

## Care4u Health Care Limited

# CARE4U - SURREY

### 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

### About the service

CARE4U – SURREY provides personal care and support to people living in their own homes. Not everyone who used the service received 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. At the time of our inspection there were 19 people using the service.

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

Relatives told us their loved ones felt safe with the staff supporting them. The provider had systems in place to ensure that any safeguarding concerns were reviewed and shared with the relevant authorities. Risks to people's safety and well-being were recorded and known to staff with guidance in place regarding how to support people safely. Medicines were administered safely by trained staff. There were sufficient staff to meet all care calls and relatives confirmed staff stayed the allocated time. Staff received relevant training to support them in their roles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to access health care support where needed and advice from staff was followed.

Relatives told us their loved ones were supported by consistent staff who knew their needs well. They told us staff were caring and kind in their approach and took time to ensure their loved one felt comfortable and involved in their care.

People's needs were assessed prior to them receiving care and this information was transferred to care plans and guidance for staff. Records included information regarding how people communicated and contact information for others involved in their care. Relatives described the provider as being responsive to their loved ones needs.

Relatives and staff told us they were able to contact the office or on-call should they have a concern and support was always provided. There was a positive culture within the service which centred around people receiving personalised care. The provider ensured they remained up to date with current guidance through attendance at various support forums.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update - The last rating for this service was requires improvement (published 12 June 2019). At our last inspection we found the provider had implemented improvements although these had not been fully embedded into practice. We also recommended that information in relation to people's health care conditions were added to care plans. At this inspection we found systems and process were now consistently used to ensure regulations were met and that staff received guidance in relation to people's

health care needs.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# CARE4U - SURREY

## Detailed findings

### Background to this inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave a short notice period of the inspection because we needed to ask the registered manager to send us information and to obtain people's consent to receive a telephone call from us.

Inspection activity started on 12 January 2023 and ended on 24 January 2023.

### What we did before the inspection

We reviewed information we had received about the service since its registration, including notifications of significant events. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection

### During the inspection

We spoke with the registered manager via Teams meetings about how the service was run. We spoke with 6 relatives to hear their feedback about the care the agency provided. We received feedback from a professional who had worked with the service and from 8 staff members about the training, support and information they received.

We reviewed information sent to us by the registered manager, including care plans and risk assessments for 3 people, medicines administration records, recruitment records for 3 staff, training records, accident and incident records, quality audits, meeting minutes, the complaints log and the service's business continuity plan. We used email communication, video and telephone calls during this inspection to gather information from the provider, people's relatives and staff. We used electronic file sharing to enable us to review documentation.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection we made a recommendation regarding information in relation to people's health care conditions being available to staff. At this inspection we found improvements had been made.

- Risks to people's health and well-being were assessed and guidance provided to staff on how these risks could be reduced. This included areas of people's care such as skin integrity, specific health conditions and dietary needs.
- Risks to people's mobility in their home were also assessed. This included completing environmental risk assessments to minimise risks to people's safety in their home. Information and training were provided to staff in the use of any equipment people needed to aid their mobility or movement.
- The provider had contingency plans in place to ensure people would continue to receive their care in the event of an emergency such as adverse weather or travel disruptions. They were able to describe how the arrangements had worked well during recent delays in staff attending to people due to snow.
- Accidents and incidents were recorded and lessons learnt. For example, where confusion had arisen in relation to one person's finances, additional checks were implemented to increase accountability. Accidents and incidents were reviewed monthly to ensure any required actions were implemented and any themes could be identified.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt their loved ones were safe and appeared comfortable in the company of staff. One relative told us, "I don't worry about him now. They have taken their time to get to know him so they can respond as they need to."
- Staff were aware of their responsibilities in reporting any concerns and were aware how they should do this. The provider had a safeguarding policy in place which was shared with staff. One staff member told us, "I do know how to report concerns and I understand it is my responsibility under the duty of care toward the individual being abused or who needs to be safeguarded."
- The provider had taken steps to ensure people's safety. Where concerns had arisen, the provider had shared these with the local authority safeguarding team and the CQC. Where additional information was requested this was provided and guidance regarding any lessons learnt shared with staff.

Staffing and recruitment

- People and relatives told us they received their care from a consistent staff team who arrived on time and stayed for the full duration of the call. Their comments included, "They (the provider) send a schedule and unless there's an emergency they follow it." And, "They (the staff) are usually on time and they stay and do

other jobs if they're finished earlier."

- The provider monitored staff call times to ensure people received their care at the agreed times. As CARE4U Surrey had expanded they had begun to use an electronic system to complete this monitoring. This enabled office staff and on-call staff to monitor that all calls had been attended.
- Systems were in place to alert people or their relatives if staff were running late. Relatives confirmed they were always contacted should there be a delay.
- Recruitment practices were safe. The provider completed checks to ensure prospective staff were suitable for their roles. This included completing a Disclosure and Barring Service (DBS) check. This provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Clear guidance was in place where people required assistance with their medicines. Care plans detailed where and how people's medicines were stored and the support they needed to take them. Each person had a medicines administration record which did not show any gaps in administration.
- Staff received training in safe medicines practices. In addition, staff were assessed to ensure they were competent in medicines administration and were aware when concerns should be reported.
- The provider had policies and procedures in place in relation to medicines management which had been regularly reviewed.

#### Preventing and controlling infection

- The risk of infection was minimised by staff followed infection and prevention and control guidance. Relatives told us that staff wore PPE and followed safe infection control practices. One relative told us, "They (the staff) are very good with that and make us feel safe."
- The provider had an infection control policy in place. Staff had received training and additional information on minimising risks had been shared. The provider had a good stock of PPE and staff were following government guidance.
- Guidance in relation to COVID-19 was also incorporated into the contingency and business continuity policy. This helped to ensure people would continue to receive safe care in the event of an outbreak.



# 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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- Relatives told us that assessments had been completed prior to care starting. One relative said, "(Staff member) came and chatted with us and involved (loved ones) fully even though they didn't always understand everything. They asked lots of questions so they knew what we wanted and what we didn't want."
- Assessments were detailed and included information in relation to all aspects of people's care needs and wishes. People's life histories and family information was also recorded to help get a picture of what was important to the person.
- People's care plans were reviewed after 6 weeks to ensure they were happy with their care and changes made as required. Relatives confirmed reviews were completed and they felt their views were listened to and acted on.

Staff support: induction, training, skills and experience

- Relatives told us staff appeared skilled and knowledgeable. One relative said, "(Staff member) has a lot of experience caring for people with dementia. You can really see it in her approach and she never gets flustered when things are difficult."
- Staff received regular training to support them in their roles. Staff completed mandatory training such as safeguarding and first aid in addition to completing courses specific to people's needs such as catheter care and stroke training. Staff told us they felt the training they completed was useful and relevant to their roles. One staff member told us, "I have had training and it made me ready for my job and to know what to expect and how to meet people's different needs."
- Staff completed an induction period where they shadowed more experienced staff members. Prior to working alone competency assessments were completed in relation to providing care, documentation, moving and handling and medicines management. In addition, new staff completed the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support with their food preparation and eating when required. Relatives told us staff encouraged their loved ones with food. One relative told us, "Things have improved with eating with their help. They work together with the family around meals."
- People's preferences and nutritional needs were known to staff. Care plans included details of what people liked to eat and how their shopping would be done. Information included how people should be

offered a choice and any assistance they may require.

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

- The provider and staff communicated well with health and social care professionals to ensure people had access to the care and support they required. Professionals told us the service were positive in their approach and always willing to help. A healthcare professional told us, "I was very impressed with the care workers today. They are doing a brilliant job and are very open to advice/support to improve the safety and efficiency of the moving and handling tasks required."
- Records of communication showed the provider and staff requested support from healthcare professionals when there were concerns or when people's needs changed. This included taking preventative steps to minimise the risk of repeated hospital admissions.
- Care plans were detailed and included contact details for professionals involved in people's care. People's relatives were informed of any changes in people's health or concerns noted by staff.

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 MCA 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.

- People's care records contained consent forms signed by those who had the legal authority to do so. Relatives confirmed staff gained consent before providing care and offered people's choices. One relative told us, "They talk to them the whole time and ask questions. That's what makes the difference."
- Care plans included details regarding how people preferred to make decisions and how choices should be offered to the person. The provider told us, "Staff are trained to offer choices and assess how people are able to make day to day choices. They have good relationships and know how to do this with each client."

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- Relatives told us staff took an interest in people's lives and wanted to get to know them. Comments included, "They (the staff) spend the time with him. They don't just do the basics and leave.", "They're very approachable and want to do anything they can to help." And, "(Staff member) has made an effort to create a bond with Dad and makes sure everything is right for him."
- People received their care from a consistent, small team of staff who got to know them well. Relatives confirmed this was the case and told us they would always be contacted should a different staff member was going to visit their loved one. One relative told us there had been occasions where they had needed to request an additional call at short notice and staff had always been willing to support them.
- Relatives told us staff were kind in their approach. One relative told us, "They (the staff) are really caring, and I know (loved one) feels that. It makes a great difference." A second relative said, "They're really good and (loved one) thinks they're lovely."
- We heard examples of how staff had supported people in a caring way and had made a positive difference. These included staying to help someone with their shopping when they were unable to book a delivery, sewing on buttons and walking someone's dog which took this worry from them.

Supporting people to express their views and be involved in making decisions about their care

- People and their loved ones were involved in decisions about their care. One relative told us, "At the assessment (staff member) told us all we would always be involved and included fully and that's what has happened."
- People's individual wishes were recorded and known to staff. Care plan included details regarding people's preferences and dislikes in addition to any anxieties they may have regarding receiving care. Relatives confirmed staff were skilled at supporting their loved ones and were aware of what they wanted and how they wanted their support to be provided. One relative said, "It's down to all the little things they know like just how he likes his tea."
- Professionals involved in people's care gave positive feedback regarding staff's approach. These included comments regarding staff getting to know people and understanding what they wanted from their care. They told us where people had experienced problems with other agencies CARE4U - SURREY took time to understand the reasons for this as a guide to what was important to people.

Respecting and promoting people's privacy, dignity and independence

- People's homes were respected by staff. Relatives confirmed staff understood the importance of this. One relative told us, "They (the staff) always leave everywhere clean and tidy." A second relative said, "They are

very respectful. They even wore shoe covers to protect the floors until we told them they didn't need to."

- Staff understood how to make people feel comfortable when they were anxious about being supported with their personal care. One relative told us, "(Staff member) makes her laugh and feel relaxed which takes away any embarrassment for her."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- Detailed care plans were in place for each person receiving support. The registered manager told us following assessment a summary care plan was developed to provide essential information to staff. Within the next two weeks care plans were developed using information gained from staff and the persons preferences. Care plans were personalised and contained information regarding how people liked things to be done and what they were able to do independently.
- Relatives told us the provider was in regular contact with them to ensure care plans were reviewed and the persons needs had not changed. One relative told us, "It's reassuring that they (the staff) know about (loved one) care when they ring. They really pay attention to that detail and we appreciate that."
- Where people's needs changed the provider responded to ensure people received the support they required and any risks were managed. We saw evidence of contact with a range of professionals to request changes to people's care or support with specific issues.
- Staff had received training in supporting people at the end of their life. Staff told us they had found the course informative and useful in how to approach this area of people's care. The provider had received emails of appreciation from families where support had been provided to their loved one at the end of their life.
- People's records contained basic information regarding the support people wanted at this time of their life. The provider told us they had identified this as an area for further development to ensure more detailed information was gathered and shared.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Detailed communication plans were available within people's care plans. Relatives told us staff understood the need for good communication with people and made this a priority. One relative told us, "When they (the staff) arrive, they will have a conversation with him. Things are definitely calmer; the difference is really apparent. CARE4U – SURREY staff communicate with him and that's what's making the difference." A second relative told us, "(Staff member) has a good understanding of dementia and how to communicate with Mum. (Staff member) never gets flustered and we are all singing from the same hymn sheet with how we communicate with her."

- The provider told us they used communication as the basis of what the service offered. They told us, "What I have learnt is communication is the key. That's what builds the trust with both clients, relatives and staff. We have to communicate well to understand what their needs are and to respond properly to those needs."

#### Improving care quality in response to complaints or concerns

- Relatives told us they would feel confident in raising any concerns with the provider and felt they would be responded to. One relative told us, "I absolutely feel they would want to know and would do something. They are very open and always at the end of the phone."
- The provider had a complaints policy in place. This explained how complaints could be raised. It gave details of how concerns would be responded to and anticipated times scales. There had been limited complaints to the service. Where concerns had been received, they had been responded to in a timely way and written responses provided
- The provider monitored complaints on a monthly basis to minimise the risk of concerns happening again. Although the majority of months nothing had been received, this enabled them to monitor closely and review what had occurred during this time. Any concerns received were shared with the relevant social care teams along with lessons learnt.

# 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.

At our last inspection we rated this key question requires Improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had developed a positive culture where people were placed at the centre of their support. Relatives told us there was a positive approach and the service had exceeded their expectations. One relative said, "(Provider) told us all the same things we'd been told before about what they'd do. I'd heard it before so I was sceptical, but they have lived up to everything they promised and it's been nothing but good." A second relative said, "They really are like a breath of fresh air."
- Staff had a clear understanding of the values of the service. All staff were able to relay the expectation that the service should be caring, compassionate and go the extra mile. Relatives confirmed the service practiced these values. One relative told us, "They want to know Mum and that's what was needed. They talk to her and always ask if there is anything else they can do or anything else she needs."
- Professionals told us they felt the service had a positive approach. One professional told us, "I have found them very flexible and accommodating to different situations."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider was involved in the day to day running of the service. They had good management oversight and were knowledgeable about people's needs. The provider told us this aspect of the service was important to them, "I want to be involved and know we are providing a good service. I want us to be the best of the best for clients."
- A range of quality assurance audits were completed to monitor the service people received. These included audits of people's records, medicines and call times. These demonstrated that issues were addressed where required such as improvements made to how people's care was recorded.
- Spot checks were completed to assess the standard of support staff were providing. This included checks on staff approach to people, communication, care provided and timings of the call. People were asked their opinion of the care they received. Staff received feedback regarding their performance and any areas of improvement.
- The provider was aware of their responsibilities in ensuring that CQC were notified of significant events which had occurred in the home. Notifications were forwarded to CQC as required to ensure risks within the service could be monitored.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Relatives told us they had received regular contact with the provider and found them to be approachable and responsive. One relative told us, "I can get hold of them at anytime, and they respond." And, "They ring to check everything is okay or they will ring and say can they come for a chat. They're nice people."
- Staff told us they were supported in their roles and felt their views were listened to. Comments included, "I have access to my manager any time of the day and I am comfortably able to speak up or raise a suggestion or concern." And, "I can always speak my mind and I feel the other (staff) also can, we work as team. We are actually encouraged to speak and share views about clients and how to do things." Regular team meetings were held where staff were able to discuss a range of topics including any additional support or advice they required, safeguarding systems and timings of calls.
- The provider was committed to continual learning and improvement. The provider told us, "I have learnt a lot from my experiences with CARE4U – SURREY. I want to grow at a rate I know we can manage and still be able to be person centred." There was continued investment in systems to improve the quality of the service. For example, the provider changed the electronic recording system to enable people's care to be recorded in greater detail.

Working in partnership with others; 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

- The provider had a Duty of Candour policy in place which set out their responsibilities. Although there had been no Duty of Candour events the provider ensured they communicated any difficulties they, or the people they were supporting experienced to other professionals.
- The provider they were aware of any changes to best practice or legislation. The provider attended a number of forums and the registered managers network to ensure they kept up to date with current guidance.