

Take 4 Care Ltd

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Inspection report

51 Lodge Lane
Grays
Essex
RM17 5RZ

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24 July 2017
27 July 2017
01 August 2017
02 August 2017

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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

Take 4 Care Ltd is registered to provide personal care to people living in the local community. The service provides care to older people, some of whom may be living with dementia and to younger people who may have a learning disability and/or autism. There were 32 people receiving personal care at the time of this inspection.

The office visits took place on 24 July 2017 and 2 August 2017 and were announced. We telephoned people, their relatives and care workers on 27 July 2017 and 1 August 2017 to obtain their views of the service.

There was a registered manager in post. 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.

We found some issues around medication recording and paperwork without any direct impact on people. The provider responded immediately to safeguard people and improve practices. People were happy with the support they received with regard to medication. Care workers had been trained and their competence to administer medication had been checked.

People were protected from the risk of harm and they told us they felt safe when care workers were in their homes. There were enough care workers to meet people's assessed needs and to help care for them safely. People were cared for by experienced, supported and well-trained care workers. The service supported people to have as much choice and control over their lives in the least restrictive way possible. People received sufficient food and drink to meet their needs and preferences and their healthcare needs were met where this was required.

Care workers knew the people they cared for well and they were kind, caring and compassionate in their approach. People were encouraged and supported to remain as independent as possible. Care workers ensured that people were treated with dignity and respect and their privacy was maintained at all times.

People and their relatives were fully involved in the assessment and care planning process. Their care plans had been regularly reviewed and updated to ensure they continued to meet people's changing needs. Complaints were dealt with appropriately and in a timely way.

People were consistently positive about the quality of the service. The registered manager and care workers were committed to providing people with person centred care that met their needs and preferences. There were systems in place to monitor the quality of the service and to drive improvements. The service met all relevant fundamental standards.

Further information is in the detailed findings below.

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.

We found some issues around medication recording and paperwork without any direct impact on people. The provider responded immediately to safeguard people and improve practices.

People were protected from the risk of harm. There were enough suitably skilled and experienced care workers to meet people's assessed needs and to care for them safely.

Is the service effective?

Good ●

The service was effective.

People were cared for by well-trained and supported care workers.

The registered manager and care workers had an understanding of the Mental Capacity Act (2005) and were working hard to make sure people were supported to make decisions and choices.

People had sufficient food and drink and experienced positive outcomes regarding their healthcare needs.

Is the service caring?

Good ●

The service was caring.

Care workers knew the people they cared for well and treated them respectfully in a kind, caring and compassionate manner.

People and their relatives were fully involved in their care as much as they were able to be.

Is the service responsive?

Good ●

The service was responsive.

The assessments and care plans were informative. People and their care workers told us they included sufficient information to

meet people's diverse needs.

There was a clear complaints procedure in place and people were confident that their complaints would be dealt with to their satisfaction.

Is the service well-led?

Good ●

The service was well led.

Care workers had confidence in the registered manager and shared their vision.

There was a quality assurance system in place to monitor the service and drive improvements.

Take 4 Care Ltd

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 checked 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 was carried out by one inspector. The office visits took place on 24 July 2017 and 2 August 2017 and was announced. We gave the service short notice to ensure that someone was able to provide us with information at the inspection visit. We telephoned staff and sent emails to them to obtain their views on working for the service on 27 July 2017. We also made telephone calls to people who used the service on 1 August 2017.

Before the inspection we reviewed information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We spoke with five people who used the service and three of their relatives. We also spoke with the registered manger, the office manager, the senior temporary controller and eight members of staff. We reviewed four people's care files, six staff recruitment and support files, training records and a sample of the service's quality assurance system including complaints records.

Is the service safe?

Our findings

Improvements were needed to the medication system to ensure that people receive their medication as prescribed. There was limited information in people's care plans describing the level of support required. The medication administration record sheets (MARS) that had been returned to the office for safe storage showed some gaps in recording. The codes had not been used to show if or why people had not taken their medication so it was not clear if people had received their medication as prescribed. We could not find any direct impact to people and no one had missed any medication. The registered manager took immediate action to address the shortfalls. Where people were helped with their medication, they told us that their care workers supported them well. One person said, "My care worker is very good. They remind me to take my tablets when they visit." Another person told us, "I do my own medication but they always ask me about it and check that I have taken it." Care workers told us, and the training records confirmed that staff had received medication training and updates and they had been regularly assessed during spot checks.

The registered manager told us that there had been changes to the office staff who usually carried out these checks and assured us that urgent action would be taken to ensure people received their medication as prescribed. After the first office visit they told us that more detailed spot checks aimed specifically at confirming care workers competency in administering and recording medication will begin week commencing 14 August 2017.

People consistently told us they felt safe when their care workers visited. One person said, "All of the care workers who visit me make me feel safe when they are here." Another person told us, "I do feel safe. If I don't like any of them [care workers] for any reason I tell them and they don't come back. I always feel safe with them." Staff demonstrated a good understanding of how to protect people from the risk of harm. They knew to report any issues of concern and who to report to. One staff member said, "I would report my concerns immediately. I would make sure the person was safe. I know I can tell the council or CQC as they told us that in our training." There were clear policies, procedures and guidelines for staff to refer to when needed.

People told us that any risks to their health and safety were well-managed. They said that care workers recorded any risks in their care plans and knew what they had to do to minimise the risk. For example, one person told us about how they were supported to manage transfers between their wheelchair and their slider board. Another person explained the risks of losing their independence and said that they were helped to maintain this by staff who showed patience and understanding when they took longer to do things for themselves. Care workers described how they kept people safe. However, although people said that their risks were well-managed and care workers told us how they managed risks we found that their risk assessments did not always show how risks were to be managed. This was discussed with the registered manager and they immediately took action by combining their risk assessment documentation to simplify the risk assessment process. This assured us that risks to people's health and safety were minimised.

People told us there were sufficient numbers of care workers to meet their needs. One person said, "My care workers are reliable. They are rarely late and the office phones me if they are delayed due to traffic or anything." Care workers told us that they felt there was enough of them to do the work. People said that they had never had a missed visit. One person told us, "They [Take 4 Care] are spot on and have never missed a call." One relative said, "I can totally rely on them [care workers] which gives me peace of mind so I don't have to worry about my relative not getting the care they need."

Care workers told us that the recruitment process was thorough and that checks were undertaken before they started work. One care worker said, "I could not start work until my checks had been done. My induction was good and it included shadowing a more experienced care worker." Another care worker told us, "I couldn't start work until Take 4 Care had checked my references." When we viewed care worker's staff files we found that some had Disclosure and Barring (DBS) checks from other employers in the caring industry. The office manager told us that they believed these were portable but were in the process of setting up for all of their care workers to subscribe to the DBS update service. The DBS update service was launched in June 2013 and allows the applicant (the person who the check is about) to apply for a DBS check only once and then, if they subsequently need a further check of the same type, to use their existing certificate. The care worker has to pay an annual fee and then they can authorise their employer to check online that the certificate was still up to date. The registered manager confirmed this, and told us that they were in the process of refreshing all care workers DBS checks who had not subscribed to the update service to ensure that people were supported by safely recruited staff.

People told us staff wore protective clothing when providing them with personal care. One person said, "They [care workers] make sure everything is done and the place is left nice and clean." Another person told us, "My care worker is very good, they are always clean and tidy and wear gloves." Care workers had been trained in the prevention and control of infection and they had access to ample supplies of personal protective clothing such as disposable glove and aprons. One staff member said, "I can have gloves and aprons whenever I need them the agency is good like that."

Is the service effective?

Our findings

People were cared for by care workers who told us they felt supported and valued. Care workers told us, and the records confirmed that they had supervision, spot checks, appraisals and team meetings. One care worker said, "We have regular meetings where we can discuss any issues and I get the support I need to do the job." Another care worker told us, "I have regular supervisions every couple of months and if I have any questions I can ask. I do feel supported by them [Take 4 Care office staff] as you can go to them at any time and there is always someone there." Care workers told us that they had a good induction that included basic training and shadowing experienced staff before working alone with people.

People told us they thought care workers were well trained. One person told us, "They [care workers] get good training. In fact, my care worker did some training the other day when she left my house. They are all very knowledgeable." Care workers told us, and the records confirmed that they had received a wide range of training that was appropriate for their role and that they had been regularly updated. The service uses a computer system together with supervision sessions to ensure that care workers are up to date with core subjects. Some staff had completed service specific training such as for epilepsy and percutaneous endoscopic gastrostomy (PEG feeding). People who require PEG feeding may do so because they are unable to have a sufficient oral intake of food and fluids (for example, because of swallowing difficulties). One care worker said, "I feel I had all the relevant training I needed to help me with in the job role and they do keep you up to date with training." Another care worker told us, "I have done this work for many years and I get regular refresher training and although some is on the computer we still do training in person in the office such as moving and handling." People were cared for by well trained staff.

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.

Care workers who we spoke with had a basic understanding of what the MCA meant. They were aware that people may need support to make everyday decisions. One care worker told us, "If a person cannot make decisions for themselves then their relative has to make it on their behalf in their best interests." Another care worker said, "Some people can make their own decisions some of the time but not about everything. The MCA is about how decisions are made on their behalf." None of the service's staff had received MCA training through Take 4 Care; however, some staff had previous training from other employers. There were no mental capacity assessments on any of the care files that we viewed and the registered manager told us that none were in place. However, there were copies of lasting powers of attorney where relatives have been granted this by the Office of the Public Guardian. The registered manager had a copy of the MCA Code of Practice on their computer system so this showed that the MCA had been considered. However, improvements are needed to ensure that all people who require a mental capacity assessment receive one and that all care workers are trained. This was discussed with the registered manager who has said that all care workers have been enrolled and will receive training in the MCA by the end of August 2017. This will

ensure they have the knowledge to support people who are unable to make decisions for themselves. They had also sourced the appropriate forms and assured us that mental capacity assessments would be carried out where required.

People told us they were supported to have sufficient to eat and drink. One person said, "They [care workers] prepare my lunch. They will heat up a ready meal or cook something simple for me. They do whatever I ask them to do." Another person told us, "I have a care worker every lunch-time for an hour and they cook me a meal of my choosing. I am very happy with them." Where required charts were kept to record people's dietary intake and bowel movements to ensure their diet was monitored to ensure that they had sufficient food and drink to keep them healthy.

People told us that their families usually organised and supported them with their healthcare appointments. However, the office manager said that the service had sometimes arranged medical visits, such as to the GP or the optician. Care workers and people using the service confirmed this. One person said, "I am as independent as I can be with my health appointments. My sister helps me a lot but my care workers will help me if needed." Another person told us, "I wear compression stockings and my care workers help me to get them on as it is really important for my health. They [care workers] help me to keep healthy."

Is the service caring?

Our findings

People consistently told us their care workers treated them with dignity and respect. They said that all of the care workers were kind and caring. One person said, "They [care workers] are like family and miniature friendships grow as we get to know each other." Others told us that they consistently received very good care from kind, caring, understanding and genuine care workers. People described their care workers as, "Absolutely brilliant." And, "Marvellous people."

People and their relatives told us how they were kept actively involved in making decisions about their care and support. One person said, "I am always involved in any decisions about my needs." Another person told us, "My care workers have got to know me now. They know how I like my care provided and they all make sure they do it the way that I like it done." A relative said, "The agency ensure that I am kept involved in all aspects of my relative's care."

People's care plans varied in content but provided good information about their preferences and described how they wanted care workers to care for them. People told us that their care workers promoted their independence and encouraged and supported them to retain this as much as was possible. One person said, "I have a regular care worker who always encourages me to do what I can for myself and this is important to me. I would rather do things for myself for as long as I can and my care worker respects this."

Is the service responsive?

Our findings

People told us, and the records confirmed that their needs had been assessed before they received a service and their care plans had been devised from the assessment process. The care plans had been reviewed at a minimum of three monthly intervals and they had been updated to reflect any changes to people's needs. The care plans varied in content. For example, some people received minimum support such as a shower and a reminder to take their medication. Others required a higher level of support such as help with washing and dressing, preparing meals and drinks and administering medication. People told us they were very happy with their care plans and confirmed that they met their needs. One person said, "They [care workers] are very experienced and know what to do for me." A relative told us, "After my relatives assessment they [Take 4 Care] developed a care plan that was tailored for them. It looked at everything that they needed help and support with. They provide my relative with regular care workers and we are very satisfied with the care they receive." People told us how they felt they had developed a 'bond' with their regular care workers. They said that their relationships with them were very important to them. One person told us, "They [care workers] know how I like things to be done and how I want them to help me. They are all so good and are like family."

People told us they knew how to complain and would do so if it were necessary. One person said, "If I had any concerns I would certainly phone the office and let them know about it." Another person told us, "I have no reason to complain but I am sure the manager would resolve any problems and they regularly ask me if I am happy with the service." One relative said, "I have absolutely no complaints about the service. It is excellent; they are extremely good at communication and they have never missed a call. It's a great service." The service had a complaints process in place, which was summarised in the 'Guide for Clients' document. This was given to people at the start of their service and it explained the timeframes for response to any complaints or concerns. People told us they were aware of the process and the records we viewed showed that complaints had been fully investigated and dealt with appropriately.

Is the service well-led?

Our findings

There was a registered manager in post. The registered manager promoted an open, positive person-centred culture. Care workers shared their vision to provide people with good quality person-centred care that met their needs. There was an open and inclusive culture where people, their relatives and care workers felt they could raise any issues or concerns with the management at any time. Without exception, everyone we spoke with were positive about the quality of the service. They told us how office staff were good at communicating, that care workers were punctual and reliable and that they received a consistently good service that they had recommended Take 4 Care to others. One person said, "There is always someone at the end of the phone if I need to talk to them. I have all the numbers in my folder." A relative told us, "The service is so very reliable and good communicators from the care workers through to the office staff. They listen and they act on what you say. I get a very good service. I have recommended them to several people."

People told us they were encouraged to share their views and opinions with the service. People regularly completed questionnaires that asked them for their feelings on the quality of the service and its staff. The questionnaire asked people to rate individual care workers for their time keeping, attitude to work, ability to communicate, appearance, teamwork, quality of work, responsibility, enthusiasm and initiative. Care workers could be rated from one to five which ranged from poor to excellent. Most of the completed questionnaires that we viewed showed that people felt staff were either good or very good, with some saying excellent. Where the questionnaires had identified shortfalls in the service the registered manager had taken action to address this. There was also additional space on the forms for people to add any further information that they felt was important. Care workers told us, and the records confirmed that they took part in regular meetings to discuss any issues such as policies and procedures, training, care practices and confidentiality. This showed that people using the service and care workers had many opportunities to contribute to improvements to the service.

There was a quality monitoring system in place where care plans, medication record sheets and recruitment and training files were regularly checked. The registered manager told us and the records showed that the issues found with the medication administration sheets (MARS) had not been identified in the quality assurance checks. The registered manager assured us that staff who had responsibility for checking people's MARs would be retrained and that they would also going forward double check the MARS to ensure medication was recorded appropriately.

We saw that there were written compliments from other professionals and people's friends and relatives. These included, "You've done an amazing job." And, "Thank you so much for all your help over the months." And, "We could not have done this without you. Thank you for supporting [person's name] and us as a family too."

People's personal records were stored safely in locked cabinets in a locked office when not in use. The registered manager had access to up to date information and guidance on the computer system. We saw that they had copies of The Southend, Essex and Thurrock (SET) Safeguarding Adults Guidelines, The Mental Capacity Act (MCA) Code of Practice. The registered manager had also just obtained the recent guidance

from the National Institute of Excellence (NICE) for Home care: delivering personal care and practical support to older people living in their own homes. They told us they were working through the guidance to enable them to improve their practice. This was available for care workers to ensure that they had the knowledge to safeguard people, protect their well-being and provide them with a good quality service.