

Care 4U Services (Midlands) Ltd

Care 4U Services (Midlands) Limited - Suite 1

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 25 February 2016 and was announced. Care 4U provides a personal care service to 10 people living in their own home. The people using the service all had personal care needs relating to their age or physical ill health.

There was a registered manager in post. Due to planned annual leave they were unable to be present at the

inspection, and had arranged for senior staff from within the organisation to be available at the time of 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.

Summary of findings

People being supported by Care 4U reported that they felt safe.

People were supported by adequate numbers of staff, however recruitment records did not show that the required checks were always undertaken before new staff started work.

Risks that people experienced or were exposed to had been identified and assessed. Staff were able to describe the action they took to work in line with risk assessments and to keep people safe.

Staff had been trained to administer and manage medicines safely. This ensured people received the required medicines in the correct dose.

Staff had been provided with support and training to meet people's needs. People told us they had confidence in the staff that supported them.

The staff were aware of the principles of the Mental Capacity Act 2005, and were able to describe ways they sought consent and worked in ways which promoted people's independence.

When people needed help with food and drinks, or maintaining good health, this was part of the person's care plan. Staff we spoke with were able to describe the support they provided with this, and people we spoke with were satisfied.

People and their relatives told us that staff worked with kindness and compassion.

The inspection identified ways in which the agency was providing a tailored individual service to each of the people it was supporting. People's needs were kept under review and their support plan changed and developed to reflect changes in their well-being or circumstances.

There had been no formal complaints made, but there was a policy that would ensure any received in the future would be identified, recorded and investigated. People told us how the agency sought feedback from them, and ways they had or could share concerns or make suggestions if they needed to.

The agency was well led. There was a registered manager who was aware of her responsibilities to provide care that would meet people's needs and which complied with the requirements of the law.

Summary of findings

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 not consistently safe.

People told us they felt safe,

The recruitment systems in place to check staff were not always robust.

There were enough staff to meet the needs of the people the agency supported.

Risks people experienced or were exposed to had been assessed, and staff we spoke with were aware of how to support people in line with these assessments.

Requires improvement



Is the service effective?

The service was effective.

People were supported by staff who had been trained and supervised to ensure they could meet people's needs.

People were supported to maintain good health, and when part of their care plan to shop for and prepare food and drinks they liked and which met their healthcare needs.

Staff were aware of the principles of the Mental Capacity Act 2005.

Good



Is the service caring?

The service was caring.

People were supported by staff that they liked, and who were compassionate and caring in their approach.

Good



Is the service responsive?

The service was responsive.

People all received a service that had been tailored to meet their needs and wishes. This was kept under review and adapted as people's needs changed over time.

There was a complaints procedure and people could be confident concerns raised would be investigated and action taken based on the findings.

When it was part of people's care plan, people were supported to undertake activities that they enjoyed and which ensured they stayed in touch with people and places that were important to them.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

There was a registered manager in post who was well supported by a team of senior staff.

The registered manager was aware of good practice, and was motivated to continually develop and improve the service they offered.

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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 25 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to make arrangements to speak with people using the service, staff and have access to records.

The inspection was undertaken by two inspectors. After our visit to the Care 4U office an Expert by Experience contacted people using the service and staff and completed phone interviews with them. Before our visit we asked the provider to complete 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 and we took this into account when we made the judgements in this report. We also checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection.

During our inspection we spoke to three members of the management team. We looked at a sample of records including two people's care plans, five staff files and staff training records to identify if staff had the necessary skills and knowledge to meet people's care needs. We looked at the provider's records for monitoring the quality of the service to see how they responded to issues raised.

After our visit we spoke with three people who used the service, two commissioners (people who purchase this service) and with five members of staff who provided care.

Is the service safe?

Our findings

People told us that they felt safe. Comments from people included, “I like the carers, I always feel safe,” and “The carers are good, they treat me with respect, they are very polite.” Some people told us they needed the staff to use equipment to help them move and described feeling safe when staff hoisted them, or pushed them in a wheelchair. One person said, “They always check that my wheelchair is in good working order and are constantly checking for safety, someone comes a few times a year to service it as well.” Some people’s support needs meant that they had staff living in their home for up to one week at a time. One person told us they had a buzzer and that the staff came quickly when they called for help.

Staff told us that people were safe. Their comments included, “I have no concerns about any safeguarding issues” and “I have no problems at all with people’s safety.” We asked staff about the actions they took to ensure people were safe. All the staff we spoke with were able to describe the actions they took to ensure they provided safe care and maintained safety within each person’s home. One member of staff told us, “I try and make sure [name of person] is not anxious about her safety, and keep things secure.”

Records showed that the recruitment process was not always robust, and we found some staff had started work before all checks had been completed. This did not consistently ensure staff employed were suitable to support people with personal care.

Staff had completed safeguarding training. This had provided the staff with information about the possible types of abuse, the signs and symptoms of abuse and how to report any suspicions of abuse. The service had a whistle-blowing policy and procedure so that staff could

report any suspicions they may have about the conduct of a colleague or manager. Staff demonstrated a strong commitment to protecting people, however staff were not all aware of the safeguarding procedures, and the actions they described to us would not always ensure the correct agencies were made aware or that all necessary support for the person was obtained. Improving the knowledge and confidence of staff about reporting safeguarding alerts would ensure people received the exact, prompt help and support they required.

The provider managed risks to people in order to protect them from harm. Prior to people using the service people had been assessed and care plans and risk assessments had been written to make sure that the person’s needs could be met in a safe way. We saw these records had been kept under review and updated periodically and when people’s needs or circumstances changed. We saw risk assessments in relation to people’s properties, equipment and their medical conditions. The risk assessments included the action to be taken to minimise the risk. Staff we spoke with were aware of the risk assessments and how to work in line with the guidance. They could describe the actions they would take to protect people from harm.

People confirmed that they were supported by the number of staff stated in their care plans. People told us, “Yes, there are enough staff” and “Staffing is fine. On very rare occasions I have had to wait while they send someone here, but that hardly ever happens, and someone always comes.”

Where people needed assistance with their medication, staff had been trained to undertake this role. There were good systems for the recording of medication and the records we saw had been completed appropriately. This ensured that people received their medication as prescribed.

Is the service effective?

Our findings

People we spoke with were very pleased with the support they received. Comments included, “They are very patient they help, they never rush... and they always have a laugh.” One person we spoke with told us that new staff always had the basic skills to support them, and then they trained the staff themselves to ensure they supported them in the way they preferred.

Staff had been offered supervisions in order to ensure they remained competent to support people in line with their care plans, and staff described how they could contact the care co-ordinator, the on-call manager or the office staff at any time if they needed help. This support provided staff with an opportunity to discuss issues and agree on an approach if they were unsure or a person’s needs had changed. Staff also explained the support they received from the multi disciplinary healthcare team. Some people had complex healthcare needs and this support ensured staff felt supported and were able to work following ‘best practice’. Staff told us they received training, and their comments included, “Yes the manager and senior support me”, “Yes, I get supervision” and “I get training and look forward to getting some more.” Members of the management team that we spoke with described how they worked through training with staff to ensure they had fully understood it. They described following training topics up with staff during visits to people’s homes to ensure the theory learnt was being used in practice

One member of staff who had recently been recruited confirmed they had received an induction, had started the care certificate and been given the opportunity to shadow more experienced staff before being asked to deliver care herself. This would ensure both the member of staff and people receiving support could be confident about meeting the care needs.

We were told that where possible the manager recruited staff to meet the specific needs of individuals using the service and where possible staff worked close to their own homes so they would not need to travel long distances to reach a person using the service.

People using the service or their relatives had been offered the opportunity to express how they wanted to be supported and when possible, people had signed their care records to indicate their agreement and consent. We saw that the registered manager had made changes to the way people were supported in line with their expressed wishes. This included changes to call times and the staff who provided support.

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

We checked whether the service was working within the principles of the MCA. The registered manager told us that all adults using the service had capacity to make decisions and agree to treatment and care on their own behalf. People we spoke with confirmed their consent was always sought and people told us, “They listen to me because it’s my life, my decision and I make it very clear about the choices I want” and “The carers ask for consent all the time, they really care for me very well.” Staff described how they consulted with people and sought consent before offering them care. This ensured people were cared for and supported in the way they wished, and when they were ready.

People who needed support from care workers to go shopping for food or to prepare meals confirmed that they were supported in the way that they preferred.

People told us and records showed that people had been supported to see the appropriate health care professionals when necessary to maintain good health. One person we spoke with told us, “They take me to physio, dentists, the hospital; many hospital appointments.” Staff we spoke with described the actions they took to ensure people maintained good health. These included observing for signs of change in people’s well-being, their skin, or appetite for example. These actions and staff knowledge ensured that people maintained the best possible health.

Is the service caring?

Our findings

People we spoke with provided numerous examples of staff displaying a caring attitude towards them. One person told us, "They are very caring and treat me as a respectable individual" another person said, "They are very caring, they have compassion and are polite." One of the people we spoke with told us that occasionally staff had not been as caring as they wished. They told us, "Some are more caring than others, you feel their empathy, and depth of feeling; where as others it's a task. That's not the case for many of them, those ones just "get the job done." We spoke with senior staff at the agency about this, and received assurance that such issues were always followed up, and staff challenged, trained or even dismissed if they did not support people with kindness and compassion.

A relative we spoke with told us, "They treat [name of person] with respect and dignity, there is no rush at all." Our interviews with staff and the office management provided evidence that compassion was an integral part of the agencies values. We heard examples of on call staff providing support when people needed someone to listen to them, and actions such as providing each person with a Christmas card and gift.

People who used the service told us they preferred it when they were supported by regular staff as this enabled them to develop positive relationships with them. Discussions with people, staff and looking at the rota confirmed this was usually the case.

People told us that staff respected their choices and delivered care in line with their wishes. Staff explained how they worked in ways that promoted people's independence and maintained their dignity. Their comments included, "I always treat [name of person] with respect and dignity," and "I always check what [name of person] needs me to do for her before I start any jobs."

Other staff described how important it was to let people maintain independence in areas they could and one staff told us, "There are things [name of person] does himself, it's important to let him be independent with those things."

Where people had specific cultural or language requirements, the provider had made efforts to find suitable members of staff that could meet these needs. The care plans included information about people's cultural and religious needs as well as their preferences.

Is the service responsive?

Our findings

People who used the service told us that the service met their care needs and the management would respond appropriately if their needs and views changed. Comments we received included, “If I need extra help I just phone the office” and “My needs have changed. This has been acted upon.”

People had been involved in planning their care and support. When it had been agreed that a new person would be using the service, their needs were assessed and discussed so that appropriate staff could be identified or recruited.

People we spoke with were aware of the provider’s complaints process and they felt that concerns were sorted out without the need to resort to the formal process. One person we spoke with said, “I don’t have complaints.” Another person told us, “Every time they are on the phone

to see if all is okay and if there is anything I need.” Someone else told us, “They send a long questionnaire every year or come over to check how we are getting on.” Everyone we spoke with described feeling confident to approach their own care staff or the agency office staff to raise concerns, or to ask for help. This ensured the service was continually learning and improving.

There had been no formal complaints, but the procedure available and system for recording complaints would ensure that complaints would be looked into and responded to in a timely way.

Some people’s care plans identified that they needed support with activities and maintaining relationships with people who were important to them. We found that people had been supported to undertake activities that they had chosen, and which were detailed in their plan of care. One person told us that the agency sends out information about any relevant events in the area.

Is the service well-led?

Our findings

Our phone calls with people, staff, professionals and relatives provided consistent feedback that this was a well led service. Comments included, “Frequently the managers have been out to my home. They check the day book,” and “They call me and ask over the phone - are you happy with the care?”

Staff and relatives told us, “She [the registered manager] leads the business well. She knows all of the clients and carers” and “She [the registered manager] has had these clients for a long time and has not allowed the business to grow too big. That can become a problem. That’s when you might miss things. At the moment problems can be dealt with straight away and quickly resolved.”

People told us they were encouraged to express their views about the service and felt involved in directing how their care was provided. The registered manager had given people the opportunity to feedback about the service. The

provider had systems in place that included questionnaires, regular phone calls and visits to people in their own home to support people to express their views about the service.

There was a registered manager at the service who understood the responsibilities of their role including informing the Care Quality Commission of specific events the provider is required, by law, to notify us about. They demonstrated that they had worked with other agencies and healthcare professionals when necessary to keep people safe.

Senior staff we spoke with described undertaking spot checks on staff and audits that had been undertaken by the registered manager and senior staff. At the time of our inspection there were no paper copies of these audits to view. The audits and checks in place were being effective, but this was an area senior staff we met during our inspection described wishing to develop further. This would provide evidence that the registered manager was checking the safety and quality of the service on a regular basis.