

Care for You (UK) Limited

# Care for You (UK) Limited

## 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

We inspected this service on 8 January 2019. The inspection was announced and carried out by two inspectors and an expert by experience.

Care for You (UK) Limited is a domiciliary agency providing 24 hour, live-in-support to people living in their own home. At the time of our inspection 10 people were receiving personal care from the provider.

At our last comprehensive inspection in June 2017 the provider was not meeting all the regulations. We found a breach of Regulation 19, in relation to safe recruitment of staff, and improvement was needed in the key areas of safe and well led. We rated the service 'Requires Improvement' overall.

We asked the provider to complete an action plan to show what they would do and by when to improve the service. At this inspection we found the provider had made the required improvements and was no longer in breach of the regulations. We rated the service as Good.

The service had 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.

People received care which protected them from avoidable harm and abuse. Staff understood people's needs and knew how to protect them from the risk of abuse. Risks to people's safety were identified and assessments were in place to manage risks. People were supported to take prescribed medicines by staff who had received training to assist people safely.

Recruitment checks were completed to ensure new staff were suitable to support people who used the service. Staff received regular training that provided them with the skills and knowledge to support people's needs. There were enough staff to meet the needs of people who used the service.

The managers and staff understood their responsibilities in relation to the Mental Capacity Act 2005. People were involved in making every day decisions and choices about how they wanted to live their lives.

People received support from live-in care staff that they knew well. People said staff were kind, caring, and respected their privacy. People were supported to have sufficient to eat and drink and their health needs were regularly monitored. The support people received helped them to live independently in their own homes.

The service was responsive to people's needs and wishes. People were provided with care and support which was individual to them. Support plans were detailed and personalised. Plans provided guidance for staff about how to support each person in the way they preferred. People's care and support needs were

kept under review and staff responded when people's needs changed.

Staff received good support from the management team who they said were always available to give advice. There were effective and responsive processes for assessing and monitoring the quality of the service. The provider used feedback from people to assist them in making improvements to the service. The management team worked well together and were committed to providing a quality service to people.

## 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.

Staff understood their responsibilities to keep people safe. Staff knew how to manage risks identified with people's care and how to support people safely. The provider checked the suitability of staff before they worked in people's homes. There was sufficient staff to provide the care and support people required. People received their medicines as prescribed.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

People were satisfied with the service they received and with the staff who supported them. Care staff received the support they needed to carry out their roles and felt confident to raise any concerns with the management team. The provider and registered manager had processes to regularly review the service people received and to implement improvements.

# Care for You (UK) 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.

We inspected the service because it was previously rated 'Requires Improvement' and it was time for us to return to check the provider had taken action to improve the service.

This comprehensive inspection was carried out by two inspectors 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 service.

Inspection activity started on 3 December 2018 and ended on 8 January 2019. This included telephoning people to get their views on the care they received. We visited the office on the 8 January 2019 to speak with the registered manager and staff; and to review care records, policies and procedures. The office visit was announced. We told the provider we would be coming so they could arrange to be there and to arrange for care staff to speak with us while we were there.

Prior to the office visit we reviewed the information we held about the service. We looked at the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We reviewed the 'Share your experience' information people who used the service had sent us since the last inspection.

We contacted the local authority commissioners to find out their views of the service provided. Commissioners are people who contract care and support services paid for by the local authority. They had no concerns about the service.

We reviewed information the provider sent us in the Provider Information Return (PIR) during the inspection visit. 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 found the PIR was

an accurate reflection of the service.

We telephoned people who used Care For You (UK) Ltd to ask them their views of the service. We spoke four people and one relative. We used this information to help us make a judgement about the service.

During our office visit on 8 January 2019 we spoke with the registered manager, a director, a senior care staff and three care staff.

We reviewed four people's care records to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated including, safeguarding records, three staff recruitment files, staff training records and the provider's quality assurance audits.

# Is the service safe?

## Our findings

At the last inspection we rated this key question 'Requires Improvement'. This was because staff were not always recruited safely, and improvement was required to manage risks associated with people's care. At this inspection the required improvements had been made and we rated this key question as Good.

At the last inspection we found a breach of the regulations as not all staff had the required recruitment checks completed to ensure they were safe to work with people. At this inspection we found improvements had been made to the recruitment process and the provider was no longer in breach of the regulation.

The provider and registered manager had reviewed and improved the staff recruitment process since our last inspection. We viewed three staff recruitment records, which showed all the required checks had been completed to ensure safe recruitment of staff. Staff confirmed recruitment checks were completed before they started to work with people. One staff member told us, "I had to apply for my DBS and references. I had to wait for two months for them to come back. References took a long time." The Disclosure and Barring Service (DBS) is a national agency that keeps records of criminal convictions and names of people barred from working in care services.

People had an assessment of their care needs completed at the start of the service that identified any potential risks to providing their care. For example, how staff needed to assist people to move around, how to manage catheters and any specific behaviours.

At the last inspection not all of the risk assessments we looked at contained up to date information to support staff to safely manage risks. The registered manager told us following that inspection all risk assessments had been reviewed with the person concerned and updated if needed. At this inspection we reviewed the risk assessments for three people. Improvements had been made and information was up to date.

Plans were in place to provide staff with guidance about how to reduce risks to the care and support people required. Staff told us they had completed training to manage people's risks safely such as moving and handling training, medication and pressure area care. Records completed by staff confirmed they had checked people's skin to make sure it remained healthy, and checked catheters to make sure they were kept clean and working properly.

Guidance was available for staff in people's homes to inform them how to manage specific risks such as epilepsy, percutaneous endoscopic gastroscopy (PEG) care, and certain behaviours. A PEG is a way of introducing nutrition, fluids and medicines directly into the stomach, where the person is unable to swallow or is at risk of choking.

The provider had procedures for keeping staff and people safe. For example, risk assessments were completed on people's environment to identify any risks and staff had a copy of the providers 'Lone Working policy' which included what to do and who to contact in an emergency. Where people had fire risks

identified, for example cigarette smoking, the fire officer had visited people and provided equipment to keep people safe. Such as, additional smoke sensors and fire-retardant blankets.

Staff knew how to keep people safe and protect them from avoidable harm and abuse. All staff had completed safeguarding training to make sure they knew how to recognise signs of abuse. A staff member told us, "We know how to recognise signs of abuse, like becoming withdrawn or showing aggression or just any changes in their behaviour." Staff knew to report any concerns to the management team. A staff member told us, "It is all about keeping clients safe. Any issues with staff I would report it to the company and if they didn't take me seriously I would report them to CQC or social services." The registered manager understood their role and responsibilities in reporting and dealing with safeguarding concerns to make sure people remained safe.

There was sufficient staff to provide the care and support people required. The service provided 'live in' care staff who provided 24-hour care to people. One person told us, "My carer's live with me, they are all very good and I'm more than satisfied." The registered manager said, "Where possible we provide two main care workers and a back-up for each person. However, some people will only have certain members of staff and we try to accommodate this."

The provider had an 'on call' telephone service to manage out of hours' concerns or emergency situations. Staff told us the managers were available at any time if they had any worries or concerns.

We looked at how medicines were managed by the service. Records showed medication information was recorded in people's care plans. This included a record of the person's prescribed medicines, their use and any known side effects. People we spoke with told us they received their medicines as prescribed and no one had any concerns about how their medicines were managed.

Staff had received training to administer medicines safely and had been assessed as competent to support people with their medicines. One staff member told us, "I have medication training online. I had it last year. My competency gets checked, the last time was last week. They look at how I handle the medication and how I administer it."

One person required their medicines to be administered through a PEG tube. Instructions were available for staff about how to manage the PEG and for maintaining and checking the tube regularly. Care staff supporting this person had received training so they knew how to administer medicines through the tube safely.

Staff signed a medicine administration record (MAR) and recorded in people's records that medicines had been given to confirm this. MAR's were returned to the office every month for auditing. This was to ensure they were completed accurately and any discrepancies identified in a timely way.

Staff received training so they understood their responsibilities in relation to infection control and hygiene. Staff were provided with a supply of disposable gloves and aprons to use in people's homes to help stop the risk of spreading infections.

The provider had a procedure to record accidents and incidents that occurred. Accident and incident reports were reviewed to identify any patterns or trends, so appropriate action could be taken to reduce the likelihood of them happening again.



# Is the service effective?

## Our findings

At our last inspection, 'effective' was rated as 'Good'. At this inspection people continued to receive effective care and support. The rating continues to be Good.

People received effective care because their care and support needs were assessed to make sure their needs were met. Staff received regular training which supported them to meet people's needs and carry out their roles effectively. A staff member told us, "I feel we get the standard of training we require to look after the people in our care." Another said they received regular training, but most was, "quite basic" as it was e-learning which they completed on the computer.

Records confirmed staff completed training in areas the provider considered essential. This included moving and handling people, safeguarding adults and medication training. Staff also completed specific training to meet people's individual needs such as, epilepsy, and catheter care. Staff were supported by the provider to complete further professional training such as a national vocational qualification in social care. The managers told us training was discussed with staff in individual meetings to check their understanding and learning.

New staff completed an induction before they worked with people. A director told us, and records confirmed, the induction training covered all the areas recommended in the 'Care Certificate'. The Care Certificate sets the standard for the key skills, knowledge, values and behaviours expected from staff working within a care environment. However, the director told us, they did not follow all the principles of the certificate such as competency checks for each element of the training staff had completed. This was because they had found this difficult to implement. They had contacted social care training organisations such as 'Skills for Care' to provide guidance about this. The managers told us they observed staff practice during visits to people to make sure staff worked in line with their policies and training. They also asked people for feedback about staff competencies during visits and review meetings.

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 checked whether the provider was working within the principles of the MCA. The registered manager understood their responsibilities under the Act and knew to contact the local authority if they had concerns about a person's capacity. They told us everyone using the service could make daily decisions for themselves, or with the support from staff. People's consent to care continued to be sought and people's rights with regards to consent and making their own decisions was respected by staff. One staff member said, "I ask [name] what would you like' and give them three options. They will tell me verbally. It is important for them to make their own choices. It's not what I want, but what [name] wants." The registered manager told us about one person who had agreed for staff to monitor and restrict their cigarette smoking.

This had been clearly recorded and signed by the person in their care records.

We looked at how people's nutritional needs were managed. Most people required support from staff to plan, prepare or cook meals. One person did their own shopping 'on-line' and said staff offered them choices of the food available. Another person told us, "I can't cook due to my health, but I help with the preparation." Where staff had concerns about people's nutrition they monitored the person's food and fluid intake to ensure they had sufficient amounts to eat and drink. They also reported any concerns to the managers so referrals could be made to other health professionals for support and advice.

Some people were at risk of choking and required their food and fluids prepared in a specific way. For example, pureed, or administered through a PEG. Staff knew how to prepare special diets and how to ensure people received enough nutrition and fluids through the PEG to maintain good health.

Where required staff supported people to make and attend health appointments. Care staff completed training to support people's health conditions, such as epilepsy. Staff monitored people's health conditions and referred people to medical professionals for advice when needed. One staff member told us, "Because we work with people all of the time we really know people. If [person] is not their usual self or something has changed, we can pick it up quickly...We will always call their family to keep them informed."

## Is the service caring?

### Our findings

At the last inspection we rated 'caring' as Good. At this inspection we found staff were as considerate and caring as at the last inspection and the rating continues to be Good.

We asked people if their privacy was maintained and they were treated with respect. People told us they were. For example, "No problems with that area at all." Discussions with staff confirmed people were treated well. Comments from staff included, "I always treat people how I like to be treated. I close the curtains and cover [name] with a towel. I always do that. It is important so [name] feels respected." Another said, "You have to treat people the way that you want to be treated. Don't override them it is an equal relationship. Don't be controlling, and work together."

People told us they were supported to maintain their independence and do as much for themselves as possible. One person said, "Yes I am, (supported to be independent) by the carers and how they help me." Staff described how they encouraged people to do things for themselves. One said, "You have to promote their independence. You make sure you show them how to do it first and then encourage them to do it. Like the washing up, we work together, as one washes the other dries."

Because staff provided 24-hour support to people they knew them very well. Some people had used the service since it started 20 years ago, and the same care workers had provided their care for many years. During our discussions with managers and care staff, they regularly referred to people who used the service as 'like family'. We asked people if they thought staff were kind and caring. They confirmed they were.

The registered manager and provider demonstrated through discussions they cared about the people they supported and the staff that worked for them. For example, the registered manager told us they had visited people who had no family on Christmas day and had taken them a present. They had also sent Christmas cards and presents to all care staff and said they sent birthday cards to people. The provider had held a party to celebrate 20 years of the service operating in September 2018 and had invited people and staff. They had also held a Christmas 'get together' at the office and had invited people to attend.

Both managers and staff told us the provider had provided additional staff, at their own cost, if people were in a distressed or anxious state and required additional support. A director said, "It is a family company, and the safety of our clients and staff come first, before money."

People told us and records confirmed people were involved in the planning of their care and in making day to day decisions. A staff member told us about one person they supported, "[Person's name] makes changes on their own care plan and we will amend it and send it back at the office."

No one using the service at the time of our inspection had cultural or religious needs. However, staff understood people's diverse needs and treated people as individuals. One staff member told us, "I really enjoy my work. ... I have worked with lots of different people. They are all very different and have different needs."

## Is the service responsive?

### Our findings

At our last inspection we rated this key question as 'Good'. At this inspection we found the service continued to be responsive to people's needs. The rating continues to be Good.

All the people who used the service required live-in support to remain in their own home. One person told us, "The carer lives with me 24/7. It's one main carer for a four-week block then they have a week off, it works for me." A member of staff told us, "Mostly I work two weeks on and one week off. I am very happy with that."

People received personalised care and support based on what they needed and in the way they liked. We asked people if they were happy with the care provided, they told us they were. A relative told us, "We, as a family are very happy with the care [name] gets. They are very good carers and they know him really well, having worked with him for so long. They are lovely people and I would recommend the service based on our experience. We have no worries or concerns at all."

People who used the service had complex care and support needs. For example, a staff member told us, "I support [name] who is bipolar, so some days they are great and other days are not so great." They went on to tell us about situations where the person had made unwise decisions and had put themselves and staff at risk. The staff member told us, "Anything I feel I can't manage I ring the office and they always come out. Anything serious I call the police. Like if [name] is in the middle of the road and puts themselves at risk." Another told us, "I usually support [name] who has a learning disability, epilepsy and mobility issues. I have been working with [name] for six years and really got to know them. It is not like work when you are with [name] it is like family."

Due to the nature of the 24-hour service managers and staff knew people extremely well. The registered manager told us, "We are like one big family, but with boundaries."

Following a discussion with a member of care staff, and after reviewing the care records for the person they supported, we identified a situation, where professional boundaries may not have always been upheld. We discussed this with the registered manager who was not fully aware of the situation. They told us they would investigate further and let us (CQC) know the outcome.

We reviewed the care plans for four people. All contained an assessment of people's needs and a care plan that included how any identified risks were to be managed. Care plans were focused on the person and included, their choices, likes and preferences. Plans provided guidance for staff about how people liked their care provided and everything they needed to know regarding managing health conditions such as epilepsy, or specific behaviours. We found one person's behaviour guidelines could have been more detailed to include, tips for staff on how to defuse situations before their behaviours escalated. The registered manager said they would revise the guidelines to include this information.

Staff told us care plans supported them to carry out their role. One staff member said, "I think the care plans

are good. They give me enough information to be able to support the person. If I notice any changes or if there is a change in medication I tell the office and [registered manager] will change the care plans." Plans showed people were involved in planning their care, had read their care plan and signed them to agree for the care to be provided.

Staff supported people to live their lives as they chose and to participate in social outings. For example to visit family, go to the cinema and on holiday.

The management team made daily phone calls to people and staff to make sure everything was going well. The registered manager visited people regularly to discuss their service and make sure it was still meeting their needs.

Some people supported by the service had limited verbal communication. Staff understood people's individual communication methods and how to facilitate people's communication so they could express their needs and wishes. For example, one person used an electronic communication system linked to their computer, which enabled them to communicate independently with other people. Another person used 'thumbs up and thumbs down' to communicate yes and no, which enabled them to make decisions and retain control of their care and lives.

We looked at how complaints were managed by the provider. People knew how to make a complaint. They told us they had no cause to complain and felt confident any concerns raised would be addressed. The registered manager told us there had been no formal complaints about the service since our last inspection. Minor concerns were dealt with as they arose, before they became complaints.

## Is the service well-led?

### Our findings

At the last inspection we rated 'well led' as Requires Improvement. This was because the provider's quality assurance processes were not always effective in highlighting shortfalls and identifying where improvement was needed.

At this inspection we found the improvements required had been made and rated this key question as Good. For example, the provider had made changes to their recruitment procedure and shortfalls we had identified in reviewing and updating risk assessments had been improved.

The service had 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.'

The registered manager understood their responsibilities and the requirements of their registration. For example, they understood what notifications they needed to submit and had completed their Provider Information Return when requested. The latest inspection ratings were displayed in the office and on the provider's website as required.

There was a clear management structure to support people and staff. The management team consisted of two directors, and the registered manager. The provider had recently appointed a senior care worker, whose role would include staff spot checks and supervisions, and they were in the process of appointing a training advisor to assist with staff training.

Members of the management team told us they worked well together and supported each other. For example, the registered manager explained, the support they received from the owner and directors was 'absolutely brilliant; and that Care For You (UK) was, "The best company I have ever worked for."

We asked people if they thought the service was well managed and if they were happy with the service they received. People told us, "Yes, it is, (well managed). The manager is very good and I can contact them any time." Another told us, "Yes I am, (happy with the service). I would definitely recommend it because of the quality of the care."

People were asked for their opinion of the service through, daily phone calls from the office staff and satisfaction questionnaires. Feedback from the last questionnaire sent to people in October 2018, had been collated and analysed by the provider. Comments from people indicated they were very happy with the service they received.

Staff we spoke with enjoyed working for the service and felt supported to carry out their role. Comments from staff included, "You really get the support. I support a complex character and they are always there if I need them." Another told us, "My line manager is [director]. He is good, jolly, and approachable. I can call

him anytime and he always comes. [Registered manager] is also very good. I have faith in them to support me."

The registered manager and directors held weekly meetings to discuss any issues, and had introduced monthly management meetings via SKYPE. All the management team worked in the same office and regularly held informal meetings and discussions to resolve issues as they arose. The registered manager had introduced a newsletter for staff and people who used the service to keep them informed of any business or policy changes.

Staff had regular supervision (individual) meetings to make sure they understood their role. Comments from staff included, "I have supervisions every three months. They are useful. We can talk about any concerns that we have."

There was an 'on call' system for staff working out of office hours so they always had access to support and advice. One staff member told us, "Management are very supportive. If you have any problem you can talk to them freely. There is always someone on call and they always answer and are there for you, even late at night or weekends."

At the last inspection, records returned to the office, such as medication records and daily recordings had not been audited in a timely manner. This meant the provider could not be sure where there were gaps in medication records people had received their medicines as prescribed. Since the last inspection the registered manager had reviewed and strengthened the medication checking procedure and records we viewed had been audited in a timely manner.

The management team made regular checks of the quality of the service. This included telephone calls and visits to people to discuss their care and checking records from people's homes when they were returned to the office. The managers and the provider completed a range of other checks and audits to make sure they continued to learn and make improvements to the service. For example, the provider randomly checked care files and staff files to make sure the required information was available and up to date. The management team had an improvement plan which was used to constantly review and improve the service.

The registered manager told us they worked well with other professionals including the community enteral feeding team, Occupational Therapists, GPs, duty social work team, commissioners and social workers.