

C4 Care Ltd

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Inspection report

Unit 14
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15 September 2021
16 September 2021
21 September 2021

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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

About the service

C4 Care Limited is a domiciliary care service providing personal care to 53 people at the time of the inspection.

Not everyone who uses domiciliary care services receives personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People were protected from the risk of abuse and avoidable harm by staff who understood how to recognise and respond to concerns. Risks were well managed. Medicines were managed safely, and staff worked with other healthcare professionals to meet people's needs. The provider had not requested a full working history from all staff. We have made a recommendation about safe recruitment.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's needs were assessed. Care and support had been planned proactively and in partnership with people and their relatives. Relatives were positive about the service. They told us staff were kind and caring.

People were treated with dignity and respect and were involved in their care planning and delivery. People's right to privacy was upheld. The registered manager could provide people with information about local advocacy services, to ensure they could access support to express their views.

People received person-centred care which was responsive to their needs. People's communication needs had been assessed. Relatives knew how to complain, and felt concerns raised would be listened to and acted upon.

The management team were hands on, visible and available for support. They knew people and their relatives well. People and relatives said the registered manager was approachable and felt happy and comfortable talking to them at any time.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection This service was registered with us on 10 September 2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

C4 Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. Inspection activity started on 15 September 2021 and ended on 21 September 2021. We visited the office location on 15 September 2021.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We also requested feedback from Healthwatch Stockport. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people and relatives about their experience of the care provided. We spoke with 19

members of staff including the registered manager, the director, the owner, the branch manager, the trainer, care coordinators and care staff. We reviewed a range of records. This included six people's care records and associated risk assessments. We looked at three staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The provider ensured suitable staffing arrangements were in place to meet the assessed needs of people in a person-centred and timely way.
- The management team provided appropriate out of hours support for staff.
- Staff had been subject to appropriate checks when they were recruited. However, the provider had not always captured a complete work history for staff.

We recommend the provider consider current guidance on obtaining a full working history when recruiting staff and take action to update their practice accordingly.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- The provider managed risk through effective procedures. Care records confirmed a person-centred risk taking culture was in place to ensure people were supported to take risks and promote their own self development.
- The registered manager developed individual risk assessments. Risk was managed and addressed to ensure people were safe. The registered manager kept these under review and updated them where required to ensure staff had access to information to support people safely.
- People were protected from the risk of abuse and their human rights were respected and upheld. Effective safeguarding systems were in place and staff had a good understanding of what to do to make sure people were protected from harm.

Using medicines safely

- People received their medicines when they should. Medicines were managed safely.
- The management team conducted regular audits of medicines to ensure any concerns were identified and addressed.

Learning lessons when things go wrong

- The provider had systems in place to record and review accidents and incidents. There were no recorded accidents or incidents.
- The registered manager assured us accidents and incidents would be investigated and actions put in place to minimise future occurrences. The registered manager told us that lessons learned would be shared with staff to improve the service and reduce the risk of similar incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet

- The management team completed comprehensive assessments to ensure people's needs could be met. Records were consistent. Staff provided support that had been agreed during the assessment process. Relatives confirmed this when we spoke with them.
- The management team regularly reviewed care and support and updated care plans where people's needs had changed. This ensured people received the level of care and support they required.
- People's nutritional needs were included in their care plan.

Staff support: induction, training, skills and experience; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff had completed various training courses specific to the people they supported. The provider had invested in a new induction and training package that was due to be implemented for new staff.
- Staff were competent, knowledgeable and carried out their roles effectively. One staff member told us, "I have had access to relevant training and feel comfortable and confident with carrying out my tasks at work. I also know that any further training or refreshers are available should I feel I need it."
- The management team obtained the necessary detail about people's healthcare needs and had provided guidance to staff regarding what action to take if people became unwell.
- Staff had a good understanding about the current medical and health conditions of people they supported.

Ensuring consent to care and treatment in line with law and guidance The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider ensured that care plans were discussed and agreed with people and relatives. Consent documentation was in place and signed by the person receiving care or their relatives where this was necessary.
- People were not subject to restrictions. The registered manager understood when and how to apply if this was needed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by caring staff. People and relatives told us that staff were attentive. One person said, "My team are very courteous and I have had no problems at all."
- Five out of six people and relatives told us they had a consistent staff team. However, one relative told us that they had raised concerns with the management team about the number of staff that were supporting their loved one. They told us that the management team had been receptive to their feedback and they were confident that their concern would be acted upon.
- Staff had a compassionate approach and talked to us about people in a respectful and kind way. They knew people's communication needs well and were able to communicate effectively with them. A staff member said, "I regularly support the same clients and have built a strong relationship with them." Another staff member said, "I enjoy my job and all ways give 100% to my clients which is a positive reflection on the amazing team I work with."
- Staff had a good understanding of protecting and respecting people's human rights. They told us about the importance of supporting people's different and diverse needs. Care records documented people's preferences and information about their backgrounds.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People told us staff respected their loved one's privacy and dignity and consent was sought before staff carried out any support tasks. People told us they were always treated with respect and felt comfortable in the care of staff supporting them.
- Staff gave examples of how they respected people's privacy and would actively promote their independence. Practice to promote privacy was embedded within care records.
- Staff could provide local advocacy contacts on request. An advocate is an independent person, who will support people in making decisions, in order to ensure these are made in their best interests. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care records were person-centred and individualised documents reflected each person's assessment of needs. Care plans included people's personal care needs including nutritional support, social interests and communication needs. Staff were able to describe people's needs and how these were met.
- The registered manager and staff team ensured support was focused on individual needs, preferences and routines. Relatives told us how people were supported by staff to express their views and wishes. This enabled them to make informed choices and decisions about their care.
- People's end of life wishes could be recorded in care files if they chose to discuss this.

Meeting people's communication needs; Improving care quality in response to complaints or concerns

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and support required was documented.
- The provider could produce information in different formats or languages if required. For example, the complaints procedure could be made available in an easy-read format.
- Staff spoke a range of languages so could communicate effectively with people for whom English was a second language.
- The complaints procedure was shared with people when they started using the service. Relatives were confident any complaints would be listened to and acted upon in an open and transparent way. One relative said, "If I have had to speak to the management team about anything it has been straightened out straight away." A staff member told us, "The management team are always available for queries and any issues I may have."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager demonstrated appropriate knowledge of their regulatory obligations. Risks were clearly identified and escalated where necessary.
- People, relatives and staff spoke positively about how the service was managed. The management team was accessible and had a good understanding of people's needs and backgrounds.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager promoted an open culture and encouraged people to provide their views about how the service was run. People and relative's views were gathered over the telephone and at regular care reviews. The management team had also recently sent out feedback surveys at the time of the inspection and were holding staff meetings regularly.
- People received safe and coordinated care. There was good partnership working with relevant healthcare and social care professionals. This ensured people consistently received the support they needed and expected.
- Staff were invited to contribute to the way the service was run through their supervisions. One staff member told us, "I feel I am a valued member of staff. I have always been treated with respect and consideration by the management team."
- The service had arranged a summer fun day for people, relatives and staff members at the office site. People, relatives and staff told us this had been very enjoyable and an opportunity to make links with other people.

Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider planned and delivered effective, safe and appropriate person-centred care. We saw all current and relevant legislation along with best practice guidelines had been followed. This was to ensure the diverse needs of everyone who used their service were met.
- The service's systems ensured people received person-centred care which met their needs and reflected their preferences.

- The registered manager and provider had some audits in place at the time of the inspection to ensure the quality of service was regularly assessed and monitored. However, systems required further development to ensure effective oversight. After the inspection the registered manager provided a suitable updated quality assurance plan which assured us that this area was being addressed.