Mr Amroz Khan

Care 4 U

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 14 October 2016 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because we wanted to make sure staff would be available to answer any questions we had or provide information that we needed. We also wanted the provider to ask people who used the service if we could contact them. At our last inspection in May 2014, we found that the service was fully compliant in the areas we inspected.

The service is registered to provide personal care and support to people in their own homes. At the time of the inspection the service was providing support and personal care to 69 people in their own homes.

As there is an individual provider for this service, there is no need for a registered manager. It is the responsibility of the individual provider to demonstrate the competency required to carry on the regulated activity and to manage it where there is no 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 day to day running of the service was carried out by the care co-ordinator.

People felt safe when staff entered their home and were confident that staff knew how to support them. Staff were aware of how to keep people safe and were aware of the risks to people.

People usually received their care on time and told us if staff were running late they were notified of this.

Recruitment processes were in place in order to reduce the risk of suitable people being employed by the service.

Staff were provided with the training and information required in order to support people to take their medicines safely.

Staff understood the importance of obtaining people's consent prior to supporting them but not all had received training in the Mental Capacity Act (2005).

People were supported by staff who felt well trained and supported in their role.

Staff were aware of people's dietary requirements and support was provided for those people who required it. Staff were aware of people's healthcare needs and supported people to access healthcare services where necessary.

People spoke positively about the staff who supported them and described them as kind and caring. Staff supported people in a way that maintained their privacy and dignity and encouraged them to maintain their independence. People were involved in the planning of their care and were supported to make their own decisions.

People's care records provided staff with the information they needed regarded people's likes, dislikes, preferences and personal history. Staff were aware of what was important to people and how they liked to be supported. Efforts were made to accommodate any changes in people's packages of care and to provide flexible support.

There was a complaints process in place and people were confident that if they did raise any concerns, that they would be dealt with appropriately.

People and staff spoke positively about the service and considered it to be well led. Staff were encouraged to raise any concerns they may have and felt supported in their role.

The provider was not aware of their responsibilities with regard to notifying the commission of events they are required to by law. Audits took place but had failed to identify that risk assessments were not updated in a timely manner.

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 supported by staff who were aware of their responsibilities with regard to reporting abuse. Staff were aware of the risks to people on a daily basis but risk assessments were not always updated in a timely manner. Staff were trained to support people with their medication.

Is the service effective?

Good

The service was effective.

People were supported by staff who felt well trained in their role. People were supported by staff who obtained consent prior to supporting them but lacked knowledge of the Mental Capacity Act 2005. People were supported to have sufficient to eat and drink and access healthcare services.

Is the service caring?

Good

The service was caring.

People described the staff who supported them as kind and caring and treated them with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People were involved in the planning of their care and were supported by staff who were aware of how they liked to be supported and what was important to them. People were confident that if they raised a complaint, it would be dealt with satisfactorily.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People considered the service to be well led and staff felt supported in their role. The provider was not aware of their responsibilities with regard to informing CQC of events that they are required to inform us by law. Audits did not highlight the concerns that were raised during the inspection with regard to risk assessments.

Care 4 U

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 14 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector.

The provider completed a Provider Information Return (PIR). This 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.

We reviewed information we held about the provider, in particular, any notifications about accidents, incidents, safeguarding matters or deaths. We asked the local authority for their views about the service provided. We used the information that we had gathered to plan what areas we were going to focus on during our inspection. We spoke with six people who used the service and six relatives on the telephone. We spoke with the provider, the general manager, the care co-ordinator, a senior care staff and three care staff and the administrator.

We reviewed a range of documents and records including the care records of four people using the service, medication administration records, two staff files, staff induction records, accident and incident records, complaints and quality audits.

Good

Is the service safe?

Our findings

People told us they felt safe in their own home when supported by staff from the service. One person told us, "Yes I feel safe and they use the key code and it works ok" and another person said, "I've got to know them very well and I look forward to them coming". Relatives spoken with told us they considered their loved one to be safe when supported by care staff. One relative told us, "I think [person] is safe, I think they are quite good".

People told us that staff knew how to support them safely and were aware of the risks to them on a daily basis. One person told us, "Yes they [care staff] are very good, I can't say enough of them really, I'd recommend them to anyone". We saw that people were involved in risk assessments of their care. A relative told us, "They [staff] are aware of the risks and they know what to do". Staff were able to describe the risks to people they supported on a daily basis and how they would manage those risks. However, we noted that some risk assessments were inconsistent in their content, or had not been updated with the latest information. We discussed this with the care co-ordinator who agreed to look into this immediately and provide staff with the updated information to ensure consistency of care.

People were supported by staff who were aware of their responsibilities when it came to safeguarding people from abuse. Staff had received training in how to safeguard people from abuse and were able to describe to us the signs they would look out for that may indicate a person was at risk of abuse. One member of staff described a particular incident which prompted them to raise a safeguarding concern. They told us, "I told [care co-ordinator's name] and it was followed up; if she wasn't there, I would contact [staff name] or [provider's name]. There's always someone available to contact". We saw evidence of a safeguarding being raised to the local authority but the provider had failed to notify CQC regarding this, as is required by law.

Where accidents and incidents had taken place, staff were aware of their responsibilities regarding acting on them. For example, a member of staff told us they had attended a call and discovered the person had fallen the night before. They told us, "I said to [person], you need to see a doctor and I called 999. She's now in hospital". However there was no formal system in place with regard to the recording of these events and the provider was not aware of their responsibility to notify CQC of this. The correct notification form was sent into CQC following the inspection. We saw that there was an accident book in place which had been completed in respect of staff accidents. We were told there had been no other accidents or incidents that had taken place in respect of people who used the service, however, the care co-ordinator agreed to look over records to see if any events had taken place that CQC needed to be made aware of.

People told us they had not experienced any missed calls. We saw that there were systems in place to ensure cover was available if staff were off sick. A member of staff said, "I think there is enough staff, if someone is off sick, they have someone to cover". Everyone spoken with told us they had experienced late calls, but they were generally given notice if staff were running late. One person told us, "There was a time when one lady was late and time lapsed a little, but they generally let me know when that happens. It hardly ever happens". Another person told us, "If they are running later they will ring us, it's the exception rather

than the rule". A member of staff told us, "If we are running late we ring [staff name] and she'll contact people". Staff told us the considered travel time between calls was sufficient and that the care co-ordinator worked to ensure calls were close together. One member of staff said, "I had three calls in one building, I think we get enough travel time, its how they plan it".

Staff told us that prior to commencing in post, the appropriate checks were made, including references and DBS [Disclosure and Barring Service]. The DBS check would show if a prospective member of staff had a criminal record or had been barred from working with adults. We looked at two staff files and found that for one person, there was only one reference in place which had been sent via email and printed off. There were no signatures on the form and no copy of the email it was attached to, to evidence where the reference had come from. We spoke with the administrator who agreed this would be rectified immediately. We also discussed this with the care co-ordinator who advised that staff were closely monitored during their induction to ensure they were suitable for the role they had been employed for. She told us, "You generally know if someone is going to be suitable and we get feedback from the other carers as well".

For those people who were supported with their medication, they told us it was done safely and correctly. One person told us, "I'm very good at sorting my medication out myself, but they always ask if I've taken it". A relative told us, "[Relative] needs their medication bang on time and they always make sure they do this". Staff had received training in how to support people with their medication and were aware of their responsibilities with regard to supporting people, documenting on MAR [Medication Administration Record] sheets and what to do if someone had refused to take their medication. A member of staff told us, "I don't move away until I've made sure the person has taken their medication; they can refuse to of course, and then we'd ring the office and let them know".

Good

Is the service effective?

Our findings

One person told us, "I think the staff are trained properly, I've told them they are like nurses, they are all very good, I can't say anything wrong about them". A relative told us, "The regulars, they know what to do, if they are new I have to tell them. It works out ok after a while though".

People were supported by staff who considered themselves to be well trained and supported. One member of staff told us, "We get updates every year in training and additional training, like dementia". Training took place in a classroom setting and staff told us they preferred this as it enabled them to discuss their learning. A member of staff said, "We go in the church to do the training, I enjoy the practical side, it's easier to learn if it's hands on and you get the feel of things". Staff told us they benefitted from an induction that prepared them for their role, which included a number of opportunities to shadow more experience staff. One member of staff told us, "After shadowing I asked the carers how I was doing. I like the job and am very comfortable working as the shadowing taught me very well". The care co-ordinator told us she carried out regular spot checks on staff practice to ensure staff were supporting people safely and effectively. Staff spoken with confirmed this, one member of staff told us, "They just turn up".

Formal staff supervision took place annually, a member of staff told us, "If you have any concerns in between, they [management] are approachable and you can come in and discuss it". Staff told us they visited the office on a weekly basis to collect their rotas and were given ample opportunity to raise any concerns they may have. They told us communication was good between themselves and management and that they were kept informed of any changes. A member of staff said, "When you come in the office they [management] give you everything, you know and understand what is expected of you" and another said, "Communication is very good, any changes or anything they ring us straight away".

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 told us that prior to being supported by staff, they obtained their consent. One person told us, "They always ask me before they do anything" and another said, "They always ask permission [before supporting]". Staff were also able to provide us with examples of how they obtained people's consent before supporting them. We saw that two staff had received some training with regard to the Mental Capacity Act 2005 during their induction. However, staff spoken with told us they had not received training in this subject and were not aware of their responsibilities regarding this. We raised this with the care co-ordinator, who confirmed this training had not taken place. On speaking to people we found that despite staffs lack of knowledge in this area, there was no impact on them. The care co-ordinator advised us that she would look into this immediately and arrange training for care staff on this subject.

For those people who required support at mealtimes, it was provided. One person told us, "They [care staff]

prepare my meals and cook me a lunch. I have a lot of food bought in and they ask me what I want" and another person said, "They ask me what I would like to eat and they prepare it". Staff spoken with were aware of people's dietary requirements and their likes and dislikes. A member of staff told us, "I always make sure people don't have the same food every day. I always make sure [person's name] has fish and chips on a Friday – that's what they like".

People told us staff were aware of their healthcare needs and were confident that if they were unwell, staff would contact the doctor on their behalf. One person told us, "If I needed to see the doctor I know they would ring them for me". Staff displayed a knowledge of people's healthcare needs. For example, care staff were able to describe to us the signs they would look out for if a person was at risk of falling ill due to their diabetes. One person told us, "I can always tell if [person's name] sugar is low, by the way she behaves, and would give her a glass of Ribena which helps". We saw for one person, care staff noted a change in their behaviour which prompted them to make arrangements for them to see their GP who prescribed antibiotics for an infection. We also noted that for another person, the serviced liaised with the occupational therapy services to obtain equipment to provide the person with some independence.

Good

Is the service caring?

Our findings

People told us they were supported by staff who were kind and caring. One person told us, "They [care staff] are nice people, we're very used to each other and they generally call me by my name which is friendly" and another person said, "Staff are lovely, very lovely, I'd be very sorry if I didn't have them come in, they are like little friends, like family" and a relative told us, "They [care staff] are respectful, they are kind to [person] and take their time with him".

Staff spoke warmly of the people they supported and described them in detail, what was important to them and how they like to be supported. We spoke to staff in a group setting and it was clear that they shared information about the people they supported and how best to support them. One member of staff told us, "[Person] likes to tell me about his past life, I write it up in the log book so that other staff get to know" and another member of staff said, "I always help [person] at mealtimes, he is very slow and takes his time but I have a good relationship with him and he'll let me help him".

People told us they were generally supported by the same group of staff, but there were instances were new staff were being introduced and people had to get used to them. One person told us, "We have had some new carers but they send the old carers at the same time so that they can see what they need to do.

We saw that people were supported by staff who treated them with dignity and respect. A relative told us, "They [care staff] are kind, caring and respectful and they asked [relative] if they wanted a male or female carer". Staff were able to describe to us how they maintained people's privacy and dignity whilst providing personal care, for example, by shutting curtains and ensuring people were covered with a towel. A relative told us, "They make [person] feel comfortable. What they have to do, it can be embarrassing and they reassure and tell him they make [person] feel comfortable". Staff were also aware of the importance of helping people maintain some independence when supporting them and provided us with several examples. One member of staff said, "I give the flannel to [person] and say, 'if you can't reach I'll help'". The care co-ordinator told us, "Our focus is to enable people to stay at home. Choice is important and so is encouragement and support".

People told us that they were supported by staff who knew how to provide their care, the way they wanted it. They told us they felt listened to and were supported to make their own decisions with regard to their care. A relative told us, "They care for [person] how he likes to be cared for. As soon as they come in he has a big smile on his face, he really likes them".

The provider told us in their PIR that they would like to introduce a minibus service to gather people together, who may be socially isolated and take them out in a group for afternoon tea. We saw that this had been offered to people as a service, but had not been taken up.

The care co-ordinator told us, "We have accessed advocacy services in the past for people, particularly for financial services. If we thought people were quite vulnerable we would go to their social worker in the first instance". We saw that for one person, the service had identified that they were isolated, the care co-

ordinator told us, "We got in touch with [person's name] social worker and raised our concerns and arrangements have now been made for her to attend a day centre".

Good

Is the service responsive?

Our findings

People told us that prior to their care package commencing, they were visited by a member of staff and asked how they wished to be supported. One person told us, "A lady came in and sat down with me and wrote it down for me" and a relative said, "[Staff name] came out and went over everything with me. They know what to do when they come in and they are very helpful". The general manager told us, "We build up a story of each person we support, we look at a person's psychology and will put the right person in to bring out the best in people". Relatives told us the service was responsive to the needs of them and their loved ones. One relative told us, "If I have to make any changes in times, like when I needed to go the hospital, I've rang them and they have been able to accommodate me" and another said, "I'd be lost without them". This meant that the service could be flexible when providing packages of care and responding to peoples changes in needs.

People told us that they received their care the way they wanted it and that staff listened to them. One person told us, "They [care staff] know how to support me, my carer is a good guy" and a relative commented, "Quite a lot of them [care staff] know how to look after [relative] properly". The care co-ordinator explained how she worked to ensure people had the same carers where possible, she told us, "I agree with consistency and having the same carers for calls. We try and match people with staff".

We saw that reviews of people's care took place annually, or sooner if there were any changes in their care needs. A member of staff told us, "If we think people need a review or if you have concerns you can speak to the office and they will arrange it". People confirmed they had been involved in reviews of their care, and that the care co-ordinator and other staff were constantly in touch with them to check that things were ok. One relative told us, "I think because I'm on such good terms with [care co-ordinator], she knows I would tell her [of any changes]. They ring and get feedback on the service and they check if everything is ok, even if mom says it is, they will double check with me. [Care co-ordinator] is a really good sorter. I can't knock her for that".

One person told us, "They [care staff] ask how I want care given". We saw that people were offered a choice of having male or female carers and staff were aware of how important having these choices were to people. Staff were able to provide us with a number of examples where people preferred male or female carers or where they followed a particular routine due to their religious beliefs.

Staff spoken with were able to demonstrate a detailed knowledge of the people they cared for, how they supported them and what was important to them in terms of their care delivery. Staff told us the details available to them in people's care plans provided them with the information they needed to get to know people. As part of people's care plan, there was a 'pen picture' which provided staff with information to enable them to strike up a conversation with people.
Staff told us they built up their relationships with people gradually and shared this additional information with colleagues.

We asked people if they were aware of the complaints procedure and if they had ever had to complain. One

person told us, "I have made a complaint, a little while ago and they dealt with it properly". Others told us they had never had to complain but knew the process to follow. One person told us, "If there was anything wrong I would go and see them. I've never had to raise a complaint" and "I've no complaints, if I needed to I would ring the manager". A member of staff told us, "The best way to deal with anything is to ring the office immediately, if you are doing something wrong you need to know". We saw that there was a policy and procedure in place for the recording and investigating complaints and a system to audit any complaints received.

A number of people told us they had been contacted by phone and asked if they were happy with the service they received. One person told us, "They have rang me up and check I'm happy with the service. I'm very happy with them, they are like a little family".

Requires Improvement

Is the service well-led?

Our findings

The service was run on a daily basis by the care co-ordinator with assistance from the 'general manager'. There was no legal requirement for a registered manager as the service was run by an individual provider. There is an expectation that the individual provider must be able to demonstrate the competency required to carry on the regulated activity and to manage it where there is no registered manager. The care co-ordinator told us, "[General manager] and I we tend to work together, its team work".

The provider was not aware of their responsibilities with regard to notifying the commission of particular events. These notifications would tell us about any significant events that had happened in the service. We use this information to monitor the service and to check how any events or incidents are handled. We found evidence of two separate events that would require the provider to notify the Commission. The service's policies and procedures indicated that CQC should be notified of these events but management had failed to follow this guidance. The provider was not aware of the information available to them on the CQC website with regard to provider handbooks or where to locate the most up-to-date copies of their registration certificate.

We saw that the provider did not have systems in place to ensure all appropriate risk assessments were in place and updated in a timely manner, providing staff with the most up to date information regarding the people they supported. We provider was also unaware of the need to ensure staff abided by the code of conduct of the Mental Capacity Act 2005 .

The care co-ordinator told us she assessed the quality of care provided to people through a number of audits, including telephone monitoring, spot checks on staff, auditing care files and looking at recordings in daily log books. However, the audits that were in place had failed to identify the issues regarding risk assessments that we found during the inspection.

People told us they were happy with the service they received and spoke positively about the care co-ordinator. They told us that communication between themselves and the office was good and that they were able to get hold of people at any time. One relative told us, "I find the management team are very good, they are excellent" and another said, "[Care co-ordinator] is a lovely lady, I really respect her and I get on well with her. Any problems I can get hold of her and let her know" and another relative said, "I would definitely recommend them, they are well led, they are great, they seem to be doing things the right way".

We observed that when staff came into the office, there was a pleasant atmosphere and it was clear staff and management had a good working relationship. We saw that staff were motivated and enjoyed working for the service. They told us they considered the service to be well led, one member of staff said, "I was thinking the other day, how smooth things are" and another said, "I like to be here, the way they are treating us, training us and we are learning many new things". Staff told us they felt supported in their role and that management were approachable. A member of staff said, "Management are very supportive, I feel listened to, it's more organised and they are always there on the end of the phone" and another said, "The care co-ordinator, general manager and the provider are all approachable. The provider treats all his workers the

same, he always ask if your family are ok". Staff told us they were encouraged to raise any concerns they may have; there was a whistleblowing policy in place and staff were aware of it and how to use it. A member of staff told us, "I would use it if I needed it".

We saw that as well as staff supervision, regular staff meetings took place that provided staff with the opportunity to raise any concerns they had. One member of staff said, "They take on board what you say and listen to you". Staff were confident that if they, or people who used the service, raised any concerns, that they would be listened to.

We saw that where problems had occurred, lessons were learnt and procedures changed. The care co-ordinator explained there had previously been a problem with communication when a carer had taken a day off and information about calls had not been passed on. They showed us the system that was in place to rectify this problem.

We saw that monthly telephone monitoring of the service took place to assess people's experience of the service. We saw that all responses received were positive. The care co-ordinator told us, "We did look at sending out surveys, but some people struggle to fill in forms and we would rather phone up and have a conversation with people".