

Care 4U Services (Midlands) Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Care 4U Midlands Services is a domiciliary care service providing personal care support to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection the service was providing personal care to 48 people.

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

We received mixed feedback from people and their relatives about the care they received from Care 4U Services. The provider had taken action to improve staff training since the last inspection. However, some people still felt staff were not always confident or competent when supporting them using specialist equipment, such as hoists. Other people gave positive feedback about their experiences, said they felt safe, that staff appeared well trained and had noticed improvements since the last inspection.

Staff were trained in safeguarding and understood their responsibility to report any concerns, accidents or incidents about people to the registered manager. However, staff did not understand the role of the local authority in responding to safeguarding concerns and did not know who to report concerns to outside of Care 4U Services. We raised this with the provider who said they would take action to address this and improve staff knowledge and understanding.

Since the last inspection the provider implemented an electronic risk management and care planning system. Risks to people were assessed but the level of detail contained in risk assessments and care plans was varied. The registered manager acknowledged the gaps in some risk assessments and care plans and took immediate action when this was raised by implementing new risk assessments and updating people's records.

Information about people's medication was documented and there were protocols for people who needed as required medication. However, more detail was needed to ensure these were given safely and consistently by staff.

Staff were trained in infection control and there were sufficient supplies within the office of PPE and hand sanitiser. Staff were reminded of the importance of following good infection control practices. However, we received some feedback from people that staff were not always following these guidelines and had to be reminded before caring for people.

The provider had a system to respond to complaints. Whilst we found actions were taken to address people's complaints and concerns, not all people spoken with had confidence in the complaints process as some of their concerns about staff practice continued. A new electronic system to record and monitor complaints was in the process of being implemented.

Staff received supervision and gave positive feedback about working for Care 4U Services. People received regular reviews of their care and knew who to speak to if they wanted to raise concerns or make a complaint.

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

Rating at last inspection (and update)

The last rating for this service was Inadequate (published 28 December 2019) and there were multiple breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made and the provider was no longer in breach of regulations 12 (Safe care and treatment), 13 (Safeguarding service users from abuse and improper treatment) and 19 (Fit and proper persons). However, enough improvement had not been sustained in their overall quality assurance processes and the provider remained in breach of Regulation 17.

This service has been in Special Measures since 4th December 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating. We carried out an unannounced comprehensive inspection of this service between 9th October 2019 and 18th October 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve Safe care and treatment, Safeguarding service users from abuse and improper treatment, Good governance, Fit and proper persons employed and Staffing.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. It does not cover legal requirements in relation to the other three Key Questions and therefore the provider remains in breach of Regulation 18 (Staffing) which was reported in the Key Question Effective after the last inspection.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care 4U Services (Midlands) Ltd on our website at www.cqc.org.uk.

Follow up

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

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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Care 4U Services (Midlands) Ltd

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 Care Act 2014.

Inspection team

The inspection team consisted of four inspectors. Two inspectors visited the provider's offices and two inspectors contacted people, relatives and staff by telephone to gather feedback on their experiences.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 72 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 10th August 2020 and ended on 20th August 2020. We visited the office location on 11th August 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority and healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections.

During the inspection

We spoke with seven people who used the service and seven relatives about their experience of the care provided. We spoke with 11 members of staff including the managing director, registered manager, care coordinator, two senior care workers and care workers. We reviewed a range of records. This included a variety of records relating to the management of the service including complaints, staff spot checks and supervisions, minutes of staff meetings, accidents and incidents and service user monthly reviews. We also looked at three staff files in relation to recruitment, safeguarding records and audits carried out for people receiving live in care.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at electronic daily care logs, a variety of risk assessments and care plans, training records, client handbook, staff code of conduct and a number of the provider's policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires improvement. This meant some aspects of the service were not always safe and further time was needed to embed changes implemented since the last inspection. There was an increased risk that people could be harmed.

Staffing and recruitment; Learning lessons when things go wrong.

At our last inspection the provider had failed to ensure systems and processes were consistently implemented to ensure fit and proper persons were employed. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the last inspection the provider completed an audit of their recruitment records in partnership with a HR consultancy to identify gaps in records and essential documentation.
- Systems to ensure safe and effective recruitment practices had been implemented. This meant the provider only employed people with the necessary skills, experience, qualifications and values needed to carry out their roles effectively.
- Recruitment files showed staff had DBS checks, references and risk assessments for those who required closer supervision. There were no gaps in employment or educational history and staff were issued with a code of conduct which outlined the standards, conduct and behavioural expectations of the service. .
- The registered manager looked at how or why any accidents or incidents had occurred and whether a referral to other healthcare professionals was required.

Assessing risk, safety monitoring and management; using medicines safely.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Since our last inspection the provider implemented an electronic risk assessment and care planning system. Risks to people's health and safety were assessed with guidance for staff to follow. Some risk assessments and care plans were very detailed and provided clear guidance for staff on mitigating risks to

people's safety. However, some required more detail to ensure staff had enough information to support people with specialised mobility equipment such as banana boards and continence aids. A banana board is a piece of equipment designed to transfer people between two surfaces, such as from a bed to a wheelchair.

- Staff spoken with could identify risks to people's health, were confident they supported people safely and felt there was enough information in people's care plans about risks and people's needs. Staff had time to read people's care plans and were paired with more experienced staff when supporting people with more complex care which required two carers.
- However, we received mixed feedback from people. Some still felt staff were not always confident or competent when transferring people using specialist equipment such as hoists or banana boards. One relative said, "When they started I had to show staff how to use the banana board – not trained in using one at all. Never seen one." Another person spoken with said, "The carer is polite and kind, maintains my dignity and keeps me safe. They wash me at the sink and make sure I don't slip. She knows what she's doing and seems trained".
- Records demonstrated when staff saw changes in people's health or wellbeing that put the person at risk, they reported this to the office and encouraged and supported people to seek medical assistance or advice. For example, one staff member contacted the district nurse in response to concerns about a person's skin and catheter and records showed this person was then reviewed by the district nurse.
- If people required support with medication, details were contained in an app which staff accessed during their care call. Staff could only log out of the care call once all tasks were marked as complete. Information was also contained in people's care plans.
- The provider recognised that some staff were more vulnerable to the impact of COVID-19. They had risk assessed each member of staff to identify if action was required to keep the staff member safe.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to establish systems and processes to safeguard people from the risk of abuse or effectively investigate allegations of abuse or improper treatment. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The provider recorded safeguarding incidents and they evidenced referrals were made to the local authority and CQC when safeguarding concerns were reported to the service.
- Staff understood their responsibility to report concerns about people to the registered manager to investigate further. For example, staff had reported instances when people had sustained unexplained bruising and were confident their concerns were acted on and taken seriously by the registered manager.
- However, staff did not always understand the local authority safeguarding procedures. This meant they did not have the knowledge or information to escalate matters externally if they felt the provider or registered manager had not taken appropriate action to safeguard people from harm.
- In response to staff knowledge about reporting concerns to the local authority the registered manager agreed to look at ways of improving staff knowledge and giving them ready access to key emergency contact numbers.

Preventing and controlling infection

- Staff were trained in good infection control. Team meetings and individual supervisions were used to

regularly remind staff of their responsibility to always follow good infection control practices.

- Hand washing reminders were also contained in the schedule of care tasks staff accessed during their care calls.
- However, we received some concerns from people that staff were not always effectively following infection control guidance in their everyday practice.
- There were sufficient supplies within the office of PPE and hand sanitiser and processes were in place to ensure staff had a regular supply.

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.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership did not always support the delivery of high quality, person-centred care and more time was needed to fully embed and integrate changes and improvements. The impact of extreme additional pressures resulting from the COVID-19 pandemic has affected the speed in which improvements have been made and sustained.

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

At our last inspection there were insufficient governance systems to monitor and improve the quality of the service. This meant people were at risk of receiving poor quality care which may not have been identified by the provider. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- Whilst the provider and registered manager were confident improvements had been made at the service, those improvements had been implemented at a time of external stresses due to the impact of COVID-19. This meant that some of the provider's processes to ensure the quality of care were temporarily suspended to reduce the risk of introducing infection into people's homes. For example, regular observations of staff practice and face to face reviews of people's care.
- Since the last inspection the provider implemented a new electronic care planning system to improve care management. This gave greater oversight and monitoring of the timing and length of calls and a more robust system for assessing, reviewing and monitoring risks to people and their care. Staff accessed people's care records via an app and could not log out of the care call until all care tasks were recorded as complete.
- However, further improvements and monitoring were required to ensure the system was used to maximum effectiveness. For example, some care plans and risk assessments required updating and greater detail to ensure staff understood the current needs of people they supported and how to support them safely. A system to alert the office to late or missed calls was also needed.
- The registered manager told us monthly audits of people's medication who received live in care was carried out. However, there was no record of what was included in these audits. We raised this with the registered manager who agreed to implement an improved auditing system.
- The provider had worked towards an action plan to address the immediate risks and breaches of the regulations identified at our last inspection. However, they did not have a service improvement plan to drive further improvement within the service.

- Since the last inspection the provider had employed an external HR service and implemented a more robust recruitment policy and procedure to ensure that only staff employed by the service had the right values, experience and knowledge needed to carry out their role effectively.
- Staff completed the Care Certificate which is a national set of standards for people working in social care. Staff spoken with gave positive feedback about their training and felt equipped to carry out their roles safely, but some wanted more specialised training on specific health needs.
- The provider only accepted care packages for people if staff had received relevant training. For example, if someone needed support with specialist feeding tubes staff would be provided with specific training before accepting the care package.
- People received monthly reviews of their care to monitor their needs and identify if they had any concerns. In response to the COVID-19 pandemic, these reviews were changed from face to face to telephone calls. Where possible, the provider would ask the care worker to not be present to maintain a greater level of impartiality.

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

- The improvements implemented needed to be embedded into the culture of the service to ensure staff consistently worked in accordance with the provider's values, expectations and procedures.
- Records showed the registered manager responded to complaints and used staff supervision and meetings to address practice issues. Where issues persisted, records showed action was taken through disciplinary processes.
- However, we received mixed feedback from people about their experiences. Some people had no complaints or concerns, but others were less satisfied because complaints they made about staff practice continued. This included staff speaking in their own language during personal care and not cleaning up after preparing meals for people.

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; Working in partnership with others

- The registered manager understood their responsibilities in relation to the duty of candour.
- Introducing external professionals to improve staff knowledge of using more complex moving and handling equipment was planned. However, this was put on hold due to COVID-19.
- Where staff were concerned about changes in people's health this was reported to management or they made contact with relevant health professionals directly. Records for people who received live in care showed close communication with the district nursing service where staff identified concerns about a person's catheter and their skin.

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

- Staff felt valued and gave positive feedback about working for the service. They said the registered manager was approachable, supportive and would go to her with any concerns. One staff member said, "I love our service users and the company. We are a good team and we work hard". Another staff member said, "It is a very good service. I love my clients, the manager is a lovely lady".
- The provider encouraged people's views and feedback on the service. A review of comments left on a user website for homecare showed a number of positive comments.

