

Care 4 Me Limited

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Inspection report

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Website: www.care4.me.uk

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

The service provides personal care to people living either in their own home or the home of a family member. At the time of the inspection, approximately 60 people used the service and a registered manager was in post. 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.

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

People who used the service and their relatives told us staff were compassionate and professional. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's healthcare needs were being met and medicines were being managed safely.

People were protected against avoidable harm, abuse, neglect and discrimination. The care they received was safe.

People's likes, preferences and dislikes were assessed, and care packages met people's desired expectations. Care plans were up to date and detailed what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate identified risks.

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.

Staff were being recruited safely and there were enough staff to take care of people. Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff were supported by the registered manager and were receiving formal supervision where they could discuss their ongoing development needs.

Everyone spoke highly of the registered manager who they said was approachable and supportive. The provider had effective systems in place to monitor the quality of care provided and where issues were identified, they acted to make improvements.

There was a complaints procedure in place and people knew how to complain. The provider and registered manager understood the regulatory requirements and monitored the quality and safety of the service on a regular basis.

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

Rating at last inspection

The last rating for this service was Good (published 28 March 2017). At this inspection the service has remained Good.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Care 4 Me Limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by 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. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 24 September 2019 and ended on 11 October 2019. We visited the office location on 26 September 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

As part of the inspection we spoke with four care staff, one care co-ordinator, the deputy manager and the registered manager. We reviewed the care records held at the office for three people and viewed two staff

recruitment records. We also looked at records relating to the management and quality assurance of the service including checks the registered manager made. These included checks of care plans, daily records and medicine administration records. We reviewed minutes of staff team meetings, complaints and compliments. In addition, we also reviewed staff training records, memos sent to staff and responses to questionnaires from people who use the service.

After the inspection

We spoke with three people and four relatives to gather their views on the service via telephone.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us the service was safe and they felt safe when staff visited. Comments included, "They are always polite and always do what I ask for".
- View's from the relatives we contacted were positive. One relative said, "They [staff] go above and beyond what is expected of them and I feel I can trust them to keep my [relative] safe".
- The provider had a safeguarding and whistleblowing policy in place which set out the types of abuse, how to raise referrals to local authorities and the expectations of staff.
- Staff could explain what action to take to ensure people were safe and protected from harm and abuse.

Assessing risk, safety monitoring and management

- Before agreeing to start the service an initial assessment form was undertaken by the registered manager to assess whether the service could meet people's needs.
- People's care files included assessments of risk which had been conducted in relation to their support needs. Risk assessments covered areas such as the home environment, mobility, personal care, medicines, equipment, and manual handling.
- The care documentation had risk assessments for staff to follow to ensure staff and people were kept safe from harm.

Staffing and recruitment

- The service was adequately staffed. One person said, "I have every confidence in my carer, she has been my carer since the beginning". One relative told us "For a good while there has been a stable routine of carers visiting, I am sure this has helped [family member's name] become calmer and less anxious as they know who is coming to the house and when".
- Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed.

Using medicines safely

- Medicines were managed safely.
- Risk assessments were completed for the safe management of people's medicines at the beginning of a care package.
- Staff received face to face and practical training in the safe management of medicines. The staff had their competency checked annually. Records showed staff were up to date with medicines training.
- Protocols were in place for medicines prescribed for use 'as required'.

Preventing and controlling infection

- Staff had access to personal protective equipment such as gloves and aprons. Spot checks confirmed that staff were using the equipment provided . This ensured people and staff were protected from cross infection.

Learning lessons when things go wrong

- There were appropriate forms and processes in place for recording and investigating accidents and incidents. The provider had systems in place to learn when things went wrong.
- Staff members were aware to call the office to report any issues if there was an accident or incident.
- Risk assessments and care plans were reviewed regularly, and discussions took place following incidents to prevent re-occurrence.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Staff applied learning effectively in line with best practice, which helped lead to good outcomes for people and supported a good quality of life
- Assessments were completed by the care coordinators of people's needs and were comprehensive, outcomes were identified, and care and support regularly reviewed.

Staff support: induction, training, skills and experience

- When new staff joined the service, they completed an induction programme which included shadowing more experienced staff. The induction covered topics such as the role of the care worker, confidentiality, and moving and handling
- Staff told us they were provided with good training. Comments included, "the Induction and ongoing training is really good, we just ask if there isn't something we are confident with and the office will arrange training."
- Staff were trained to be able to provide effective care
- We saw staff had regular supervision and appraisal, which they told us they found useful. They also described management spot checks in people's homes, which focused on issues such as professional appearance, confidentiality, manual handling, bathing, infection control and food preparation.

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

- Care records showed how people's dietary needs were assessed, such as their food preferences and how they should be assisted with their meal. One person told us, "they, [staff], ask me what I would like for lunch and cook it for me".

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked with other agencies and professionals to ensure people received effective care. One health professional told us "I am very impressed with how staff assisted a person to transfer out of bed safely and with dignity".
- Referrals were made to other health and social care agencies if people needed to access other services such as GPs, health services and social services.

Supporting people to live healthier lives, access healthcare services and support

- Relatives told us, "They [staff] were so thoughtful when [relative] had a fall, they stayed longer than they should and waited until the paramedics arrived"
- Records showed people had been seen by a range of healthcare and social care professionals including GPs and Social Workers

- Staff were aware of what action to take if people were unwell or had an accident. They told us they would contact the office and update them.
- The registered manager told us that in an emergency, staff are asked to wait with the person until their relative or the ambulance arrives, so they aren't left on their own.
- Records showed the service worked with other agencies to promote people's health such as physiotherapists and occupational therapists and the local Clinical Commissioning Group (CCG).

Ensuring consent to care and treatment in line with law and guidance

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

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

- We checked whether the service was working within the principles of the MCA. Records showed people's capacity was assessed and where they were able to, people signed to consent to the care they received. The registered manager was aware of their legal responsibilities under the Act.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People we spoke with felt respected and valued. Comments included "[staff] always maintained my dignity" and "[staff] are motivating and encourage me to help myself while giving me confidence".
- A relative told us, "They [staff] look after [relative] with humour, dignity and excellent care".
- Staff were caring and supportive to the people who used the service. Both staff and management were committed to ensuring that people received the best possible care.
- Staff we spoke with were positive about their role. They told us, "I really love my job, I have a regular 'run' so I am able to build up a working relationship with people and see them nearly every day" and "I love the challenge that each day is different".

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

- Records showed people who used the service and relatives were involved in care planning and reviews.
- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received.
- People's diverse needs were recorded. Staff we spoke with demonstrated a broad knowledge of people's personalities, individual needs and what was important to them.
- When people had expressed their views about their preferences these were respected. Staff could describe, and records confirmed that people's views about how they preferred to be supported had been acted on to promote positive outcomes.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect, comments included, "They [staff] always maintain my dignity" and "[staff] have the right attitude and don't try to take over, they just help to promote my independence".
- Staff treated people with dignity and respect. Through our conversations with staff, they explained how they maintained people's dignity whilst delivering care. Staff told us they always ensured doors and curtains were closed when delivering personal care. Staff told us they explained to people what was happening at each stage of the process when delivering personal care.
- The provider supported people to live as independently as possible. Staff gave us examples about how they involved people doing certain aspects of their own personal care and day to day activities which supported them to maintain their independence. One relative told us "[staff] are professional, kind, caring and helpful, with a pleasant and encouraging attitude".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People using the services provided by Care4Me Limited People told us they had been consulted about the contents of their care plan when they started using the service. Where necessary professionals had also been consulted. People confirmed their care plan had been reviewed regularly or whenever anything changed in their support needs.
- People's likes, dislikes and what was important to the person were recorded in person centred care plans. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.

Meeting people's communication needs

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

- People had communication plans in place. The plans presented the person positively as an individual and described people's most effective means of communication and how others can best communicate with and support the person. The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard.
- The registered manager confirmed that information was available in different formats (bigger font, easy to read etc) and in different languages if required.
- The service had a strong commitment to putting the individual person at the centre of the support they provided. The commitment was evident in all staff we spoke with. One staff member told us "what the person needs and wants is the most important thing. It's their home and their life, I'm there to help make their lives easier, not to tell them what to do".

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. People who used the service and relatives told us they would feel able to raise any concerns with the registered manager. Comments included, "I've never had to complain but I know [the registered manager] would listen and sort it out".
- The complaints procedure highlighted how people could make a formal complaint and timescales within which it would be resolved. We looked at the complaints log and a number of issues had been raised which weren't 'formal' complaints, but the manager had treated them as such to keep a record. These had been responded to appropriately and a resolution provided in a timely manner, in line with the provider's policy.
- The provider had received numerous compliments especially in relation to the end of life care that had been provided.

End of life care and support

- The provider received lots of compliments about the efficient care delivered by the staff team, for example, "The care my [relative] received was outstanding and made her last two years very enjoyable and she thought of you as friends".
- Staff had received end of life training as part of their ongoing training and the registered manager maintained links with health professionals to keep up to date with current best practice.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was a registered manager in post who provided leadership and support. We found the registered manager to be open, honest and committed to making a difference to the lives of people using the service.
- The quality assurance systems were in place to monitor the service and identify areas for improvement.
- The registered manager has introduced 'appreciation certificates' and 'carer of the month' awards to praise staff and promote the provision of high-quality care .

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

- People who used the service and relatives spoke positively about the management of Care 4 Me Limited.
- People who used the service received good quality person centred care. One person said "[staff] have the right attitude and don't try to take over, they just help to promote my independence".
- The provider was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice.
- The registered manager was aware of the need to maintain their 'duty of candour' (responsibility to be honest and to apologise for any mistake made) under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were engaged with the service through feedback surveys, monthly newsletters and staff meetings were well attended.
- Staff met with the care coordinators on a one-to-one basis to discuss any concerns or receive any updates. The care coordinators then fed any concerns up to the registered manager to address.
- People who used the service were involved in day to day decisions and staff respected people's individual decisions about their care and support for example what to wear or wanted to eat.
- People using the service and relatives had completed a survey of their views about the service. People's feedback had been used to continuously improve the service.
- The registered manager made themselves easily available to people using the service, relatives and staff.

Continuous learning and improving care

- The registered manager understood their legal requirements. They were open to change, keen to listen to

other professionals and seek advice when necessary

- The registered manager demonstrated an open and positive approach to learning and development.
- Information from the quality assurance systems, care plan reviews and incidents were used to inform changes and make improvements to the quality of care people received.
- The management team have created an information board in the office that is updated each month with a new topic or theme. Recent topics have included sepsis awareness and encouraging people to drink more fluids in hot weather. This information is summarised and sent out to staff and people who use the service in the form of newsletters and bulletins increase awareness.

Working in partnership with others

- The provider worked in partnership with key organisations to support care provision, service development and joined-up care. For example, the registered manager told us the provider had worked with the local Clinical Commissioning Groups (CCG), social workers and the local authority. This provided the registered manager with a wide network of people they could contact for advice.
- The registered manager attends local and national conferences and seminars to maintain up to date practice and shares this learning with the staff during team meetings and bulletins.