

Ms Diane Joy Varty

Care4you

Inspection report

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16 February 2016

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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

We carried out an announced inspection visit on 10 February 2016 and made telephone calls to people who used the service on 15 and 16 February 2016. When we last inspected the service in May 2013 we found that the provider was meeting the legal requirements in the areas that we looked at.

Care4you is a family run community based service that provides personal care and support to people in their own homes. At the time of the inspection the service provided support to 36 people.

The service is not required to have a registered manager. 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.

The feedback we received from people was excellent. People who used the service expressed great satisfaction and spoke very highly of the provider and the care workers. They told us of instances when care workers had gone over and above what had been expected of them.

The safety of people who used the service was taken very seriously and the provider and care workers were aware of their responsibility to protect people's health and wellbeing. There were systems in place to ensure that risks to people's safety and wellbeing were identified and addressed.

The provider ensured that care workers had a full understanding of people's care needs and had the skills and knowledge to meet them. People received consistent support from care workers who knew them well and they felt safe and secure when receiving care.

People had positive relationships with their care workers and were confident in the service. There was a strong emphasis on key principles of care such as compassion, respect and dignity. People who used the service felt they were treated with kindness and said their privacy and dignity was always respected.

People received a service that was based on their personal needs and wishes. Changes in people's needs were quickly identified and the service provided amended to meet their changing needs. The service was flexible and responded very positively to people's requests.

People who used the service felt able to make requests and express their opinions and views. The provider was very committed to continuous improvement and feedback from people, whether positive or negative, was used as an opportunity for improvement.

The provider demonstrated a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service. The provider demonstrated strong values and a desire to learn about and implement best practice

throughout the service.

Staff were very highly motivated and proud of the service. They said that they were fully supported by the provider and a programme of training and supervision that enabled them to provide a high quality service to people.

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.

People were protected from harm. People had confidence in the service and felt safe and secure when receiving support. Risks to the health, safety or wellbeing of people who used the service were addressed in a positive and proportionate way.

Care workers had the knowledge, skills and time to care for people in a safe and consistent manner. There were safe and robust recruitment procedures to help ensure that people received their support from staff of suitable character.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

The service was effective.

The service ensured that people received effective care that met their needs and wishes. People gave us very positive feedback about their care and support.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively.

People were supported with their health and dietary needs.

Is the service caring?

Good ●

The service was caring.

The provider and care workers were committed to a strong person centred culture. Kindness, respect, compassion and dignity were key principles on which the service was built and values that were reflected in the day-to-day practice of the service.

People who used the service valued the relationships they had

with care workers and expressed great satisfaction with the care they received. People were pleased with the consistency of their care workers and felt that their care was provided in the way they wanted it to be.

People felt care workers always treated them with kindness and respect and often went above and beyond their roles. Staff built meaningful relationships with people who used the service and were given ample time to meet people's needs and provide companionship.

Is the service responsive?

The service was responsive..

Changes in people's needs were quickly recognised and appropriate, prompt action taken, including the involvement of external professionals where necessary.

People felt the service was very flexible and based on their personal wishes and preferences. Where changes in people's care packages were requested, these were made quickly and without any difficulties.

People were actively encouraged to give their views and raise concerns or complaints because the service viewed concerns and complaints as part of driving improvement. People's feedback was valued and people felt that when they raised issues these were dealt with in an open, transparent and honest way.

Good ●

Is the service well-led?

The service was well-led.

The provider promoted strong values and a person centred culture. Staff were supported in understanding the values of the service.

There were robust systems to assure quality and identify any potential improvements to the service. This meant people benefited from a constantly improving service that they were at the heart of.

Good ●

Care4you

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.

The inspection visit took place on 10 February 2016 and was announced. We gave 48 hours' notice of the inspection because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. Telephone calls were made to people who used the service on 15 and 16 February 2016. The inspection team was made up of one inspector 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.

Before the inspection, the provider completed 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. We also reviewed the information available to us, such as notifications and information provided by the public or staff. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with 13 people and two relatives of people who used the service, a care coordinator, three care workers and the provider. We reviewed the care records and risk assessments for three people who used the service. We checked medicines administration records and looked at staff recruitment, training and supervision records. We also reviewed information on how the quality of the service was monitored and managed.

Is the service safe?

Our findings

People who used the service told us that they felt safe. One person said, "They are all entirely trustworthy. They have a key safe." Another person told us, "We've had no falls or accidents. They are very safe." Another person said, "They make sure I am safe."

The provider had an up to date policy on safeguarding and whistleblowing. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace without fear of the consequences of doing so. One member of staff told us, "Safeguarding is about protecting people. I would speak to [Provider] first but if I was not happy I would report it to the Safeguarding Team or the Care Quality Commission." They were able to demonstrate a good knowledge of the types of harm that people could experience. Staff told us that they received regular refresher training on safeguarding following their induction training.

We saw that there were person centred risk management plans for each person who used the service. Each assessment identified possible risks to people. The identified risks included an assessment of people's risk of falling, the risks of any hazardous cleaning products in people's homes and medicines. These risk assessments included details of what would reduce the hazard, the available options, the possible outcomes and the service user's view as to how the risk should be managed.

In addition to the personalised risk assessments, home safety checks had been completed along with checks of the equipment available for each person to assist and support them to maintain their independence. Risk assessments had been completed for staff accessing people's homes. There were emergency plans in place to ensure that the service was able to continue to operate. The manager told us that, in the event of severe weather disrupting travel, care workers who lived locally to people who used the service would walk to the calls. They told us that this had been implemented quite successfully in the past as they had care workers who lived within walking distance of all their service users.

There were enough staff to support people safely. The office administrator was a trained care worker and they, or the provider, would step in to complete a call if necessary. One person told us, "I've even had the boss come out to help if they are short." Staffing levels had been determined by the needs of the people who used the service and the levels of support that had been identified within their needs assessments. People told us that they normally had their calls on time. One person told us, "They are mostly on time. I've only once been let down for an evening call. They let me know and they said sorry. Generally if they are running late they call." Care workers told us that they normally got to their calls on time but if they were going to be late they had the telephone numbers of the people they were to visit and would call to let them know they had been delayed. If the delay was to be significant, such as if they had to wait for an ambulance, they would call the office.

The provider had a robust recruitment policy. This included the making of relevant checks with the Disclosure and Barring Service (DBS) to ensure that the applicant was suitable to work in the service, health questionnaires to ensure that applicants were mentally and physically fit for the role applied for and the follow up of employment references. This assisted the provider to determine whether the applicant was

suitable for the role for which they had been considered.

Some people required assistance with taking their medicines. For some people this was just a prompt by the care worker to take their medicine but for other people the care worker administered the medicines to them. One relative told us, "They help remind him about his medication which has to be done carefully and right, which they do." Another person told us, "They remind me of taking my tablets. " A third person said, "We have always self-medicated but they are also there to just check we've taken them."

Care records included medicines risk assessment and care plans that contained information about the medicines people were to receive and how these were to be administered. Staff told us that they received regular training on the administration of medicines. We looked at the medicine administration records (MAR) for four people. We found that for three people these had been completed correctly, with no unexplained gaps, but for one person a care worker had omitted to complete the MAR when eye drops had been administered on three occasions. We brought this to the attention of the provider who told us that they would provide additional training and supervision to the care worker responsible for the omissions. We noted that where creams were applied to people body maps had been introduced and completed to advise care workers which parts of the body needed the creams to be applied.

Is the service effective?

Our findings

People told us that the staff had the skills needed to support them effectively. One person said, "They are absolutely excellent. I've had some care for 20 years from them and others and they are the best." They went on to say, "They know what they are doing exactly and I'm not treated like a baby." A relative told us, "They are excellent staff. They have had some replacements but they are also okay and the regulars are really very good and they all seem well trained."

Staff received a full induction before they worked on their own with people. One care worker told us, "I followed the induction book that I had to fill in which covered the policies of the company, what I have to do and the rules and regulations. I shadowed for as long as I needed to. It was one or two weeks. I met all the clients and identified what I would need to do for them."

They went on to tell us of the training modules that had been completed during their induction which included data protection, medicines administration, nutrition, safeguarding and the Mental Capacity Act 2005. They described how the training they had received on dementia gave them more awareness of the effects the illness had on people. This had helped them particularly when they were supporting people in the early stages of the illness. Another care worker told us that the infection control training they had received had increased their awareness of their own personal hygiene. They told us that their on-going training consisted of books on each topic that they worked through and then completed a test on the topic that was sent to the training provider for evaluation. If they had scored sufficient marks in the test they received a certificate to confirm that they had sufficient knowledge about the topic. The provider told us that additional training was provided to any member of staff who failed to attain a certificate and they had to repeat the training book and the test.

Staff told us that they received regular supervision. They said that supervision was a two way conversation, during which they discussed their training and development needs, their morale, any concerns they had or any complaints they wanted to make. One member of staff said, "We discuss what I'm doing right, or wrong, training, the future, how to bond with clients, everything really." With their permission we reviewed the staff records of two care workers which included clear documentation of the supervision meetings in which they had taken part. This demonstrated that there had been two way discussions between the care worker and the provider. One document showed that the provider had discussed the standard of care provided and tested the care worker's competency to administer medicines during the supervision meeting. The provider told us that they did not hold formal appraisals as they were confident that the areas that would be discussed during the supervision process.

Staff had received training on the requirements of the Mental Capacity Act 2005 (MCA) 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. Staff were able to demonstrate that they had understood the requirements of MCA and the care records

documented when people had been assessed as lacking the capacity to make decisions and best interest's decisions had been made on their behalf. One member of staff told us, "The assumption is that the client can think for themselves. If they can't we may have to go to their next of kin."

We saw that people had signed to agree the support that was to be provided to them. However people told us that staff still asked them for permission before providing any support. One person told us, "They know the limits and they do not pry but will just do anything needing to be done if I ask." Another person told us, "They respect my choice." Care workers told us that they always asked for consent before they provided any care or support. One care worker said, "I keep people involved. I ask if they are happy to have their care and explain why they need it. I ask things such as, 'Would you like to wash in the kitchen or shall we go to the bathroom?'"

Records showed that people had agreed that staff could have access to their accommodation. Where appropriate, people had signed a consent form for staff to use a key safe to access their home.

Staff told us that they were usually able to communicate verbally with the people who used the service. One care worker told us that when a person who was living with dementia found it difficult to communicate they would try role reversal and other non-verbal communication methods until they were able to successfully communicate with them.

People planned and prepared their own meals as well as shopping for their food although care workers sometimes assisted with the shopping. One person told us, "[The care worker] takes my script for me as well and she does some shopping as well, and posts my letters. Gives me receipts and she is trustworthy." One care worker told us, "I shop for one of my clients who likes fresh food. I do a lot at lunch. Each client is different. I noticed one lady was choking and could not eat her meal. I suggested that they use a company that does pulped food and she is back to eating a full meal." The provider told us that one care worker visited a local farm shop in their own time to buy fresh produce for one of their clients.

A care worker explained that if they had concerns about people losing weight they would discuss these with the provider in the first instance who would visit to carry out an assessment. They went on to say, "Sometimes it was as simple as the client was bored with the food that the family was buying. The provider would discuss what they would like to eat with them and advise the family." They confirmed that the provider would contact the GP or other healthcare professionals if there were serious concerns about people's weight.

People had been supported to make appointments with healthcare professionals. One person told us, "They tell me about any bruises or things I need to get checked." Another person said, "Another good point is that they know what to look for when they are helping me wash, and they spot things like a bruise and have it looked at." A third person told us, "They keep in touch with the district nurses if anything needs to be watched out for." A relative told us, "The morning carer will say if he might need an appointment. She lets me know." Another relative said, "It all gets noted in the book and they make a comment if they are worried for her to see the doctor." Care workers told us that if they were concerned about someone's health or well-being they would contact the provider for guidance and to make a referral to other healthcare professionals.

Is the service caring?

Our findings

People told us that staff were kind and considerate of them. One person said, "They are always polite and respectful." A second person said, "They are very friendly and that's also reassuring." Another person told us, "I get on well with them and I know what good looks like....and I've had some in the past who were dreadful....So therefore I really now appreciate this....and I let them know. I look forward to them coming round." They went on to tell us, "They make me feel like I am treated as a person....and I get attached to the staff. One example is last Christmas I was on my own so Christmas's are not the same. My carer took me out, for a meal and to do some shopping. She did it all right, by letting the firm know and she made sure she was okay to take me. It was super. She also hired a wheelchair there to save us taking mine. She had phoned them and they had them for hire so it was easier. I had a wonderful time." Another person said, "I get a present from them at Christmas, and I've never had this from a firm before." A card received from a relative commented, "The care has been amazingly good and kind and with some above and beyond what was required." A care worker told us, "I look at what they need as a person, what is right and what suits them. Each client is very individual."

People said care workers were caring and supportive. One person told us, "They are very concerned to look after people." Another person said, "They make us both very relaxed and I'm using them as well. It works for us both." They went on to say, "They are very considerate staff and my husband also gets on well with them. They are very respectful and when they call they just get on."

People were involved in decisions about how their support was delivered. One person said, "They do no meals, but they used to and they will still help out generally and they will check with me if I need anything. I am very much at ease with them around and they are like friends." Another person told us, "I decide how much they help me, and they are okay about that." Care records had been completed in conjunction with the people who used the service. They explained to staff how people liked to be supported with various aspects of their daily life. A care worker told us, "I make them understand that I have come to give them care but ask them if there is anything they want me to do today that we did not do yesterday or if they want anything done differently." People told us that the care workers knew them and their personal histories, likes and dislikes. One person told us, "I have one regular carer and occasionally other visits." A care worker told us, "One lady loves to go to church so I go in early to get her up so she can go."

People were supported to be as independent as possible. One person told us, "The newer staff try to take over until I make sure they know I like to be independent." Another person told us, "I mainly look after myself. I do like my independence. I try to do what I can for myself but it is hard work so they help me." A third person said, "It's not all sugary and they believe I can do as much as I want and they encourage me and let me do what I can."

People told us that staff promoted their privacy and dignity. One person told us, "They respect my privacy and yes they ensure dignity and safety when I'm having a shower." Another person said, "They don't stand over me if I'm okay in the shower and will get on with making my bed or doing something nearby so they can check I'm ok." They went on to say, "When they help me wash or bath it's done with dignity and safety and

they do it all right." A comment on a card from a relative said, "Your ladies brought laughter to him on days when he wasn't himself and preserved his dignity throughout." Staff told us ways in which they protected people's privacy and dignity when providing care and support, such as ensuring doors and curtains were closed when providing personal care and covering people with towels when assisting them to wash.

Staff told us of ways in which people's confidentiality was maintained. One member of staff told us, "We do not talk about people outside of work."

Information about the service, the complaints policy and people's care plans were kept in people's homes so they or their families could access them easily. One person told us, "It all gets noted in the book " Another person said, "They make notes and they are ok. They seem accurate."

Is the service responsive?

Our findings

People's care and support was planned proactively in partnership with them. Everyone that we spoke with, without exception, said that when their care was being planned at the start of the service the provider spent a lot of time with them finding out about their preferences, what care they wanted/needed and how they wanted this care to be delivered. From then forward the relationship between the provider and each person was interactive and operated on an 'open door' policy which required a phone call to the office to change or adapt the care required. One person told us, "They needed to set up a care package before I could leave hospital. After the re-enablement started [the provider] came out to see me and went through it all and it's worked very well." Another person said, "I got social services to help and they helped with getting care4you and the manager came out and I was able to ask any questions and she described everything." A relative told us, "It was all explained to us and we agreed with the times and things and they have called to check with us since. It's all agreeable to us."

People received personalised care that was responsive to their individual needs and preferences. People told us that the service was responsive in changing the times of their visits and accommodating last minute additional appointments when needed. Care was provided flexibly in accordance with people's individual needs at the time. One person said, "With this firm I can get them by phone and they will be there when I call to talk with, they're not just taking messages so they can let me know right away. I'm not sat wondering. They are very considerate." Another person told us, "If I was in trouble anyone of them will help, it's both the care staff and the office." They went on to say, "They call once a week to do me a bath but if it's needed on any other day they will also help me on other days. It's very reassuring." People were able to have confidence that the service would accommodate any changes that they needed to the service, even if this was at short notice.

Care workers were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised and responsive service. We saw that care and support plans were detailed, included relevant information necessary to support people appropriately and reflected people's wishes. People told us that care and support plans were reviewed regularly. One person told us, "I'm sure they have just checked up that we are now all okay. We have close contact with them and we talk regularly anyway." Another person told us, "There is some review by the lady in charge each year." A third person told us, "They do the review on the phone and they will ask me a lot anyway and the boss came out as well." The records we looked at confirmed that the provider undertook regular reviews with people to ensure that the service provided reflected their needs.

Where people's needs had changed the provider assisted them to acquire the equipment they needed. One person who was waiting for discharge from hospital needed to have a hospital bed at home before they could be discharged. The provider showed us that they had been chasing this for four weeks but it was finally being delivered to the person's home on the day of our inspection. The provider told us that if a person required manual help, such as to turn the mattress on their bed, often a relative of theirs, otherwise unconnected to the service, would accompany the provider to complete this task for them in their own time.

There were health benefits for people as they were made more comfortable at night and this would aid sleep. There were also economic benefits for them as their mattresses would last longer.

Care workers supported people to access the community and minimise the risk of them becoming socially isolated even if this was not part of people's formal care plan. One relative told us, "They also do some sitting with as well when I'm out. It's respite for me." A care worker told us of one person who attended a day centre twice a week but was lonely on the other days. They explained that they talked to the person about a range of topics whilst with them and bought them jigsaw puzzles to keep them occupied when they were alone as they knew the person enjoyed doing these.

The provider listened to people's comments and complaints and responded to them. One person told us, "I've had no complaints but there was one carer who was just not right and it just did not gel between us. They did not send her again. They dealt with it really well." Another person said, "I've not had to complain but just the once they were quite late and they had had an extra problem and they said sorry and she deducted the cost of this call from my bill. It was like some compensation." We looked at the provider's records of complaints received and how two complaints had been actioned. We noted that both the complaints had been investigated and the outcomes of the investigation reported to the complainant. One complaint had involved a failure to administer medicine that had been prescribed in addition to the person's normal medicines for a short period. Following this complaint the provider had introduced an additional MAR which was completed in red to alert the care workers to the additional medicines to be administered. The provider told us that this had so far appeared to be effective. This demonstrated that the provider had used learning from complaints to improve the service.

Is the service well-led?

Our findings

People told us that the provider was supportive, approachable and involved in ensuring the quality of the service provided. One person said, "I can rely on them and [Provider] checks it out with me, how it is going. I can't speak too highly of them." Another person told us, "[Provider] calls me to check to see how it is going." A third person said, "[Provider] is lovely and she will see to it I'm always looked after properly." They went on to say, "[The provider] is a person who takes to anyone and is very nice, really approachable."

Staff were also very complimentary of the provider. One care worker said, "The care [Provider] delivers is absolutely fantastic." Another care worker told us, "[Provider] is very good." A third care worker said, "[Provider] is always going out, doing checks and surveys and stuff. [They] are always on top of making sure everything is okay."

The service had an excellent reputation within the local community. It did not advertise, with people who received a service having made contact after hearing about its reputation via word of mouth. One person told us, "The service is well known to people and this area." Another person said, "They are very local and this is good and they live nearby so that also helps. Some of the carers' children wave to us as they pass." People told us that they were very satisfied with the quality of the service they received and every person we spoke with told us that they would recommend the service to others. One person told us, "I would recommend them. They are excellent." Another person said, "Yes I would recommend them. It's excellent." A third person told us, "Yes, I would recommend them. We actually got them on the recommendation of my daughter."

The provider carried out regular surveys with people who used the service and their relatives to gauge the level of satisfaction with the quality of the service provided and to identify any improvements that people wanted. The comments received had been wholly complimentary. One comment was, "We are more than satisfied with all you have offered us." Another comment stated, "I know things are working well and [relative] is very happy."

The provider held regular meetings with the staff to enable them to contribute to the development of the service and to share learning and best practice. Minutes of the meeting held in January 2016 showed that topics staff had discussed included the new medicines administration records, training and Mental Capacity Act documentation. Staff had requested that a short overview of people's needs be provided for new care calls. The provider had implemented this improvement and overviews were now sent out with the rotas each week.

The provider had clear vision and values that were person-centred and that ensured people were at the heart of the service. They were initially developed by the provider when they set up the service. These were owned by the people who used the service and staff and underpinned practice. They included ensuring people were the main focus and central to the processes of care planning, assessment and delivery of care. Staff were committed to provide care and support in ways which were in line with these visions and values. One member of staff told us that their mission was to, "Make sure the clients are happy with their care,

mobile and self-sufficient." One care worker told us, "This is a small company and is just like a family. It's lovely. Even the clients are a close knit group." One person commented, "I've got [the provider's] mobile number. It's a very personal service."

People and care workers told us that the provider carried out checks on how care was delivered. One person told us, "The lady in charge has called to see its working okay and it's a help to have her come round." Staff records we looked at confirmed that the provider carried out spot checks at which they completed a competency checklist. Areas for improvement were highlighted and discussed during supervision meetings to drive improvement to the service.

The provider completed regular quality assurance audits which included an audit of people's care records and support plans. We saw that an action plan was developed and monitored each month to address any areas for improvement that had been identified during the audit.

The service operated from an office within the provider's home. People's records were kept electronically with the data backed up by an external systems provider. Access to the data was protected by passwords so that it could only be accessed by people with authority to do so. Records were also maintained in hard copy in people's homes and hard copies of the records were also stored in a locked cabinet within the office.