our inspection, 30 people were supported with their personal care needs by the service. 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.

People and their relatives were extremely positive about the care provided by the service and said that they felt safe receiving care in their homes. Staff recognised the signs of potential abuse and knew the reporting system to keep people safe. People were placed at the centre of their care and their risks were assessed and reviewed regularly to ensure care remained appropriate to meet their needs. There were sufficient numbers of trained staff who had the appropriate recruitment checks to ensure they were suitable for their role. Staff arrived on time for their visits and the right numbers of staff were available to provide the support people needed. People received their medicines as prescribed by staff who had been assessed as competent to give people's medicines safely.

People and their relatives were involved in all decisions about how they wanted their care and support needs met. People spoke positively about the professional relationships they had with staff. Staff ensured people consented to the care they received and were aware of how to respect people's choices and rights. People were supported to have sufficient to eat and drink and were encouraged to have a balanced diet. People were supported to access healthcare services when required.

Everyone said staff went above and beyond what was expected from them. People and their relatives spoke

extremely positively about the outstanding care they received and referred to staff and the provider as being extremely kind, caring and friendly. People were placed at the centre of their care and people told us they felt listened to and valued by staff by the staff who supported them. People told us staff always respected their privacy and dignity when providing care and where supported to develop their independence.

People were encouraged to give their feedback and views about the quality of the service they received. Communication systems used to share information about people's care and support needs were effective. Staff had an excellent understanding of what was important to people and delivered care in a way they wished to receive care. Care records were personalised, regularly reviewed and updated to ensure they were reflective of people's current needs. There was a system in place to record and investigate concerns and issues were dealt with appropriately.

People said the service was very well run. The provider was passionate about providing person centred care. The leadership within the service was strong and an open and a positive culture was promoted. People were supported by caring committed staff. Staff said they felt valued and were listened to by the provider. Staff were confident in their roles and were aware of their responsibilities and said they had access to support and training they needed.

Effective quality audit checks were in place and completed regularly to monitor the quality of the service provided. People were happy to recommend the service to family and friends based on their own experiences.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People were supported to maintain their safety and staff were aware of the actions they needed to take to keep people safe. Risks to people had been assessed and staff knew how to manage them effectively. People were supported by a consistent staff team who were recruited safely. People were supported to receive their medicines as prescribed. Infection control procedures were followed to reduce the risk of infection.

Good ●

### Is the service effective?

The service was effective.

People were supported by staff who had the skills and knowledge to meet their care and support needs. Staff received training and on-going support from the registered manager. People's rights were protected as staff asked for their consent before providing care. People were supported to have sufficient to eat and drink to maintain their health. Staff monitored and responded to people's health needs when required.

Good ●

### Is the service caring?

The service was extremely caring.

People constantly praised the staff who supported them and said they were exceptionally kind and caring. People felt listened to and involved in all aspects of their care. Staff and the provider regularly carried out tasks in addition to people's identified needs. Staff had a detailed knowledge of people's needs and preferences and treated people with dignity and respect.

Outstanding ☆

### Is the service responsive?

The service was responsive.

The service was responsive to people's needs. Care records were personalised and accurately documented people's requirements, likes and dislikes. People were involved in all

Good ●

aspects of their care planning and were supported by staff who understood their needs. Effective communication systems were used to share information. People were encouraged to give their views about the service provided. People knew how to raise concerns and said they would be confident any issues raised would be taken seriously.

### **Is the service well-led?**

The service was extremely well-led.

There was a positive and open culture within the organisation and everyone said the service was very well-led. The provider actively sought people's views and strived to deliver the best possible care to people. Staff were proud to work for the service and were very motivated. Everyone said the culture of the service was open and friendly. The provider had quality audit systems in place to check the health and safety of people and there was an emphasis on continually learning and improving the quality of service delivered.

**Outstanding** 

# Care 4 U Wolverhampton 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 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.

This site inspection took place on 16 March 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available to support the inspection.

The inspection was carried out by an inspector and telephone calls were made to people and their relatives by an Expert by Experience. An Expert by Experience is a person who has had experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service, this included the results of questionnaires CQC sent to people, their relatives and community professionals and information received from the provider where they are required to send us by law. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make..

We visited the office location on 16 March 2018 to see the registered manager and office staff; and to review care records and policies and procedures. We looked at five care records and three staff files. Telephone calls were made to people, their relatives and staff on 16, 19, 21 and 26 March 2018. We spoke with five people who use the service and 13 relatives. We also spoke with nine members of staff, the registered manager and office staff and an external professional.

## Our findings

Everyone without exception told us they felt safe with the staff that supported them. People told us they trusted the staff and that they were treated well. One person said, "I can't ask for anything more the carers are very good they work at my pace and I feel very safe with them." Another person told us, "Yes I do feel safe." Relatives gave positive feedback about the staff's ability to keep people safe. A relative commented, "I am happy to leave [person's name] with carers and they feel safe with them." Another relative said, "I do think [person] is safe because they use the hoist and they are very careful when doing that."

We spoke with an external professional and reviewed the responses in the CQC questionnaires sent out to people, relatives and community professionals. We also looked at the providers own feedback information. Everyone confirmed people felt safe receiving care in their home and said they felt safe with the staff that supported them. 100% of the 31 respondents to the CQC questionnaire confirmed people were safe from abuse or harm from their care worker.

Staff we spoke with demonstrated a good understanding of abuse and how they would recognise potential harm or abuse. One member of staff said, "There are different types of abuse such as financial, physical and neglect. If I saw something I would report it to the manager and they would deal with it. I would make sure I did it straight away to protect the person from further harm."

All the staff we spoke with were confident the provider would take action if they were made aware of any concerns about people's safety. Another member of staff commented, "[Registered manager name] would report it to the local authority, CQC or police. I have every confidence they would do that." Conversations we had with the provider demonstrated they understood their responsibility to refer any allegations of harm or abuse or incidents or events that might constitute abuse to the local authority safeguarding team. This demonstrated that people were protected from the risk of harm or abuse as the provider had appropriate systems in place.

Risks to people were assessed and managed to enable people to live in their own homes safely. One person commented, "They know what I can do and support me safely. They know my limitations." One member of staff said, "We know people really well and what their risks are. We have very clear care plans in people's homes which we read through. If there has been change in a person's risk the registered manager will contact us and the information is then updated." Staff we spoke with explained how they considered people's safety when they were providing care or support. For example, ensuring equipment was easily accessible and removing obstacles or clutter to enable people to move freely around their homes. Staff told us they telephoned the registered manager or up dated information in the daily notes in order to inform staff

of a person's change in need. After which risk assessments were updated to reflect any change. Risk assessments we looked at were comprehensive and clearly identified any risks to people's health and care needs. They also contained guidance for staff in how to reduce any risk of harm. For example, how to support people to mobilise safely. A relative told us that the provider had contacted the district nurse for advice and obtained specialist equipment to support their family member's health. They commented, "[Person] was at risk and the agency have arranged for a special bed from the hospital to relieve pressure to [person's] skin and they have also organised for district nurses to come in."

People and their relatives felt there were sufficient numbers of staff to support their needs. This was because people we spoke with had not experienced any missed calls. They said on the rare occasion staff were running late they were contacted straight away by the provider. One person told us, "No missed calls if there is a change in the time they get in touch to tell me what is happening." People also confirmed staff arrived on time and stayed the required length of time of the call. One person said, "They do arrive on time and they stay for the allocated time." People and their relatives explained that on the rare occasion their regular carer was not at work they were contacted by the office staff and another member of staff attended the call. One person explained, "We have someone else come and are informed about what is happening." Another person said, "They always send someone else." The provider explained to us that they only took on new packages of care which they were able to cover. They explained this was important as it ensured people received calls when they wanted them and meant there were sufficient numbers of staff available to meet people's needs. Staff we spoke with confirmed this, one member of staff said, "The registered manager contacts us to see if we can meet the person's requirements and it is added to my rota." Staff continued to explain that sufficient time was assigned to people to ensure they received the support they required and adequate travelling time between calls was allocated which meant people received calls at their agreed times.

We saw the provider's recruitment process was thorough. One member of staff said, "I had an interview and employment checks were completed before I started work." We looked at three staff member's records and saw relevant checks had been completed by the provider such as references and Disclosure and Barring Service (DBS) checks before staff started to work with people. DBS checks help the provider reduce the risk of employing unsuitable staff to work with vulnerable people. This meant people were supported by staff with the suitable experience and character.

People and their relatives told us that where necessary care staff assisted them with their prescribed medicines. One relative said, "At lunch time the carer checks the tablets in front of them and then they take it. They make sure it has been swallowed." Another relative commented, "The care worker administers them always on time and with no problems." A member of staff told us, "I feel confident helping people with their medicines. We have also had training and [registered manager] completes spot checks to see we are doing it correctly." We looked at the systems used to manage medicines which confirmed regular competency checks of staff were completed. We looked at records such as Medicine Administration Records (MAR) and saw they were completed correctly. Some people required medicines 'as required'; we saw guidance was available for staff to refer to if needed. This meant people were receiving their medicines as prescribed and in a safe way; by staff who were competent in this procedure.

We looked at the systems in place in regard to infection control. People told us staff wore aprons and gloves when providing care. One person said, "Yes they wear aprons and gloves." Staff we spoke with confirmed they had received training and spot checks were completed by the registered manager to ensure infection control measures were in place and followed by staff. Staff told us they had sufficient amounts of Personal Protective Equipment (PPE) provided and they could also go to the office for additional supplies when required. Responses in the CQC questionnaires sent out to people and their relatives confirmed that 100%



of people felt that the care staff did all they could to prevent and control infection by using gloves, gel and aprons. This showed staff understood what they needed to do to reduce the risk of spreading infection.

We looked at how accidents and incidents were managed. Although no recent concerns had been reported; the registered manager said if any occurred they would review the actions they had taken in order to improve the quality and safety of the service provided and reduce the likelihood of them happening again. We saw that in the event of an emergency situation the service had adequate measures in place to ensure people were kept safe. For example, calls to people who were isolated or did not have any other support available to them were prioritised during occasions of inclement weather and checks were completed to ensure they remained warm and had enough to eat and drink.

## Our findings

People told us an assessment of their needs was completed before they received support from the service. They confirmed they were involved in developing their care plan and said a copy of it was available in their home. Care records we looked at showed an assessment of a number of areas including personal care, medical history, dietary needs and sexuality had been considered when developing people's care plans.

People and their relatives were extremely positive about the staff that supported them. Without exception everyone we spoke with thought the staff had the skills and knowledge to meet their care and support needs. One person said, "They seem well trained to me." A relative commented, "I do think they are well trained the professionalism is good, they are confident with what they are doing and how they do it, they have a good manner." An external professional we spoke with also confirmed the staff had the necessary skills and experience to support people's needs. All of the respondents to the CQC questionnaire confirmed they felt they received consistent support from staff they knew and said they would recommend the agency to others. Everyone confirmed care staff completed all the tasks required of them at each visit. Scheduling of calls was planned and considered people's requirement in relation to call times and the tasks required, length of call and care staff travelling time. This ensured people experienced a good quality of service from the care agency.

Staff spoke positively about the training they had received and said they had access to the training they required to meet people's individual needs. One member of staff said, "I am just completing my NVQ3; the [registered manager] is very good we get offered a lot of different training courses; we have all done moving and handling, safeguarding and medicine administration. We are all well trained." NVQ is a work based qualification which recognises the skills and knowledge a person needs to do a job. New staff were supported to undertake an induction when starting in their role. One member of staff told us, "It was a really good induction; we completed different training courses and did role play and group work. I also did the care certificate. I feel very well supported in my role and well trained which makes me feel very confident in what I am doing." And, "When you start in your role you also spend time shadowing other staff and meet the [people] you will care for along with going through the care plan. It's very thorough." The Care Certificate is a set of standards that health and social care workers cover as part of their induction training that will equip them with the knowledge and basic skills to care for people safely. Staff also told us they were supported to undertake additional training as required, such as when a person's needs changed. For example one member of staff said, "We have just been told we have the opportunity to complete a wound prevention course in April."

The registered manager explained staff would not work independently until they were satisfied that they had the skills, knowledge and competence to do so. They said they completed regular spot checks of all staff to ensure they were providing care appropriately. Staff confirmed this and said they also received feedback following these checks on things they did well and areas they might improve. Staff also confirmed they had one to one meetings with their manager. During these meetings their performance, along with any additional training required was discussed. One member of staff told us, "Meetings are very good, I feel very comfortable to discuss any issues or concerns. The company is great it is like a family. We all feel very supported in our jobs."

Some people required support with preparing their food and drink. People who required support were complimentary about the staff who supported them. One person said, "They prepare my breakfast, lunch and evening meal they always ask me first what I would like." People told us staff always made sure they had sufficient food and drink available to them before they left the home. Staff we spoke with were able to explain people's different nutritional requirements and how they meet these. Such as meeting a specific cultural dietary need. Records we looked at identified any nutritional risks people might have and how these should be safely managed to ensure they maintained good health.

People were supported to maintain their health through a range of health professionals. Some people did not have families living close enough to provide support in relation to people's health needs. The provider would help people meet their health needs by supporting them to attend appointments if needed. One relative said, "The staff will contact me, call a doctor if needed and support with medical appointments if required, they are very good." Another relative explained how the registered manager had 'noticed something was not quite right' with their family member's health. They explained how the registered manager had identified a serious health condition when providing care and sought professional healthcare advice. Staff we spoke with told us they monitored people's health and contacted the registered manager or liaised with healthcare professionals such as district nurses to ensure people received the care and treatment they required. Records we looked at showed clear information was recorded about people's health needs and any outcome of people's contact with healthcare professionals.

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. The application needs to be made to the Court of Protection for people living in their own home. At the time of our inspection no one was receiving care or support that was subject to a court order.

We checked whether the service was working within the principles of the MCA. People told us staff always sought their consent before providing their support. One relative said, "Yes they do ask; they say things like would you like me to do this?" Another relative commented, "Yes they do ask for consent and if [person] refuses point blank they don't push it." A third relative said, "They don't push [person] to get up when they don't want to." Staff we spoke with had an understanding of the principles of the MCA and what action might be taken when a person lacked capacity. One member of staff said, "I know people very well and always check with them they are happy with what I am doing. If they refused care or medicines I would try to encourage them but would respect their decision. I would record it and make the manager or family aware." We saw people's capacity had been considered as part of the initial care assessment and this information was available for staff to refer to when supporting people.



## Our findings

All the people we spoke with, without exception said the service they received was outstanding. They told us they were able to build positive and caring relationships with the staff who supported them and with the provider. When talking to people about the care they received they were full of praise; everyone wanted to tell us about acts of kindness they had received from the staff or provider. Comments included, "My care worker could not be a better match; we get on so well, the time goes by so fast." And "They are very patient, and they walk with [person's name] and chat and have a laugh." And "They are just natural with [person] and there is a great deal of caring." And, "They take the extra time they talk and don't rush [person]." One relative told us about the support they received from the provider when they had a particular concern with their family member. They said, "[Registered manager] was great she contacted me and sorted the issues out." The CQC questionnaire results contained similar views, comments included, "Outstanding care adapted towards client needs; carers who actually care. We cannot praise enough." And, "An excellent service carried out by friendly and competent staff I know if I were to ask any carers to give any extra help, they would do it and they know how much I appreciate them."

People and their relatives told us the level of care often exceeded what people expected or paid for. A relative said, "They go above and beyond what is expected of them, for example my [relative] had a problem with one of their doors and they sorted it out for them." Another relative told us, "They do everything, it doesn't matter what we want or need they are there, they know how to get through to [person], they do all the extra little things." Other examples of staff going beyond what was expected of them included staff regularly picked up items from the pharmacy or shops so that people did not run out of essential items and had medicines available when they needed them. One person enjoyed home cooked foods and the registered manager cooked vegetables and fruit in their own time in order to improve this person's nutritional intake. Other people used the provider as a first point of contact when they required help with sourcing household or equipment repairs and the provider supported people in the arrangement of these services. For example, the provider attended a person's home when the electricity supply failed and stayed with the person during the night until the electricity supply was restored. Another member of staff washed, dried and ironed a person's clothing when their washing machine was broken. The provider and staff told us they treated people as they would like their own family members to be treated.

Other examples of the provider and staff going above and beyond included collecting incontinence supplies for a person who had waited for a prolonged period of time for them to be delivered and, driving people to appointments or dropping them off in town. Staff also completed tasks in their own time for example, buying cards and gifts on behalf of people so that they could give their family members birthday or

Christmas presents. One person whose family member had received support said, "Staff were kind and compassionate when they were providing support. They took the pressure off me when they were here. They helped a lot." And, "The [provider] and staff are exceptional people I would ring up if I needed help and they would come straight away. They are still here for me now and I pop into see them at the office and have a drink and a chat they are very good and very professional. I can't praise them enough." Descriptions of the service used by both people and staff were of a consistent theme; the provider and staff care for people in a way they would expect their relatives to be treated. Staff told us they had formed trusting relationships with the people they cared for and people said staff were sensitive, kind and caring. They said they felt connected with the staff that supported them and said they had developed good relationships with the staff.

People told us the same staff attended to their needs to provide continuity of care and the staff that attended their calls understood their needs, preferences and abilities. Relatives told us this was especially important as some of their family member's lived with dementia. They explained that having the same staff every day helped to build relationships and meant that staff knew people's needs and how to support them well. The Provider information Return submitted by the provider stated that service tried to match staff with people as far as possible in order to promote positive relationships which would put people at ease when receiving care. This information was supported because people we spoke with were extremely positive about the effort the registered manager put into the introduction process when introducing new staff. They said this process had helped them develop caring relationships with staff and this had promoted their well-being. People and their relatives told us they were given plenty of notice when staff were on annual leave and were informed who would be providing their care in the absence of their regular carer. People and their relatives were complimentary about the communication methods used within the service to share information or obtain feedback. We saw in people's records regular communication between people, family members and professionals updating them with information or keeping them informed of people's well-being or events that had occurred. People said when they required their care to be delivered at a different time such as when they had an appointment, their requests were accommodated. One relative commented, "I have changed times a few times and it was no problem, they are fairly flexible."

Without exception everyone said they were involved in the planning and the decision making about their care. Comments included, "Always consulted if something needs to be changed or be different." And, "I make the decisions if I want something doing I ring up and arrange it." People and their relatives confirmed when their care needed to be reviewed this was done in consultation with the person and their families where appropriate. People said staff always asked them about how they wanted their care to be provided and supported and encouraged them to be as independent as possible. One relative said, "They will encourage [person] to do what they can." Another relative commented, "They support person to brush their own hair, put lipstick on and do as much as they can for themselves." All the staff knew people well, including their personal histories and what was important to them. Staff provided examples of how they promoted people's independence and enhanced their well-being. One member of staff said, "I encourage people to do as much as they can do; I don't rush them and work at their pace or I do part of a task and the person completes the rest." Another member of staff explained how they supported people to take part in activities and events they enjoyed. They explained they understood people's relationships and interests were important to them and they looked at ways of overcoming any obstacles to their independence. They explained how they supported people to pursue different interests and how this had made a positive impact on their wellbeing because they were partaking in pastimes they enjoyed. We found people were supported and encouraged to be as independent as possible and conversations with people, staff and care records we looked at were written to promote a person's independence to lead the lives they chose. The registered manager and staff we spoke with all knew people well, including their personal life histories and what was important to them. Such as supporting people to enjoy new experiences and socialise with other people. People had access to independent advocacy services if required; although no one was currently being

supported by an advocate. Advocates are people who are independent and support people to make and communicate their views and wishes. The CQC questionnaires sent out to people and their relatives confirmed 100% of the respondents felt the support and care people received helped them to be as independent as possible.

Everyone told us staff treated them with dignity and respect and ensured their privacy was upheld when personal care was being delivered. One person told us, "They are very good they take me to the shower and undress me and cover me up. The door is closed." A relative commented, "They don't talk down to [person] they have great respect for them." Another relative said, "If they are providing personal care they make sure [persons] dignity and privacy is maintained they cover them up when they are washing them." Staff told us they ensured people were comfortable and happy with the way care was being provided. They were able to provide us with examples of what this meant in practice. For example, one member of staff said, "I make sure [person] is aware of what I am doing and happy with it. I cover them up so they are not exposed and make sure doors and curtains are closed." Another member of staff said, "I always think about a person's dignity when I am caring for them. I close the door and curtains and never strip someone off completely. I always chat and make sure person is happy with what I am doing and that I have their consent." 100% of the CQC questionnaires sent out to people and their relatives confirmed staff treated people with respect and dignity. This demonstrated people's wishes were actioned and their dignity and privacy respected.



## Our findings

People were extremely complimentary about the care they received and praised the responsiveness of staff and the provider. People described occasions where the service supported them outside of their normal call times in order to meet their needs. For example, on one occasion staff collected items from a person's home when they were admitted into hospital. The provider told us it was important that staff could respond quickly to people's changing needs; such as referring people to healthcare professionals if they noticed a change in a person's health. On two occasions this had led to an early diagnosis of a health condition. We found and CQC questionnaires confirmed that 100% of people and relatives felt that the service was responsive to supporting people and provided care that was focused on people's individual needs.

Conversations with people, their relatives and the registered manager confirmed that when initial contact was made with the provider; the registered manager would complete a thorough assessment with the person and when required, their relatives. People said they were able to discuss with the registered manager what support they needed and how they would like this to be delivered. They said they received care that met their needs, choices and preferences. They described how the service was reactive and flexible to their individual needs and preferences. For example, one person explained, "I have changed my call times a few times and it was no problem, they are fairly flexible." People told us their views were respected and that the provider considered and acted upon their preferences. For example one relative commented, "They know about [person's] cultural beliefs, they are aware of it, it has to be female carers." We saw that this preference was respected by the provider and the person received calls from female staff. Another relative explained how staff that supported their family member understood their daily routine they explained, "They just know [person] they know they like to have a glass of water before doing anything." We found and CQC questionnaires sent out to people and their relatives confirmed, everyone felt involved in decision making about their care and support needs.

As part of the initial assessment process the registered manager completed all the tasks the person required in order to develop the care record. This meant the care record was reflective of a person's individual needs and contained relevant information for staff to refer to. For example, in relation to a person's mobility needs, environmental risks, dietary needs, medication, choices and preferences. Care staff worked alongside the registered manager initially so that they got to know the person and the tasks required of them. People, their relatives and staff told us care records were available in people's homes and regular reviews of these were completed by the registered manager. People and staff told us the registered manager also worked alongside staff intermittently to complete checks of staff practice and to establish if any needs had changed

or if there was anything else the person required.

People told us they knew how to raise concerns should they need to and said they felt confident these would be resolved quickly. One person said, "I would feel comfortable but I have never had to [complain]." A relative commented, "I would ring the company and speak to them directly; I had a complaint once and I was satisfied with the outcome." The registered manager told us concerns were taken seriously and used as an opportunity to improve the quality of service provided. We saw the service had a complaints and compliments policy which was made available to everyone. The process for handling any concerns was clear; we looked at the records of complaints and found issues raised had been investigated and responded to in a timely manner. CQC questionnaires sent out to people and their relatives confirmed 100% of the respondents felt the registered manager and staff were accessible, approachable and dealt effectively with any concerns raised.

The registered manager told us they were not currently providing care for people who were at the end of their life. However they said if staff required training to deliver specific care this would be provided in order to meet a person's needs.





## Our findings

Everyone we spoke with were enthusiastic about the registered manager and said the service was extremely well run. One person told us, "As far as I am concerned I don't think there is much room for improvement." Another person commented, "For me personally, it is perfect as it is." A third person told us, "I don't think we could ask for anything better." Relative's comments included, "Care 4 U are the most caring company I know and they are strongly led by the manager who goes above and beyond for their clients." And, "We are 100% satisfied, we would recommend them to anyone, they genuinely care." And, "I like that the boss is very caring and she recruits staff just like her. All of the staff are very caring and very lovely people, it is not just a job, and they are cheerful and bright." CQC questionnaires sent out to people and their relatives confirmed 100% of the respondents felt the service was well managed and continuously tried to improve the quality of care and support provided to people.

The registered manager, who was also the provider, said their ethos was to ensure people were at the heart of the service provided. They said, "If you don't care from the heart you don't work for Care 4 U." The registered manager told us the culture of the organisation was one of continuous improvement and a desire for people to receive the best care. Staff we spoke with shared this view and said people were at the heart of everything the provider did. The service was family run with members of the family involved in the day to day running of the service. This meant family values and culture were embedded within the organisation. The registered manager ensured staff felt valued and offered staff flexibility with their individual work life balance. Staff successes were celebrated and promoted which created an environment to encourage staff to be the best they could be. The registered manager encouraged staff and ensured staff felt valued by other methods such as 'Employee of the month' All the staff we spoke with told us they felt extremely well supported by the registered manager and said they understood their roles and responsibilities. They told us staff morale within the organisation was high and every member of staff told us they worked well together as a team. They said they felt positive about working for the organisation and this impacted on how they delivered care to people. Comments included, "We are always listened to; the registered manager always has time for you." And, "I love my job we are like one big family it's not like going to work it's like visiting your family." And "It is a very well run agency as soon as you go through the door you're met with a smile. It's so very caring the provider not only cares about the people we support but the staff as well." And, "What I love about this company is that they are always on the ball. It's such a good company to work for. It is very well managed." Staff told us they frequently had observed practice by the registered manager which they welcomed; these focussed on engagement, communication and the quality of care staff gave people. Staff explained this created better outcomes for people who received support from the agency. Staff received feedback immediately after these observations and any areas for improvement were discussed during their

one to one meetings and information was utilised to identify staff performance and achieve best practice. An external professional commented, 'The registered manager and staff are willing to learn and gain more skills they all take on courses to improve their skills to update their knowledge and understanding.' And 'The staff are very caring and supportive to people they provide independence and person centred care to all.' This showed staff provided a committed and personalised service to people receiving care from Care 4 U Wolverhampton.

The registered manager regularly sought the views of people, their relatives and staff about the quality of service provided; along with ensuring the care provided continued to meet people's needs. We looked at the provider's questionnaires and the responses they had received. We saw questionnaires were written in an 'easy read' format with pictorial faces to confirm the level of satisfaction. We saw comments received were very complimentary of the service provided. For example, "Everyone is very friendly and helpful at all times." And, "I like Care 4 U because it provides all my care needs without a fuss." And, "Treat people very nicely, feel they are very professional when dealing with you and the problems you have, they try very hard to accommodate all requests and changes that you require." And, "All carers know what they are doing and are very competent, we know if we are ever given a substitute worker they will be good, I bless the day I walked into your office." We saw all feedback from people was analysed by the registered manager to see if they could improve any aspect of the service provided to people. The registered manager also regularly sought the views of staff to see if they could improve the quality of service provided. Staff told us they received frequent and effective communication from the registered manager which provided them with the information they needed to know to do their job well. They told us as well as one to one meetings with their manager they received regular newsletters which provided information about training courses and other important updates such as Health and Safety awareness.

We found the registered manager and staff were extremely proactive in seeking guidance and advice from relevant health and social care professionals in order to promote and improve people's health and well-being. The registered manager worked closely with external healthcare professionals to ensure people received the support and treatment they required. The registered manager explained to us they tried to support people to remain in their own home and avoid unnecessary admission to hospital. Information that was cascaded from healthcare professionals was used and shared with staff to notify them of potential health concerns. For example, staff explained they had received information about the symptoms of sepsis infection and the actions they should take if they suspected a person was at risk of infection. Other advice had been sought from a health-care professional about promoting healthier eating for people using the service. Information about healthy food and a balanced diet was shared and discussed with people during their care visit. The registered manager also told us they had completed additional training in relation to pressure sore prevention in order to support people with fragile skin. They explained they had completed training in applying dressings to people's skin. The registered manager kept their knowledge up to date by the use of social media and attending training and information sharing events organised by West Midlands Care Association and other external agencies. For example, the registered manager had signed up to a falls and fracture project run by an external partnership. The registered manager also ensured the service became a dementia friendly organisation and both the registered manager and staff have completed training to become a 'dementia friend'. This meant they actively sought to support people living with dementia in the community.

We asked the provider to complete a Provider Information Return (PIR). The provider completed and returned this to us within the timescales given. They informed us of their plans for improving the quality and delivery of the service such as, 'The management working alongside carers and complete spot checks, quality assurances, supervisions, training updates to promote good working practice.' We found evidence of this from our conversations with people and staff and from information we saw during the inspection. For

example, people told us the registered manager was involved in all aspects of their care to ensure the care was what the person wanted and happy with. They explained if there was any need to adapt aspects of their care planning this was completed straightaway. They explained this had made them feel at ease and put them at the heart of the service provided.

We saw there were systems in place to make sure high standards of care were delivered. For example, quality assurance arrangements were effective these included reviewing and monitoring care records and daily notes. The provider also ensured people received their calls at the times that had been agreed and the length of call times were appropriate for the number of tasks staff were required to complete. Sufficient travelling time was factored in when planning calls and people told us and records indicated calls took place within agreed timeframes. Observational spot checks were also completed of staff in people's homes. People confirmed these took place and told us they were always asked for their feedback about the quality of care and any issues identified were dealt with straight away. The registered manager also completed regular checks of concerns, incidents, staff training and supervisions. Where improvements had been noted, the registered manager had immediately responded and we found the provider delivered a quality service to all the people they supported and continually strived to improve the quality of the service delivered through the use of feedback and training. For example, developing a process to record issues that have been resolved straightaway over telephone in order for the service to check if there were any themes. This ensured people received care that was responsive to their needs.

Services that provide health and social care to people are required to inform CQC of certain events that happen in the service as is required by the law. For example, incidents of concern. We found the provider was aware of their responsibilities which included submitting notifications when required to CQC.