

Care 4 U Ltd

# Care 4 U Ltd

## 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

This inspection took place on the 22 November 2016 and was announced. We told the provider two days before our visit that we would be coming. At our last inspection in October 2014 the service was meeting the regulations inspected.

Care 4 U Ltd is a domiciliary care agency that provides personal care to older people in their homes. On the day of our inspection there were 20 people using this service.

The service had a registered manager who had been in post since the service opened in 2011. 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's needs were assessed and care plans were developed to identify what care and support people required. People said they were involved in their care planning and were happy to express their views or raise concerns. When people's needs changed, this was quickly identified and prompt, appropriate action was taken to ensure people's well-being was protected. People had a copy of their care plan in their home.

People felt safe. Staff understood how to recognise the signs and symptoms of potential abuse and told us they would report any concerns they may have to their manager. Assessments were undertaken to assess any risks to the people using the service. The risk assessments we viewed included information about action to be taken to minimise these risks. However we found that environmental risks, to protect staff were not in place. Soon after the inspection, a proforma to capture environmental risks had been put in place.

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.

We found that the service was working within the principles of the MCA.

Staff were highly motivated and proud to work for the service; as a result staff turnover was kept to a minimum ensuring that continuity of care was in place for people who used the service.

Staff were very complimentary about the management team and described them as approachable and supportive.

Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy

whilst they undertook aspects of personal care, asking people how they would like things done and making enquiries as to their well-being to ensure people were comfortable.

Care staff received regular supervision and appraisal from their manager. These processes gave staff an opportunity to discuss their performance and identify any further training they required. Care workers we spoke with placed a high value on their supervision.

We saw that regular visits and phone calls had been made by the office staff to people using the service and their relatives in order to obtain feedback about the staff and the care provided.

People were supported to eat and drink. Staff supported people to take their medicines when required and attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

The service had a complaints policy. People who used the service told us they knew how to make a complaint if needed.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. People were protected from harm. Risks to the health, safety or well-being of people who used the service were understood and addressed in their care plans.

Staff had the knowledge, skills and time to care for people in a safe manner.

There were safe recruitment procedures to help ensure that people received their support from staff of suitable character.

People were supported to take their own medicines by staff that had been trained to administer medicines safely.

### Is the service effective?

Good ●

The service was effective.

The service ensured that people received effective care that met their needs and wishes. People experienced positive outcomes as a result of the service they received

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported with their health and dietary needs.

### Is the service caring?

Good ●

The service was caring. Managers and staff were committed to a strong person centred culture.

People who used the service valued the relationships they had with staff and were very satisfied with the care they received.

People felt staff always treated them with kindness and respect.

### Is the service responsive?

Good ●

The service was responsive. Care plans were in place outlining

people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a person centred service.

The service responded quickly to people's changing needs and appropriate action was taken to ensure people's wellbeing was protected.

People were involved in their care planning, decision making and reviews. Staff were approachable and there were regular opportunities to feedback about the service received.

**Is the service well-led?**

**Good** ●

The service was well-led. The service promoted strong values and a person centred culture. Staff were supported to understand the values of the organisation.

There was strong emphasis on retaining staff and ensuring continuity of care.

There were effective systems to assure quality and identify any potential improvements to the service.

# Care 4 U Ltd

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection of Care 4 U Ltd took place on 22 November 2016 and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available at their office.

The inspection team consisted of one 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.

Before our inspection, we reviewed the information we held about the home which included statutory notifications and safeguarding alerts and the Provider Information Return (PIR), which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we went to the service's office and spoke with the project manager. We looked at three care records and four staff records; we also looked at various documents relating to the management of the service. After the inspection visit we spoke to seven people who used the service, we also spoke to seven care workers and one healthcare professional.

# Is the service safe?

## Our findings

People said they felt safe and that staff understood their needs. Comments from people included, "[Staff's name] has been coming to me a long time and yes, I feel safe with her." "They're trustworthy and reliable." And "I'm very happy with the service."

Staff demonstrated an excellent understanding of people's needs and the support required to promote their safety and wellbeing. Care workers were able to discuss risks individual people faced and speak confidently about how they maintained their safety. Several staff members we spoke with commented that they had time to develop relationships with people who used the service and got to know them well. They were able to quickly identify any concerns.

Staff had received training in safeguarding adults. A safeguarding policy was available and staff were required to read it as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. The project manager told us how "we discuss safeguarding and whistleblowing in every team meeting."

Staff we spoke with demonstrated an understanding of safeguarding adults and told us the signs they looked out for when they supported a person. One care worker told us how they recognised possible signs of abuse. For example, "A mark, missing money or not enough food, I would report to the office, record and monitor."

Assessments were undertaken to assess any risks to the people using the service and the staff supporting them. The risk assessments included information about action to be taken to minimise these risks. However, we found that environmental risk assessments to protect staff were not in place. This is important to protect the health and wellbeing of staff and to ensure that there were no hazards within their working environment. We discussed this with the project manager who told us those environmental risks 'were noted' during the initial assessment but that this was not part of the risk assessment process. Soon after the inspection the service developed a proforma to capture environmental risks, during the assessment process.

Staff we spoke with demonstrated a good understanding of people's needs and the support required to promote their safety and wellbeing. Care staff were able to discuss risks individual people faced and spoke confidently about how they maintained their safety. They emphasised the level of training they had to support people safely, including regularly refreshed moving and handling training. Risks assessments were updated yearly or sooner if there was a change in in the persons care needs. We saw that for one person the risk assessment had been updated monthly following deterioration in the persons' ability to mobilise.

We saw in the accident and incident log that, staff followed the reporting process for any accidents or incidents which occurred when they were providing care.

The project manager told us there were sufficient numbers of staff available to keep people safe and said, "I

never take on new packages unless we have capacity." They went on to tell us they were recruiting regularly, but their aim was to keep the service small so that quality would not be compromised and that it was sometimes difficult to find suitable people. They told us "staff sickness and absence happens and we can always cover. We have a good reputation with the local authority and want to keep it that way." They also told us how effective planning, built in travel time between calls and clustered calls allowed for short travel times and decreased the risk of staff not being able to make the agreed appointment times. One of the care staff told us. "This is the first agency to ever give me travel time."

All the staff we spoke with told us there were enough staff "to go around," Another told us, "there is always enough of us to cover." They went on to say that the office did not put them under any undue pressure to work extra hours.

Thorough recruitment checks were carried out before staff started working with people. We looked at staff records and saw there was a safe and robust recruitment process in place. We saw completed application forms which included references to their previous health and social care experience, their qualifications, their employment history and explanations for any breaks in employment. Each record had two employment references, where there had been a delay in references being returned, we saw evidence of this being pursued by office staff. Records had health declarations and in-date Disclosure and Barring Service certificates [DBS]. Staff told they were not allowed to work until their DBS had come through. These meant staff were considered safe to work with people who used the service. Personnel files contained a photograph of the care worker. We also saw records of people's right to work and where necessary, confirmation of this being clarified with the UK border agency.

The project manager told us that all medicines for those who used the service were in blister packs and "staff only prompt with medicines". If there is a need to administer, this was carried out by the district nurses. If people refused to take their medication this was recorded and reported to the office. Staff completed Medicine Administration Records (MAR) for each person using the service which was kept in their home. There were no unexplained gaps on MARs for the four week cycle we looked at. There were also medication risk assessments in place for people who required support with medicine administration



# Is the service effective?

## Our findings

People told us that the care workers went over and above their duties to make sure people were well looked after. Comments included "they know what they're doing!" "[Staff's name] is well-trained. She knows what she's doing." And "They've done wonders for me this year, they've taken away all my anxieties."

People were supported by staff who had the knowledge and skills required to meet their needs. The service had all mandatory training in a classroom setting. A healthcare professional told us that the staff "were very well trained" We saw evidence of training on people's staff records. Most staff had also attained a recognised qualification in care. The project manager told us that providing good training was important in motivating and supporting staff. A care worker told us "We have a lot of training, lots and lots."

The training matrix evidenced that most staff were up to date on their mandatory training, including safeguarding adults, Mental Capacity Act 2005, moving and handling, nutrition, dementia awareness, infection control and first aid. Staff told us they received training regularly; a care worker told us "I have had training in everything important including medicines, mental capacity, first aid, fire safety, health and safety and safeguarding."

The service provided induction of all new staff and all staff were required to complete an induction programme which was in line with the Common Induction Standards (CIS) published by Skills for Care. The project manager was aware that the CIS has been replaced by the Care Certificate Standards for all newly recruited staff. The project manager also told us that new staff shadowed another care worker before working alone; care staff confirmed they shadowed a more experienced member of staff before working alone. One told us, "I had to shadow for at least a week after which my manager asked me if I felt that was long enough."

Care staff received regular supervision and appraisal from their line manager. Staff told us these processes gave them an opportunity to discuss any difficulties they might have with their clients, or their performance and identify any further training they required. Care workers placed a high value on their supervision; one told us "you get to speak about any problems, but you don't have to wait until supervision. Our manager is always available."

A healthcare professional told us "I'd give them a ten out of ten for their supervision and staff training."

Staff told us they were well supported by the managers of the service and there was an out of hours on call system in operation that ensured that management support and advice was always available when they needed it.

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 manager explained the service did not currently work with any person who lacked capacity and subsequently placed themselves at risk. However staff understood the principals of the Mental Capacity Act 2005 (MCA) and the importance of gaining consent from people for them to provide care and support. Staff told us that the MCA was discussed as part of their induction and that additional training had been provided. We saw an example of one person who was refusing dental treatment where discussions had taken place with the social worker in relation to their mental capacity.

Staff were matched to the people they supported according to the needs of the person, ensuring communication needs and any cultural or religious needs were met. For example, people whose first language was not English received support where possible from staff that was able to speak and understand the person's language.

Care staff told us they supported people at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by family members and staff was required to reheat and ensure meals were accessible to people who used the service. Staff were clear about the importance of adequate fluids and nutrition. Staff confirmed that before they left their visit they ensured people were comfortable and had easy access to food and drink as appropriate.

People had access to appropriate health and social care professionals, including occupational therapist, district nurse, physiotherapist, GP and psychiatrist. Their health care needs were clearly identified on their care plans which were regularly reviewed. We saw that staff accompanied people to their healthcare appointments when required.

## Is the service caring?

### Our findings

People who used the service were very positive about the attitude and approach of the staff who visited them. Comments included, "We talk to each other as friends rather than as carer and service user." "I'm very pleased with [Staff's name]. She's very friendly and approachable...she goes the extra mile to help me." and "The staff are all very kind and considerate."

A healthcare professional described the staff as "exceptional, they really do care about their clients" and "nothing is too much for them to do."

Everyone we spoke with said they thought they were treated with respect and had their dignity maintained.

Staff were very clear that treating people well was a fundamental expectation of the service. One member of staff who we spoke with said that treating people with respect and maintaining their dignity was "the most important thing." Another said "I ask them when I go in. What can I do for you today? They tell me what help they want."

The project manager told us that they used a permanent rota and used the same group of staff for people. They told us that people using the service had had the same group of care workers. The project manager told us that new and back up care staff were always introduced to people before they started working with them. People who used the service confirmed that they had their care needs met by a small group of staff and that they always knew who was going to be visiting them. Staff told us that they usually had a consistent round so they were supporting the same people.

Staff were motivated and proud of the service. They understood the importance of building positive relationships with people who used the service and spoke about how they appreciated having time to get to know people and understand the things that were important to them. They also told us that they promoted people's independence as much as possible.

Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls. One staff member told us how she had requested that other family members leave the room when they were carrying out personal care.

People using the service told us they had been involved in the care planning process and had a copy of their care plan in their home.

# Is the service responsive?

## Our findings

We found that people who used the service received care that met their needs, choices and preferences. Staff understood the support that people needed and were given time to provide it in a safe, effective and dignified way.

The care and support people received was responsive to people's needs. Care records contained a comprehensive pre-admission assessment, which the project manager told us formed the basis of the person's care plan. The plans contained information about the person's likes, dislikes and people important to them and were signed by the person. Each file also contained "a summary of care". The project manager told us that this provided a summary of all the information that care staff needed to know about the person they were visiting.

Care workers told us "I go according to the care plan," and "the care plan is helpful, for one person communication is not so good they can't tell me if their family is not there so I know what to do by going by their care plan."

We found that care plans were detailed; person centred and provided good information for staff to follow. They included information and guidance to staff about how people's care and support needs should be met. They were retained safely and kept in individual care files. People's care records included the contact details of their GP and other health care professionals so staff could contact them if they had concerns about a person's health.

We saw that people who used the service had signed forms to consent to staff supporting them with their medicines or money management

When people's needs changed this was quickly identified and prompt, appropriate action was taken to ensure people's wellbeing was protected. We saw examples of this during this inspection. We tracked the care of one person who was having difficulty managing his finances where measures were put in place to assist them with budget planning. We also saw examples where the service had provided extra hours for people following changes in needs, pending authorisation from the local authority

Discussions with the project manager and staff showed they had good awareness of people's individual needs and circumstances, and that they knew how to provide appropriate care in response. Their feedback and records demonstrated the regular involvement of community health professionals where needed.

Records and feedback indicated that people usually received the same staff member, the project manager told us "We try to minimise the number of carers to provide continuity." They told us the rota only changed during periods of sickness or annual leave.

We saw there was good recording in the care worker's contact notes. This included a note of what the person ate and drank, and what their general mood and presentation was like during the visit.

We found that the service responded positively to people's views about their own care package, or the service as a whole. One staff member described how following a care review with one person, changes were made immediately to the person's care plan. People who used the service were able to contact the office staff at any time.

We found that feedback was encouraged and people we spoke with described the managers as "open and transparent". Some people confirmed that they were asked what they thought about their service and were asked to express their opinions.

The service had a complaints policy and we were told that this information was contained within people's care plans. We read a copy of the policy, which explained how to make a complaint and to whom and included contact details of the social services department, the Care Quality Commission and the Local Government Ombudsman. People who used the service and their relatives told us they knew how to make a complaint if needed. There had been no complaints made in the last 12 months.

## Is the service well-led?

### Our findings

There was a registered manager at the agency, but she was not available on the day of our inspection, we spoke to the project manager. They told us "we want to provide a service that is safe and of good quality and "we are not just here for the money."

It was clear from the feedback we received from people who used the service, their relatives and staff, that managers of this service had developed a positive culture based on strong values. We saw that the values of the organisation, which managers reported as being central to the service, such as compassion, respect and caring, were put into practice on a day-to-day basis. Managers spoke of the importance of motivating and supporting staff to promote these values, through training, supervision and strong leadership.

A healthcare professional told us that they felt the service provided was "excellent" and that they felt Care4u was the "best service provider in Haringey."

Our discussions with staff found they were highly motivated and proud of the service. A staff member told us, "it's a very friendly group of staff."

We noted that most of the care staff had worked with the agency since it opened. One staff member told us, "For all the agencies I have worked for in Haringey, this is the best" Another told us "I have been here 5 years so that shows it is good for me."

Staff were very complimentary about the management team and comments included, "They're really supportive" , "very good company" , "they are really amazing"

Care staff told us they received regular support and advice from their managers via phone calls, and face to face meetings. They felt the registered manager was available if they had any concerns. The project manager told us about a number of initiatives used to retain staff. These included paying staff for attending training and supervision sessions by incorporating time on their rota and providing financial incentives such as a Christmas bonus and loans when required. They told us "we must make sure the carers are happy".

The management team monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. They also undertook monthly unannounced spot checks to review the quality of the service provided. The service user spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed and to see if care was being provided according to the person's wishes. However we saw that there were no spot checks undertaken to observe care workers. We discussed this with the project manager who told us that as the service was so small he could rely on feedback from people. He told us he was in the process of recruiting to a new role of senior carer who would have responsibility of observing care workers and provide additional support when required.

The service also sent out an annual survey to people who use the service. We saw the results from the survey

sent out in December 2015 and saw that the service scored highly, especially in the areas of respect, punctuality and understanding their needs.

The project manager told us that he had also recently introduced a survey for staff to ensure that they were happy with the support and working conditions.

There were robust systems in place to monitor the service which ensured that it was delivered as planned. People told us that they had never had any missed calls and they would always be contacted if a care worker was running late. One person told us "If anything, she's usually a bit early, which is fine. It's rare but if she's running late, they do let me know."

There were regular audits of the care plans done by the registered manager. This ensured that the service was able to identify any shortfalls and put plans in place for improvement. The project manager told us that he kept himself updated with new initiatives and guidance by attending regular 'provider forums' in the local authority and received regular supervision and support from the registered manager.