

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

This inspection took place on 04 April 2019 and was announced. We gave the provider 48-hour notice so we could be sure someone would be available to meet with us. The inspection was completed by one inspector.

About the service:

Care 2 U is a domiciliary care agency. It provides personal care to people living in their own homes. 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.'

People's experience of using this service:

People told us they felt safe with the staff who supported them. People told that staff were kind and considerate. Relative spoken with told us that the staff were respectful.

There were sufficient staff available to support people and calls were completed on time. People reported no missed calls so people care needs were met.

People had support with their medication when required from staff. Staff had completed training in the safe administration of medication and various other training to ensure people were supported by experienced staff who had the right skills.

Risks associated with people care had been assessed to protect people from the risk of avoidable harm. Risk assessments were updated when required in full consultation with the individual.

Staff were aware of how to protect people from the risk of abuse and confirmed who they would report any concerns to, including external agencies if required. The registered manager ensured only suitable people worked at the agency.

Recruitment checks were completed and included references and checks with the Disclosure and Barring Service. (DBS)

People confirmed the care they received met their individual preferences and choices. Care plans were reflective of people's current needs.

There was a complaints procedure to enable people to make complaints and people spoken with were aware of these procedures. People told us they felt that the registered manager and staff would address any concern they had.

People and their relatives told us that staff were very kind and caring and treated them with dignity and respect.

The registered manager had systems in place to review and monitor the service provided and people's views were sought.

This was a planned inspection.

Rating at last inspection: The last inspection was completed on 28 July 2016 and was rated as Good. At this inspection the service continued to be rated as Good

Why we inspected: This was a planned inspection.

Enforcement Not required

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

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

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 2 U 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

Inspection team:

The inspection was completed by one Inspector.

Service and service type:

Care 2 U is a Domiciliary Care service providing support to people living in their own homes.

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.

Notice of inspection:

'We gave the service 48 hours' notice of the inspection site visit to ensure someone was available to assist us with our inspection.

When planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. During our inspection we spoke with the registered manager, senior care staff, four relatives, five staff and seven people that were being supported.

We visited the provider's office and reviewed the care records of three people to see how their care was

planned and delivered, as well as their medicine administration records. We looked at recruitment, training and supervision records for staff. We also looked at records which supported the provider to monitor the quality and management of the service.

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- The provider protected people from the risk of harm and abuse. Staff had received training to protect people from abuse and understood their responsibilities to report any concerns. There were policies and procedures for staff to follow should they have any concerns.
- All staff spoken with knew the procedure for reporting concerns and the different types of abuse that could occur. One staff member told us "There are different types of abuse such as physical, financial and neglect. I've never had any concerns, but if I did I would report them to my manager straight away and record it; I know I can call social services or CQC myself if I needed to but to be honest [management team] are very good at dealing with anything like that". Records showed that staff had received training on how to keep people safe from avoidable harm and abuse.
- People spoken with told us that they felt safe when staff. A relative told us the agency did a thorough assessment and [name person] is very happy with the staff, I feel that [named person is safe]

Assessing risk, safety monitoring and management..

- Risks associated with people's care was recorded so staff had the information to support people safely. These included standard, generic risk assessments such as those relating to the environment as well as more individualised risk management plans, specific to the care needs of people.
- The registered manager had systems in place to minimise people's individual risks. Where risks to people's individual health or wellbeing were identified, their care plans described the actions staff should take to minimise them. Risks to people's mobility, nutrition and communication were assessed and staff were given guidance on managing the risks to ensure the best outcome for the person.

Staffing and recruitment.

- The provider ensured staff were suitable to work with people. staff underwent a thorough recruitment process and appropriate checks were made on applicants before they were offered work. This included checks with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and adults and informs the service provider of any criminal convictions noted against the applicant. These checks help to ensure only suitable applicants are offered work.
- All staff completed a full induction programme to include relevant training based on people care needs

and the Care Certificate that covered mandatory training topics. The Care Certificate is a nationally agreed set of standards new staff should work to. The registered manager told us "If we get a person who has additional needs then we source additional training so staff have the relevant skills to support the person.

- The service had sufficient numbers of staff to support people however the registered manager told that a recruitment drive was currently underway to ensure that this continued.
- People told us they were not rushed and staff stayed for the full length of their calls.
- People told us staff was very punctual and could be relied on to turn up.

Using medicines safely.

- People spoken with confirmed they received their medicine as prescribed. One person told us, "They [Staff] have always helped me with my medication, I have no concerns".
- There were systems in place to manage medicines safely. The agency had a medicines policy and procedures in place and training records showed all staff administering medicines had been appropriately trained.
- Records relating to the administration of medicine were accurately completed. Medicine administration records (MAR) detailed the number of medicines administered from a monitored dosage system, such as dosset boxes or blister packs which had been prepared by the dispensing pharmacist.
- Staff we spoke with confirmed they received medicines training and they could describe to us how to administer medicines safely and according to the agency's policies and procedures. People confirmed they were happy with how staff supported them with their medicines. One person told us, "Staff know what I need to take and they ensure that I take it".

Preventing and controlling infection.

- Staff and people confirmed that personal equipment was available, such as gloves and aprons to reduce the risk of infection.
- Staff told us they received training in infection control and food hygiene. Staff felt confident they knew how to reduce risks of cross infection.

Learning lessons when things go wrong.

- The registered manager was open and took action when things went wrong. We saw that where an area had been brought to the registered manager attention information was thoroughly investigated and changes made. For example. One person did not have a call which was a system error. The registered manager involved multiple agencies to ensure that this could not happen again.

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

Good: 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.

- People were asked for their consent before care and support was provided. Staff knew how to respond to a change in people's health needs.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making 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 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 so that they can receive care and treatment when this is in their best interests, for example, to keep them safe and when it had been legally authorised under the MCA 2005. In order to deprive a person of their liberty within the community, providers are required to notify the local authority who is responsible for applying to the court of protection for the authorisation to do so.

Staff support: induction, training, skills and experience.

- Staff had the skills and knowledge required to support people. Staff had received training relevant to their role.

- Relatives told us the staff who supported their family members were friendly and caring. ● People were supported by staff who understood their needs and preferences.

- Staff supported people in a way that respected their culture and maintained their privacy and independence.

- People and their relatives were involved in the planning, assessment and review of their care. Staff understood people's needs and preferences.

- People knew who to contact if they were unhappy about any aspect of their care

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

- Staff spoken with were aware of how to support people who may be at risk of not eating and drinking enough to remain healthy. One staff member told us, "Because I know the people I support well I would know if there was a problem with their eating and drinking. I would report to the office and family if I was concerned."

- All staff spoken with told us if they had any concerns they would report to the office so family members were made aware.

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

- Staff spoken with had a good understanding of people's day to day health needs and could explain how they would support people in case of an emergency.
- People told us if needed staff would help them to make an appointment with their doctor, and relatives confirmed that they were kept informed about their relative's health. One relative told us, "Communication was very good and if there were any problems they were informed so they felt that their relative was in good hands".

Adapting service, design, decoration to meet people's needs.

- The service provided was to people in their own homes. Risk assessment had been completed to ensure staff were aware of the risk involved when supporting people in their own homes. For example, equipment that was used in supporting people. The registered manager completed a risk assessment at the beginning the service.

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

- People told us that their relatives generally helped them with their health needs and attending appointments however, if needed staff will support them.
- The registered manager told us where people do not have relatives then they will do an initial referral and involved other healthcare professional and social worker if required.

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

- People were asked for their consent before care and support was provided. Staff knew how to respond to a change in people's health needs. Where people health care needs changed a review was completed with the relevant healthcare professional to ensure the person care needs were continuingly met.

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: 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 care record showed that the care provided was centred on the individual and considered all aspects of their care, including people different cultural needs. People were fully involved in how they wanted their care to be provided. Care plans reflected the choice they made.
- People told us they were treated with respect and their views were listen to.
- People and their families described the care staff as caring and kind.

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

- People and their families told us they felt involved in decisions. People were offered choices that promoted their independence.
- People were supported to make decisions about their care. One person told us, "I have the same care staff who know me well, when I have a different one, they always ask what I want I think they are very professional, nothing is too much trouble". Another person told us. "I have been involved in my care right from the very beginning if I change my mind then the staff are very accommodating".

Respecting and promoting people's privacy, dignity and independence.

- People had their dignity and privacy respected. All the people we spoken with told us that staff treated them with respect. One person told us, I have always worried about losing my dignity when I got older, the care staff I have make sure they only do want I want in a way I want, I feel I still have my dignity".

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Staff spoken with were knowledgeable about people's individual needs. People were receiving personalised care that was responsive to their individual needs. People told us that they had a choice about all aspects of their care including the preferred time of their care calls, the level of support they required and whether they received their care from a male or female member of staff.
- People we spoke with and records we looked at confirmed that people were involved in the planning and review of their care and were consulted for their feedback on the service.
- People's choices and preferences were included in the day to day support people had. One person told us, they [agency] did an assessment, it has changed a few times but I am always involved".

Improving care quality in response to complaints or concerns.

- A complaints procedure was in place and we saw that where complaints had been made the procedure had been followed.
- People and relatives all told us they were comfortable talking to any of the staff about any concerns or complaints they may have. One person said, "I would be comfy to talk to them if I had any concerns". One relative told us they had felt comfortable making suggestions and had felt heard. We saw a letter that had been sent to the registered manager complementing him on the way they had dealt with a complaint, the outcome was positive.
- The registered manager told us, if we have a complaint then this is thoroughly investigated. Records confirmed this action was taken. This open approach was reflected in people's willingness to complain if they felt it necessary.
- The registered manager regularly checked that people were happy with the service they received so any concerns could be dealt with before they developed into a complaint. Any feedback received was used as an opportunity to improve the service.

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

Good: 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 clear leadership structure within the service and people and staff we spoke with knew who the registered manager was and how to contact them if they needed to. All the staff we spoke with told us that the communication between the management and staff was effective, open and transparent. They felt involved and well informed of any changes or developments within the service.

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

- The registered manager and staff were very clear about their responsibility to ensure people received safe care that met their individual care needs. A staff member told us, "People are individual and have different ideas about how they want support, we are there to support them the way they want".
- The registered manager was aware of their responsibilities with regards to submitting statutory notifications to us. We had received statutory notifications from the provider as required.
- People gave positive feedback about the staff and the management of the service. One person told us, "There is no doubt in my mind that the management and staff do listen to me, I have general conversation with both any changes I want they do".

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

- The emphasis of the service was to ensure people received person centred care that met their individual needs.
- Regular reviews were completed with people and questionnaires were sent to people to gain their views. The information was then used to improve the service. For example, allocation of calls is now in geographical order so staff have enough time to go to the next call.

- When issues were brought to the registered manager attention a thorough investigation was completed and feedback was sought from the person as to their satisfaction.
- The registered manager worked closely with other healthcare professionals, families and people, to ensure the service provided. was good.
- Staff told us they had good support from the management team, good training and opportunities to progress.

Continuous learning and improving care.

- The registered manager has clear procedures in place that are followed in practice to monitor, review and ensure personalised care was provided.
- The registered manager regularly checked that people were happy with the service they received so any concerns could be dealt with before they developed into a complaint. Any feedback received was used as an opportunity to improve the service.

Working in partnership with others.

- he registered manager works closely with other professionals to ensure consistency of the delivery of the service. Systems were in place and used effectively to continuously, identify, analyse monitor and review risks so people were provided with good care.