

Care4u

# Care4u Office

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

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?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Care4u Office is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were eight people using the service.

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

Medicines were not always managed safely, documents were not completed correctly and medicines audits were not taking place. The provider assured us this would be addressed quickly.

Systems were in place to safeguard people from abuse. People told us they felt safe with their carers. Risks to people's safety were assessed. Staff were recruited safely and staff were suitably trained to carry out their roles. People told us staff wore their PPE when caring for them.

Staff received regular training, supervision and appraisal. People received effective support with eating and drinking. 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.

People received personalised support based on their needs and preferences. People were supported to maintain their relationships and interests. Staff were proud of the support they were able to provide. The provider had a complaints procedure in place.

Feedback from people and their relatives was regularly sought and acted on. People, relatives and staff spoke positively about the culture and values of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 27 November 2020 and this is the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the safe management of medicines and in quality assurance processes at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Care4u Office

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We announced the inspection. This was because the majority of the inspection took place remotely.

Inspection activity started on 18 May 2022 and ended 8 June 2022. We visited the location's office on 27 May 2022.

#### What we did before the inspection

We reviewed the information we had received about the provider since it registered with CQC. We sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the

service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We requested and reviewed care records remotely. We visited the office and spoke to the registered manager and office staff. We spoke to two people who use the service and four relatives of people who use the service. We contacted seven members of care staff by email.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always managed safely. Medicine administration records were not maintained in line with best practice guidance. 'As and when required' medicines were not clearly recorded in medicine records and did not include instructions about when these medicines should be given.
- Medicine audits were not carried out. There were gaps in people's medicine records which the provider confirmed was staff forgetting to sign. Some records indicated that people had missed their medication on multiple days in a month however the provider was confident this was not the case. The provider confirmed they would implement medicines audits immediately.
- A comprehensive medicine policy was in place however the provider was not following this policy in relation to record keeping, 'as and when required' medicines or medication errors.
- Medicine competency checks were carried out by the provider however these checks had not identified missed signatures by staff.

The failure to manage medicines safely and properly is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were safe from the risk of abuse. The provider had policies and procedures in place to help keep people safe. When asked if they felt safe, one person said, "Yes, definitely, I'm glad they are here ... they always tell me to lock my door."
- Staff had completed safeguarding training. One staff member said, "I used the policies and training to help complete my [care qualification]."

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were assessed, and care plans included detail about how people's risks should be managed.
- Lessons learnt were shared with staff via a secure messaging service, however they were not formally recorded. The provider confirmed they would implement a lesson learnt log in the future.

### Staffing and recruitment

- Staff had been recruited safely, in-line with best practice guidance. Disclosure and Barring Service (DBS) checks had been carried out on all staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- There were enough suitably trained staff to provide support to people who use the service. The provider acknowledged that recruitment had been challenging recently but there were enough staff employed.

#### Preventing and controlling infection

- The provider had procedures to promote safe infection control practices. One person said, "[Staff] always wear their mask, gloves and apron."
- The provider carried out spot checks on staff which included checking whether their PPE was appropriately used.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People were involved in assessing their needs and deciding how their care was provided. People's social, religious and cultural preferences were considered.

Staff support: induction, training, skills and experience

- Staff were suitably supported and trained. They had the skills and experience needed to provide good care to people. One relative said, "Staff had additional training to make sure they could hoist [person] safely."

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

- People were supported to eat and drink enough, where required. People's care plans described the support they required such as pureed food or encouragement with hydration.
- One person said, "[Staff] check that I've had my breakfast and offer to make me a sandwich if I want one."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked well with other health and social care professionals involved in people's care such as social workers and district nurses.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- There were no people who were deprived of their liberty using the service at this time.
- The provider followed the requirements of the MCA. Staff asked people for consent before providing care.
- People and their relatives confirmed care staff supported them to make choices in the care they receive.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Care staff treated people well and supported them with kindness and compassion. All relatives and people we spoke with spoke warmly about the care they received and were complimentary about care staff.
- Staff ensured people's needs were met, one person had very specific preferences about how they liked to eat. The carers always facilitated this for them.
- People and relatives told us care staff knew them well. One relative said, "[Person] has built up a great relationship with some of the staff." A person said, "They're brilliant, I look forward to their visits."

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

- People and their relatives were supported to make decisions about their care. This included regular reviews to check their care and support still met their needs.
- Relatives were actively involved in some people's care and advocated on their behalf, depending on their needs.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. When asked whether a person was treated with respect, one relative said, "Definitely."
- Care staff supported people to maintain their independence. One person was supported to do regular exercise as part of his daily routine to help maintain his independence.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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's care had been planned around their individual needs and preferences. However, some care plans were out of date. As the staff team was very small, staff knew the people they cared for well and their care was not impacted.
- One person said, "I was fully engaged in deciding the support I receive from the service."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service made information available in different formats when needed.
- People's communication needs were discussed and recorded in their care plan. This was available for staff at all times.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests and take part in activities. The registered manager spoke passionately about supporting people to avoid social isolation during the pandemic.
- Staff regularly supported people to attend religious services, dancing, day centres and the hairdressers depending on people's wishes.

Improving care quality in response to complaints or concerns

- The provider had a robust complaints policy in place. They have not received any formal complaints to date. Feedback from people and their relatives has been acted upon quickly and effectively.

End of life care and support

- There was no one receiving end of life care at the time of the inspection or in the recent months.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance processes did not take place effectively for care and medicine records. Some care plans were good but others were inconsistent or out of date. Medication audits did not take place to identify why there were gaps in people's medication administration records.

The provider's failure to ensure effective quality monitoring systems were in place is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were clear about their roles. People and their relatives praised the care they received.
- The provider was open to learning and improving the service. At the time of the inspection lessons learnt were not formally recorded but issues were shared with staff on a daily basis through a secure messaging service. The provider said they would start formally documenting lessons learnt.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had created a positive culture amongst the people and staff. A number of staff said that there was a good team spirit with staff helping each other out when needed.
- One staff member said, "I take a gentleman out every week, he tells me where he wants to go and he really enjoys it."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood the duty of candour and the need to be open and honest. There had been no incidents which were reportable under the duty of candour.

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

- The service engaged with people and staff to gather their views. Feedback forms were sent to people and their relatives to ensure the care they received was appropriate and effective.
- People's equality characteristics were taken into account when care was planned.

Working in partnership with others

- The registered manager was aware of other healthcare organisations. Care plans directed staff to the most appropriate external teams such as district nurses for help with skin integrity.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Regulation 17(1)(2)(a)(c) The provider failed to ensure medication records were accurate and appropriate and effective quality assurance systems and were in place to ensure the safe and effective running of the service.