

Care 2 U Limited

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## 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

The inspection was announced and took place on 28 and 29 July 2016. This inspection took place in response to concerns raised about the management of the service. The last inspection was on 5 October 2015 and at this inspection we found the service required improvement in the areas we inspected. Care 2 U provides personal care to people in their own homes. At the time of our inspection there were 85 people receiving support from the service.

There was a registered manager in post at the time of our inspection. 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 and their relatives were positive about the care provided by the service and said that they felt safe with the staff. Staff recognised how to identify the signs of potential abuse and knew how to report it to keep people safe. There were sufficient numbers of trained staff who had the appropriate recruitment checks to ensure they were suitable for their role. Staff arrived on time for their visits and the right numbers of staff were available to provide the support people needed. People's medicines were managed safely.

Risks to people were assessed and reviewed regularly to ensure care remained appropriate for people's needs. Staff were supported in their roles by the management team. People and relatives told us staff were kind and caring. Staff respected people's privacy, dignity and promoted their independence. Where required, staff supported people to receive a diet which promoted their nutritional needs. People were supported to access healthcare services when required.

Staff ensured people consented to the care they received. Staff were aware of how to respect people's choices and rights. People and their relatives were involved in decisions about their care and support. People and their relatives knew how to complain and felt their concerns would be addressed. The provider dealt with complaints in a timely and thorough way.

People felt the service was well run and the management team approachable. Staff said they were confident in their roles and were aware of their responsibilities. Systems were in place to ask people their views about their care. Quality audit processes were in place to monitor the quality of the service provided. When required action plans were developed to address areas which needed to be improved.

## 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 said they felt safe. Staff understood their responsibility to protect people and report any potential abuse or harm. Risks to people had been assessed and care planned to minimise the risks. People were supported by sufficient numbers of skilled staff. Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People were cared for by staff that had the relevant training and skills to meet their needs. People were supported to make choices and decisions about the care they received. People were supported to have enough to eat and drink. Staff supported people to access healthcare professionals if required.

### Is the service caring?

Good ●

The service was caring.

People told us staff were kind. Staff listened to people preferences and respected their dignity and privacy when providing care. People's independence was promoted.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care. People's likes and dislikes were known by staff and staff were aware of people's individual needs. People and their relatives knew how to raise concerns and felt confident issues would be addressed.

### Is the service well-led?

Good ●

The service was well-led.

People felt the service was well run. People were supported by staff who understood their role and responsibilities. The provider had effective audit systems to monitor the quality of service people received.

# Care 2 U 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.

This announced inspection took place on 28 and 29 July 2016 and was completed in response to concerns raised about the management of the service. The provider was given five days' notice because the location provides domiciliary care services and we wanted to ensure both directors of the company were available to speak with during the inspection. The inspection was undertaken by two inspectors.

Prior to the inspection we reviewed the information we held about the service. This included any statutory notifications we had received, which are notifications the provider must send us to inform us of certain events such as serious injuries. We also contacted the local authority and commissioners for information they held about the service. We used this information to help us plan our inspection.

During the inspection we spoke with 18 people who used the service, two relatives and one health care professional. We spoke with the registered manager and finance manager both of whom were the directors of the company. We also spoke with 12 members of care staff. We reviewed a range of records about how people received their care and how the domiciliary care agency was managed. These included four care records of people who used the service, three staff records and records relating to the management of the service such as audit checks and training documentation.

## Is the service safe?

### Our findings

People and relatives spoken with told us people received a safe service. One person told us, "Most certainly looked after, yes I do feel safe with the carers." Another person said, "I feel safe when they [carers] are here, they lock the doors for me and put the keys away safely." A relative commented, "I never had a problem with safety, we always feel very safe when the carers come." People told us they would be confident to raise any concerns or issues about their safety with the staff or registered manager.

Staff were knowledgeable about how to recognise the signs of potential abuse and how to report it. One member of staff told us, "I would report any concerns to the team leader, if I did not feel it was dealt with appropriately I would speak to the local authority or CQC." Another member of staff said, "There are different types of abuse for example physical, emotional and sexual. I would report any concerns I might have to the office. We [staff] have completed training in recognising and reporting safeguarding, I know what I have to do to protect people." The registered manager had a good understanding of how to keep people safe and of their responsibility to refer any allegations of potential harm or abuse to the local safeguarding authority. Records we looked at confirmed where concerns had been identified these had been referred appropriately to the local safeguarding authority. This demonstrated staff knew how to recognise and report potential harm or abuse to keep people safe.

Staff told us information provided by the service was available in people's homes to tell them how to care for people safely. One person told us, "I have a folder, staff look at it; it tells them what needs doing and how to care for me." Staff told us that the appropriate equipment was provided to support people to receive safe care. They also said that where a person had been assessed as requiring two care staff this was arranged by the service. One person said, "My care needs have changed, I have more equipment to help me now. The [care staff] have adapted to the change well." Records we looked at confirmed that risk assessments had been completed and reviewed regularly when a person's needs had changed. Staff were aware how to report any new risks or changes to a person's care need. They said they would speak with their team leader or the registered manager so that risk assessments could be updated to reflect the person's changing needs. One member of staff told us, "I have recently had to call the paramedics. I stayed with the person until they arrived. I completed the accident sheet and spoke with the office to let them know what was happening." Staff said information was then cascaded to other staff to ensure they provided the appropriate care to keep the person safe.

People and their relatives told us staff were reliable and that their calls were never missed. One person told us, "It's very rare [staff] are late, they are usually on time for the call." Another person said, "[Staff] come usually round the time they should come. I've not had any calls that have been missed." People we spoke with told us the correct number of staff attended their calls, they also confirmed that staff stayed the full length of time for their calls. There was mixed views on whether people received visits from regular staff. One person commented, "I have regular carers coming, very rarely there will be a different carer, might be if they are covering sickness." While another person said, "I don't always get the same carers but this doesn't bother me, I do get the same carer for helping me to shower." A third person said, "I don't always get the same carer but I do tend to have the same group coming, I have regular faces." Staff we spoke with said they

worked within area teams this meant calls were located as close as possible together. Travelling time between calls was sufficient this ensured calls were on time. They said that staff absences were generally covered between teams and although at times people received different staff attending the calls it was generally one of the members of the team. One staff member told us if they were delayed at a call for some reason, they had to contact the office so the person they visited next could be informed. Staff we spoke with told us they felt there were enough staff to cover all the calls. One member of staff said, "I feel there is enough staff available to support the calls we have." The provider had a computerised system for calculating the number of staff they needed to cover all calls. We saw that they had adequate numbers of staff to cover the current level of calls and all calls were allocated to a member of staff to ensure calls were not missed.

Staff were recruited safely. One member of staff said, "I completed an application form attended an interview with the registered manager and had my references and DBS checked." We looked at three staff member's files and saw the provider had undertaken appropriate checks to ensure staff were safe to support people. Records we saw demonstrated that the provider had completed an assessment of staff member's suitability for the role, references were sought and disclosure and barring [DBS] checks completed. DBS checks help employers reduce the risk of employing unsuitable staff.

People we spoke with said they were happy with the support they received to take their medicines. One person told us, "[Staff] help me with my medicines they look in my book, check what they have to give me and then watch me take them, they are very good." Another person said, "[Staff] help me with my medicines and eye drops, I have never missed a dose, sometimes I forget and they [staff] will remind me that I need to have my medicines." Staff we spoke with said they felt confident to support people with their medicines. They said they knew the provider's medicine procedure, completed training and had their competency checked by their team leader. Staff said if they required any additional advice or support they would contact their team leader or a member of the management team. We looked at records and saw they were completed appropriately. The director told us about a new medicines system they were implementing in relation to medicine administration and recording. They told us they were training all staff in the system which would make the process of medicine administration more effective.

## Is the service effective?

### Our findings

People were happy with the support they received from staff. One person said, "[Staff] know me well and they know what I want." Another person commented, "Staff seem well trained, they know what they are doing. New staff shadow the other carers." Staff we spoke with said they felt they were well trained, had the appropriate skills and received the support they needed from the team leaders to provide the best care for the people they supported. One member of staff said, "I feel I have the skills to meet people's needs, training is ongoing." Staff told us they received an induction when they started in the role. This included training they needed to support people safely, for example, medicines first aid and manual handling. They said they also worked alongside more experienced staff members to build their confidence in the role and get to know the people they were supporting. All staff spoken with confirmed they received one to one meetings and appraisals and they had regular contact with the office staff. Staff said during their individual or team meetings they felt they could discuss their own personal development along with any care or support issues they thought were relevant to the role. Staff members were supported in their roles and had the skills to provide effective care to people.

People told us staff sought their consent before providing care. One person said, "They always ask if it's okay to help me before they do it. They ask my permission." Another person told us, "They always check with me first before they [staff] do anything. They make sure I agree and am happy." One member of staff said, "I always ask for people's consent before I provide any care. If they don't agree to care I will try to encourage them. If they still refuse I will leave it and record it in the notes. Depending on what it was I would call the office to let them know."

The Mental Capacity Act 2005 [MCA] provides a legal framework for making particular decisions on behalf of people who may lack 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 may lack 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. Any applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA and found that it was.

The registered manager told us people's capacity to make decisions was assessed. Staff we spoke with were aware of the legislation and demonstrated knowledge of issues in respect of people's ability to make their own decisions. They said they had also received Mental Capacity Act [MCA] training. The registered manager demonstrated knowledge and understanding around the law about people's rights and knew what steps to take if it appeared that someone's ability to make decisions was changing. We looked at information about people's capacity in their care records and found people had been involved in making decisions about their care and support. This meant that people's rights and freedoms were supported by the service.

Where required, people received support from staff to maintain a balanced diet. One person said, "I choose what I want to eat and drink and they will always get me what I ask for." Another person commented, "[Staff] make sure I have a kettle and some water for the afternoon and they make sure I have a fruit bowl and some

snacks for in between calls. They make me my meals and always ask what I want to eat and drink." A relative commented, "If [person's name] has not been eating I will tell the carers and they will encourage [person's name] to eat." Staff said if they had any issues in relation to supporting people with food and drink in order to remain healthy, they would contact their team leader or the registered manager. We saw in people's records guidance was provided for staff to refer to in relation to people's individual dietary needs. This meant that people's preferences were respected and staff ensured people had enough to eat and drink.

People said they were confident staff would contact healthcare professionals if they were unable to do so themselves. One person said, "[Staff] would contact the doctor if I needed it." Staff we spoke with said if they were concerned about a person's health or noticed a change in a person's needs they would speak with the management team so advice could be sought or care reviewed. One member of staff said, "Depending what the issue was I would call the office, or speak with [person's] family." Records we looked at reflected people's current health needs and where needs had changed advice from healthcare professionals was sought. We saw information was available for staff to refer to in order to support people appropriately, for example Diabetes. This demonstrated people were supported to access healthcare professionals and staff had the appropriate information to refer to in order to meet people's health needs.

## Is the service caring?

### Our findings

People told us they were happy with the support they were provided and staff were kind and caring. One person said, "Carers are very kind and caring to me." Another person said, "Wonderful carers I am really pleased with [care staff] they are very kind." People we spoke with said that they received the help they needed and staff did not rush their care. One person said, "They never appear to be rushed they have time to sit and talk with me."

People were involved in making decisions about their own care and support. They told us they had information from the provider in their homes about their care and who to contact if they had any concerns. People we spoke with said they were able to make choices regarding their daily lives. One person said, "I'm happy with what [staff] do, they listen to me and do what I ask them." Another person said, "[Staff] listen to me they are wonderful." Staff we spoke with said that they enjoyed supporting the people they cared and were able to explain different people's care needs. One member of staff said, "I help people make choices, whether they want to have a shower or wash. I respect their decision." Staff said they knew people's preferences and how they liked their care to be provided. One person said, "[Staff] always offer me choices, they know what I like but they always check with me and offer me a choice for example what I want to eat." Another person told us, "I was offered a choice of a male or female carer. I choose a female as I feel more comfortable." This demonstrated the provider involved people in planning and making decisions about their care.

People were supported by staff to maintain their independence. A person told us, "[Staff] good at promoting my independence they will say to me do what you can for yourself and we will do the rest." Another person said, "[Staff] let me be very independent they will help me if I am struggling." A third person said, "[Staff] let me do what I can for myself, I like to make my own breakfast and they encourage me with that." Staff said they encouraged people to do things for themselves as much as possible. One member of staff said, "I encourage people to do as much as they can for themselves, for example with personal care and offer them support when it is needed." This showed the provider supported people to maintain their independence.

People said their care was delivered in a respectful way. One person said, "[Staff] are very respectful and always maintain my dignity." Another person told us, "[Staff] maintain my privacy; they make sure curtains are closed and things are close by when they are providing me with personal care." Staff we spoke with gave examples of how they ensured people's dignity and privacy was maintained. For example, covering people when providing personal care; talking to people to make sure they were happy with how care was being provided and allowing people enough time to complete tasks or explain what they wanted. This showed people's dignity and privacy was respected by staff.

## Is the service responsive?

### Our findings

People told us they were involved in all aspects of developing their care plan and in making decisions about how their care and support needs were met. One person said, "I have regular reviews of my care, my care needs have changed and they [staff] discussed this with me." Another person commented, "[Staff] discussed what support I need with me I am very much involved in my care." We saw people's needs had been assessed and care records were in place to ensure that people's needs were appropriately met. Staff we spoke with said that any changes in a person's needs or health would be reported to the team leader or the office. For example, if they felt a person needed additional support with their personal care. People told us the service was reliable and they did not have any concerns. People said that the staff were able to spend sufficient time with them so that they received the care they wanted. They said the provider responded quickly if their needs changed, for example re-arranging call times. This showed the provider had systems in place to ensure they were responsive to any changes in a person's needs.

Records showed that people's care was regularly reviewed to ensure it was relevant and up to date. We saw records were written in a personalised way and provided information about people's preferences, what was important to the person and also included an assessment of specific risks to safety. Staff we spoke with had a detailed knowledge of the people they supported; their likes, dislikes and personal history. Relatives and people told us care plans were kept in people's homes and they could look at them at any time. One person said, "There is a folder which staff look at it, it has information in, I know what's in it." This showed people received care that reflected their needs and preferences.

People and their relatives were encouraged to give their views and raise any issues or concerns. One person said, "I don't have any current concerns or complaints, I did complain about a carer and a team leader came out and discussed my concerns with me, they dealt with the issue. I am confident complaints would be dealt with." Another person said, "I don't have any complaints about the care I receive. If I did I would call the office." A third person said, "I did make a complaint and met with the director and things have now improved." People and their relatives we spoke with were confident their concerns would be listened to, acted upon and resolved. Staff we spoke with were able to clearly explain what they would do if a person was not happy about something. One member of staff said, "If someone was not happy I would contact my team leader or the office to pass on details." Staff we spoke with felt the registered manager would investigate and respond appropriately to any issues. We saw concerns that were raised with the service were dealt with in a timely manner. Any investigations into complaints were thorough with the outcomes communicated to all parties involved. This showed that people's complaints would be listened to, and addressed by the provider.

# Is the service well-led?

## Our findings

This inspection took place in response to some concerns which were raised with CQC in relation to the management of the service. We announced the inspection and said we wanted to speak with both directors of the service. This was to ascertain how the service was being managed and to check whether there was any impact on the people who received support from the service. We did not find any concerns and the management arrangements in place were satisfactory.

There was a registered manager in place who also was one of the directors of the company. They clearly understood the requirements of their registration with CQC. We found the provider had met their legal obligations around submitting notifications. For example, notifying CQC of important events and any allegation of abuse when they occurred. We also saw that the provider had ensured information about the service's inspection rating was displayed prominently as required by law.

People and relatives we spoke with thought the service was well run. One person said, "Service seems to be well managed." Another person said, "I think they are a very good agency." People told us they were happy with the care they received and said the staff were friendly and provided a good service. One person commented, "I have been with the [service] for a long time I am very happy and the staff are very good." Most people described the management team as friendly and approachable. They said they knew who the team leaders were and they were available to speak with should they need to.

The provider had systems in place to ensure the effective running of the service and to monitor the quality of service provision. We saw that spot checks were completed by the management team to ensure staff were providing care as directed in the care plans and also to check staff competencies, for example medicines. We saw safeguarding, incidents and accidents were recorded and monitored for trends and patterns to inform staff how risks were managed. We saw audits were completed regularly, for example care plan reviews and medicines. Where improvements were found to be required action plans were developed by the provider.

Questionnaires were used to gain people's views and information analysed to review or improve the quality of care people received. However there were mixed views whether people had received feedback from the questionnaires they had completed. One person said, "We have completed satisfaction surveys to gather our opinions of the service but I cannot recall ever having feedback." We spoke with one director who explained to us any feedback raised about the quality of care was addressed straight away and people who raised the issue contacted. This meant the provider had systems in place that monitored the quality of service and showed that people were able to share their views about the service they received.

Staff told us they felt supported by the registered manager and were aware of their roles and responsibilities. Staff felt the registered manager communicated well and listened to their views and suggestions. They said they received regular opportunities to discuss their individual performance, training and any matter which might affect people who used the service. They felt confident any concerns would be listened to and issues dealt with appropriately. Staff were aware of the provider's whistle-blowing policy,

including raising concerns to external agencies if required. Whistle-blowing means raising a concern about wrong doing within an organisation. They also said they were able to contact the office or on call system at any time and speak with a team leader or a manager should they need to. This demonstrated the provider had processes in place to support staff to be effective in their role.