

CARE4U2DAY Limited

# Care4u2day Limited

## Inspection report

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Date of inspection visit: 15 January 2016  
Date of publication: 16/05/2016

### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

We carried out this announced inspection by visiting the office on 15 January 2016. Following this, we spoke with people who used the service and members of staff by telephone. At the time of the inspection, the service provided care and support for 26 older people in their own homes.

The service has a registered manager. 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.

There were systems in place to safeguard people from the possible risk of harm. There were risk assessments in place to provide guidance to staff on how risks to people could be managed and minimised. However, the provider did not have an effective recruitment process in place to ensure that staff employed to work for the service were suitable for their roles.

# Summary of findings

Staff were skilled and knowledgeable in how to support people in accordance with their agreed care plans. Staff received regular supervision and support, and had been trained to meet people's individual needs.

Staff were aware of their responsibilities and understood their roles to seek people's consent prior to care being provided. People received care and support from a team of caring and respectful staff.

People's needs had been assessed, and care plans took account of their individual needs, preferences, and choices. The provider had a formal process for handling complaints and concerns.

The provider did not have effective quality monitoring processes in place. Regular audits had not been carried out and people's views had not been sought in a formalised way regarding the quality of the service. The manager was approachable and promoted a caring culture within the service.

You can see what actions we have told the provider to take at the back of the full version of the report.

# Summary of findings

## 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 not always safe.

The recruitment process was not robust and references had not been obtained prior to an offer of employment being made.

There was sufficient staff to support people safely.

There were systems in place to safeguard people from the risk of possible harm.

People's medicines were not managed safely. The recording for the administration of medicines did not promote safe practices.

Requires improvement



### Is the service effective?

The service was effective.

People's consent was sought before any care or support was provided. Staff understood their roles and responsibilities to provide care in line with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported by staff who had been trained to meet their individual needs.

People had access to other health and social care services.

Good



### Is the service caring?

The service was caring.

Staff were caring, friendly and passionate about people they supported.

Staff understood people's individual needs and they respected their choices.

Staff protected people's privacy and dignity, and promoted their independence.

Good



### Is the service responsive?

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

The provider had a system to handle complaints.

Good



### Is the service well-led?

The service was not always well-led.

The registered manager provided effective support to staff and promoted an open, caring and respectful culture within the service.

Requires improvement



# Summary of findings

Effective quality monitoring audits were not in place.	
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# Care4u2day 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 inspection took place on 15 January 2016 and it was carried out by one inspector. We gave 48 hours' notice of the inspection because we needed to be sure that there would be someone in the office.

Before the inspection, we reviewed information we held about the service, including notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with the registered manager and two support workers. We reviewed the care records for four people who used the service, the recruitment and supervision records for four staff, and the training records for five members of staff employed by the service. We reviewed information on how medicines and complaints were being managed, and how the provider assessed and monitored the quality of the service.

Between the date of the office visit and 17 February 2016, we spoke with a further three care staff, six people who used the service, a relative of one person.

# Is the service safe?

## Our findings

We looked at the recruitment records for four members of staff and we found that none of them had any reference obtained. We referred to the provider's recruitment policy and procedures which stated 'a minimum of two references one of whom must be the applicant's current and most recent employer. All references will be reported in writing using appropriate form for the referee to complete and return.' This showed that the provider did not have a robust recruitment system in place to ensure that only 'fit and proper' staff were employed to support people safely.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 19.

However, the provider had ensured that staff members had completed their application forms, a record of interview notes had been kept, a copy of the terms and conditions of employment given to the staff and checking each applicant's employment history and identity, and requesting Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

People told us that they felt safe and that they did not have any concerns about their safety. One person said, "I feel absolutely safe with the carers. I have known them for a long time." Another person said, "Carers are very good. I have been very impressed with them."

The provider had safeguarding and whistleblowing policies which staff were aware of. The policies gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Information about safeguarding was displayed in the office and this included contact details of the agencies to whom concerns could be reported. We noted from the staff training records that they had received training in safeguarding people and this was up to date. Staff told us that they had received face to face training which they found to be helpful and informative. The staff we spoke with demonstrated good understanding of safeguarding processes. A member of staff said, "I know the signs to look out for. If I have any concerns, I would inform my manager or the Care Quality Commission or social services."

There were individualised risk assessments for people that gave clear guidance to staff on any specific areas where people would be at risk. These assessments identified risks associated with the environment of each person's home, manual handling and the risk of falls. For example, we noted in one person's care records clear guidance for staff to ensure that they stood by the person's side when transferring them by the use of the rotary stand to prevent them from falling. For another person the risk assessment stated that staff should ensure that their walking trolley was left by their right side and within reach to prevent any loss of balance or falls. The care records also showed that assessments of potential risks to people's health and wellbeing had been completed so that the risk could be minimised. People's care and support had been planned and delivered in a way that ensured their safety and welfare. The service also had systems to keep a record of accidents and incidents so as to monitor and prevent further occurrences.

People told us that there was enough staff to support them safely and at their agreed times. One person said, "I get the same carers and they are always on time." Another person said, "They do have a team of carers and I know them all. They do let you know when they are running late." A member of staff told us that they communicated via the service 'business what app' which each member of staff had been provided with. The manager said that the 'app' was secure and helped the team to communicate effectively with each other. The manager told us that they had an on-going recruitment plan so that they covered staff vacancies as they occurred. They also did not accept new care contracts if they did not have enough staff to support those people.

The provider's medicines policy had three key areas for staff to follow. These stated that staff should prompt, assist and administer people's medicines as agreed as part of their care package. One person said, "The carers give my medicines and they make sure I get it." One member of staff said, "I am trained in medicines and we have regular checks from the manager to see whether we are doing it right." However, we looked at some of the medicine administration records (MAR) and found that there were gaps. We brought this to the attention of the manager who was unable to explain the reason for these omissions. They said that they would speak with the member of staff concerned and provide them with additional training.

# Is the service effective?

## Our findings

People told us that they were happy with the care and support they received. One person said, “The carers provide a very good service and they know how to help me. They are trained and skilled in what they do.” Another person told us, “Carers are reasonably on time. If they are running late they let me know.” The staff we spoke with said that they worked well as a team to support people and maintained continuity of care. One member of staff said, “We provide the care that matters to people and we support them to maintain their independence as much as possible.”

Staff confirmed that they had received relevant training they required for their roles. One member of staff said, “I had done my induction when I first started work. I have completed various training and I feel confident in my role.” The manager told us that new members of staff shadowed more experienced staff and were regularly supported by senior staff before being able to provide care on their own. They said that some staff took longer than others to build their confidence and they were given time to understand the various needs of people and to develop their skills further when caring for people. We noted from the staff training records that they had attended the mandatory training and other relevant courses so that they were knowledgeable and skilled in their roles. A number of staff had completed the nationally recognised qualification in care.

Staff told us that they had received supervision where they had discussed what training they need for their roles and any issues relating to their work. One member of staff said, “I had my appraisal yesterday and talked about the training I need to do.” The manager told us that some staff had not had supervision for a while but they had planned to ensure that all staff received formal supervision on a regular basis.”

People told us that staff always sought their consent before carrying out any task. One person said, “The carers always talk to me and ask me how I am. They ask me when I am ready for a wash.” Another person said, “They ask me first and sometimes I let them know when I do not want a shower. They give me a strip wash then. They know me well and how to help me in the morning and evening.” Staff understood their roles and responsibilities in ensuring that they sought people’s consent before providing care and

support. One member of staff said, “People wait for us and they know why we are there. But still we ask people how they would like to be supported with their personal care.” The care records we looked at showed that written consent and agreement relating to people’s care and support had been obtained.

Staff had received training on the requirements of the Mental Capacity Act 2005 (MCA). 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. One member of staff said, “If a person does not have mental capacity, we still explain to them how we are going to support them with their personal care and we bring two sets of outfits and show them. I would ask them what do they want to wear and observe their facial expressions.”

Staff confirmed that they supported people with their breakfast and that they ensured that drinks were left close to them when they left their homes. One person said, “Carers always ask whether I

had my breakfast or would like something to eat. Sometimes they make me a cup of tea before they start.” People who were being supported with their meals told us that this had been done with care and staff respected their choices. Staff we spoke with had no concerns about people not eating or drinking enough. One member of staff said, “If I see someone is not their usual self and not eating or drinking, I would contact the office who may call for a doctor.”

People told us that they were supported to access other health and social care services, such as GPs, community nurses, and hospital appointments by their relatives so that they received the care necessary for them to maintain their wellbeing. They told us that the care staff did so if urgent care was required. One person said, “If I don’t feel well, I know the carers would call the doctor.” We noted from care records that people had access to the other healthcare professional so that their health and wellbeing was maintained.

# Is the service caring?

## Our findings

People told us that staff provided care and support in a compassionate way. One person said, “They are very caring and helpful. They really do care. Everyone is compassionate. If I was rating them, I would give them five stars. The carers come four times a day. They get me out of bed and attend to my personal care. They also come and put me to bed. I am very impressed.” Another person said, “I have been receiving care for a few years. They are wonderful. They have selected a team of carers. I look at them as an extended family. Their heart is really in caring, they come in on time and I feel confident with them.” A relative said, “I recommended someone and they are very happy too. No concerns whatsoever.”

People told us that they were involved in making decisions about their care and support needs. One person said, “When the manager came to see me the first time, I told her how I would like my support from them. We discussed it and they help me the way I want. They are very good.” Another person said, “The carers know what I like and they do take account of my personal choices and preferences.”

People told us that staff treated them with respect, and maintained their dignity. One person said, “Definitely, the carers respect my privacy and dignity. They ring the doorbell and I let them in. We have a little chat and they always cover me up with towels and a dressing gown after

my shower.” Another person explained how the staff supported them with their personal care and told us that staff always shut the door, covered them up during their wash and drew the curtains. Staff demonstrated that they understood the importance of respecting people’s dignity, privacy and independence by ensuring that they promoted people’s human rights. One member of staff said, “I ask them and work around them.” The manager said that they promoted people’s human rights and respected their privacy and dignity.

Staff were also able to tell us how they maintained confidentiality by not discussing people outside of work or with agencies not directly involved in their care. We also saw that the copies of people’s care records were held securely within the provider’s office.

Information about the service and contact details of other agencies in an emergency had been given to people. One person said, “I know there is information in the folder but I have not used it.” Another person said, “The folder has the phone numbers of people I can get in touch with if I have any concerns.” The provider had an example of the file kept in each person’s home that showed what information they had been given when they started using the service. Other information in the file included the person’s contract and fees, the service’s contact details and the complaints procedure.



# Is the service responsive?

## Our findings

People's needs had been assessed before they started using the service and this information had been used to develop their care plans. One person said, "The manager came to see me and I told her that I needed two visits a day. We also talked about the care I needed and for how long and the cost." The manager said, "When I do go to do an assessment for the first time if I find that I am unable to deliver care, I would refuse, I have done so."

People had varied service agreements. The majority of people required support with personal care. Some people required a visit once a day and others more frequently. One person said, "The carers come to help me with a shower." Staff told us that most people wanted help to get them ready for the day and they planned their activities themselves with the support of their relatives. The manager said, "The staff go out their way to do things for people. For example, the other day, one of the staff went and got 'fish and chips' for one client who was in their 90s."

We noted that the care plans were detailed and person-centred so that people received the care they required and that appropriately met their individual needs. Staff told us that the care plans had clear guidance on how to support each person. For example, an extract from one care plan stated 'at 07:00am to 08:00 am, staff to assist the person to get out of bed, transferring from bed to commode using rotary stand. Assist the person to the bathroom and get them ready for the day. During evening visits the staff should position the person into middle of bed, carers to raise the person's leg and put cushion and towel under their feet making sure their heels did not touch

the sheet.' Staff had been encouraged to keep detailed daily records that reflected the support they had provided to each person. One member of staff said, "I look at the folder each time I visit just in case I have missed something. We have a secure 'business app' which we use to communicate with each other. This way we are up to date about the people we care for."

People told us that their preferences and wishes had been taken into account when planning their care. One person said, "I cannot fault them. They do as I have asked them to." Another person said, "Before I have a shower, the carers position the handling belt around and under me. I feel secure because I am a bit nervous when using the hoist." Staff confirmed that they provided each person with individualised care as agreed in their care package. They said that they were rarely rushed and their roles were to ensure that people's needs were met.

People had been given a copy of the complaints procedure when they started using the service. Everyone we spoke with told us that they had never had any reason to complain about the care and support provided by the service. One person said, "I have no concerns. I am happy with everything." Another person said, "I can phone anytime and they do get back to me. I have no reason to complain." A relative said, "We have never had to complain about anything." The manager said that they dealt with minor concerns straightaway. People were generally happy with the quality of care provided. We noted that there had been no complaints recorded in the 12 months prior to the inspection. However, the provider had an effective system to handle any future complaints.

# Is the service well-led?

## Our findings

There were no formalised effective quality assurance systems in place to assess, monitor and drive improvements. The service did not have a process to seek the views of people and there had been no quality audits in relation to care records, the administration and management of medicines, infection control or health and safety.

This was a breach of regulation 17 of the Health and Social care Act 2008 (Regulated Activities) regulations 2014.

The service had a registered manager who was supported by one director of care and a general director. People and their relatives knew who the manager was and they spoke highly of the manager. One person said, “She is the first person I met and she got everything right for me. I receive a good service.” One relative said, “The manager is very good and helpful. She makes sure that the carers do their work as they should do. That’s why we don’t have any concerns.” A member of staff said, “The manager worked alongside us to provide care to some of the people and they introduce us to new service users. She knows all the service users and she does regular checks on us. She is very supportive.” Another member of staff said, “I like working for this service. It’s because of the manager. She is approachable and understanding.”

Staff said that the service was well managed and they received the support and guidance they needed in order to

provide a good service to people. One member of staff said, “The manager is always very supportive, helpful and very professional in her approach. I enjoy working for this agency.” The manager told us that they have introduced a secure ‘business app’ to communicate with each member of staff which delivered instant messages. This system had helped in maintaining good communication and that if there were any changes in a person’s needs, all staff were informed. One member of staff said, “We get all the information we need including the minutes of meetings on our phone.”

We noted from the most recent staff meeting that issues relating to work such as training for staff, human resource and day to day management had been discussed. One member of staff said, “It’s good working for this agency as you get a minimum weekly hours’ contract. This helps to ensure we have a regular income.” They also said that they did spot checks to ensure that staff were maintaining safe practices particularly when supporting people who required hoisting and manual handling.

The manager said, “All our clients are direct payments and private. The culture of the service was to enhance the life of people as long as they live and we achieve that by mainly how staff work together as a unit. I listen to my staff, we have an open door policy. We have constant conversation and staff come to me because I will sort things out for them. I am proud of my staff. We are a very good team.”

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

There were no quality assurance and auditing systems or processes in place to assess, monitor and drive improvement in the quality and safety of the services.

### Regulated activity

Personal care

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The provider had not obtained written references for staff before they were employed.