

Social Care 4U Limited

# Social Care 4U

## 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Social Care 4U is a domiciliary care agency. The service provides support to older adults, autistic people, people with a learning disability, people living with dementia, people detained under the mental health act, mental health, people with a physical disability, younger disabled adults and children. At the time of our inspection there were 3 people using the service.

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

#### Right support

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; the policies and systems in the service supported this practice.

People's needs were assessed before they began to use the service. Details of the health professionals working with people was recorded and health appointments and communication was shared between them. People had risk assessments in place to protect them from the risk of harm and these were regularly reviewed.

People using the service told us they felt safe with staff. People liked their team of care staff and had confidence they would always have care at the times they required it.

There were enough staff to provide safe care and support to people using the service. Staff had been recruited to the service safely. The service had effective systems in place to monitor recruitment records and to ensure staff working at the service had the relevant documents to work within adult social care.

People's independence was supported and encouraged to enable people to feel in control of their lives while knowing staff support was available when needed.

#### Right Care

People's care plans were personal to them and people's preferences were documented and respected. People's communication needs were clearly stated and the service used technology to support people's communication. People were included in all aspects of their care and supported to make decisions about

their daily lives as much as possible.

Staff were aware of their safeguarding responsibilities and knew the processes to follow if they were not satisfied with responses from the management team or needed to whistle blow.

Medicines were managed safely at the service. Staff kept people safe from the risks of acquiring an infection and wore appropriate personal protective equipment (PPE). Staff were supported with training in end of life care and support.

#### Right culture

People and staff were pleased with the management of the service and felt well supported by the registered manager and director. People told us staff were kind and understanding. Staff enjoyed working with people and respected people's privacy and dignity.

Systems were in place to monitor the quality of the service to ensure the care people received was of a high quality. The management team encouraged staff to have high standards and this was reflected in the feedback from people using the service. The views of people, relatives, staff and health professionals was requested and acted upon.

Staff received training to support them in their role and regular individual and group supervision. People were supported to eat and drink enough to stay healthy. People's consent to care was requested before care was provided. People knew how to make a complaint and the service had a complaints policy and procedure.

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 and update

The last rating for this service was requires improvement (published 14 June 2019) and there were breaches of the 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 improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we made 2 recommendations, that the provider seek guidance on assessing people's needs and end of life care support. At this inspection we found the provider had acted on our recommendations and improvements were made.

#### Why we inspected

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

#### Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well - led.

Details are in our well - led findings below.

# Social Care 4U

## 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

This inspection was carried out by one inspector.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 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 24 February 2023 and ended on 21 March 2023. We visited the location's office on 2 March 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return (PIR). This is information providers are required to send us

annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke to the registered manager and director of the service, referred to as the "management team" within this report. We spoke to 3 staff and 2 people who use the service. We viewed 5 staff files including recruitment records and 3 care records including associated risk assessments. We also viewed documents relating to the management of the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the provider failed to have risk assessments in place to reduce risks people faced and the management of medicines was not safe. This was a breach of regulation 12 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.

- Medicines were managed safely at the service and where people required support they received medicines on time.
- The service had a medicines policy and procedure to provide guidance to staff and the management team.
- People had clear medicines risk assessments to state the support people required and the medicines they were using.
- People who self-medicated had this information recorded in their care plans and staff ensured people could access their medicines without restriction, an assessment of this had taken place.
- Staff had completed medicines training and the management team completed spot checks to ensure staff were competent in administering medicines. The registered manager said, "We check the medicine administration record (MAR) and make sure nothing is out of date for example medicated toothpaste."
- Records showed MAR charts were being completed and there were no unexplained gaps.

### Assessing risk, safety monitoring and management

- People had appropriate risk assessments in place to reduce the risk of harm they faced.
- Records showed people's known risks were recorded and staff continually monitored people to see if any risks had changed.
- Risk assessments included mobility, choking, moving and handling, medicines, going into the community and going on holiday and records showed thorough assessments and measures were put in place to protect people.
- Staff were focused on people's risks and observed people to keep them safe, they promptly reported any changes in people's risks or concerns about safety to the office.
- The management team told us they expected staff to check for hazards and report them to the office immediately.
- A member of staff said, "I make sure [person's] surroundings are safe and can't make them fall. I always make sure their wheelchair is safe and put the brakes on. It's all part of the risk assessment."

- Another member of staff said, "[Person] has a document in their file, when we are using the hoist, we must make sure it is working make sure there are no loose nuts or bolts. Check the person is safe before using it."
- Equipment used was recorded and who was responsible for the maintenance was documented.

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

- People were protected from the risk of abuse. People told us they felt safe with staff and well looked after.
- One person using the service said, "Yes, I feel safe."
- Records confirmed staff had completed safeguarding adults training. A member of staff told us the training helped them understand how to report allegations of abuse and the different types of abuse to look out for.
- A member of staff said, "I'd look for bruises on [person's] body. We log everything and report it. If [registered manager] didn't do anything I can report it to someone above them, like the safeguarding team or CQC." Another member of staff said, "They [people] are in my care, [person] cannot talk, I can never accept abuse, I must tell the managers and I can complain to the CQC or the local authority."

#### Staffing and recruitment

- People received safe care as there were enough staff to provide support to people when they needed it.
- The management team ensured people had the correct number of staff to support people at all times to ensure their safety and wellbeing.
- People received care and support from a consistent team of staff, people appreciated this as they were able to build trusting relationships with their key worker.
- Records confirmed the provider followed their recruitment policy and procedure to make safe recruitment decisions.
- Staff recruitment files showed that staff had completed an application form, attended an interview, provided verified references and a criminal records check with Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Preventing and controlling infection

- The risks of people acquiring an infection were reduced by staff following the providers' infection control policy and procedure.
- People told us staff kept their home and where they worked clean and tidy. One person said, "They all wear PPE (personal protective equipment)." A member of staff said, "I'm up to date with my infection control training. The managers are very proactive. We have plenty of PPE."

#### Learning lessons when things go wrong

- Systems were in place for the service to learn after accidents or incidents.
- Records showed accidents and incidents were recorded and actions were put in place to prevent the incident from happening in the future. This meant the service was showing they were open and transparent when things had gone wrong and wanted to learn and protect people in their care.



# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider failed to provide evidence that appropriate staff supervision was taking place. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made and the provider was no longer in breach of Regulation 18.

- People who could speak with us thought the staff who supported them were skilled and knew how to support them safely.
- Staff supervisions were now being recorded, we viewed records to confirm this. Staff told us they were well supported and received regular supervisions where they were able to discuss their progress at work, how they felt and whether the people they supported needed any extra support.
- A member of staff said of supervisions, "We get ongoing support with [registered manager] and [Director]. The [Director] was here today for a group supervision and meeting."
- Staff who had been there for more than a year were receiving an appraisal to review their work for the previous year.
- Staff were given protected time to complete training relevant to their role to help support people using the service in the best way possible.
- Staff completed training in following areas; medicines, food hygiene, safeguarding, infection control, first aid, mental capacity act, dementia, care home health and safety, death, dying and bereavement.
- Staff told us the training was very good and before a new member of staff started to support people independently they were introduced to the person and completed a period of shadowing with an experienced member of staff. A member of staff said of the training and induction, comments included, "It's very good and so helpful" and "We get to do practical things and that really sticks in your head."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection we recommended the provider seek guidance on how to assess people's needs. The provider had made improvements.

- People's needs were fully assessed before they began to use the service so the provider could be sure they could meet their needs.
- People who could communicate with us confirmed they were asked what they needed, and these choices people had made were recorded on their care plan.

- The management of the service worked with a number of professionals involved with people's care to understand their needs to ensure they could provide people with people with effective care and support.

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

- People were supported to have enough to eat and drink and make healthy meal choices.
- People told us they helped prepare meals they liked with the support of staff, one person said, "I like chicken, [staff] help me with meal preparation."
- Information was provided from health professionals where people required food to be prepared to a certain size or consistency for their safety.

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

- Details of the health professionals providing support in peoples care was recorded within their care plan. These included people's GP, speech and language therapist, nutritionist, occupational therapist, dentist, NHS care management team and social worker.
- Records showed the service worked closely with external agencies and health professionals to improve the lives of the people they worked with. For example, the management team were working closely with occupational health to arrange leisure activities for people in their community, such as swimming.
- Staff told us they recorded everything that was discussed during health appointments within people's log books. A member of staff told us, "All that is said and done at the appointment is written down, then a copy is sent to the GP and the office."
- People had hospital passports to ensure they received appropriate care when using health services. A hospital passport tells the hospital about people's healthcare, their learning disability, how people like to communicate and how to make things easier. People can carry their hospital passport and show it to healthcare staff at the hospital. It can help people get the care they need in an easier to understand way.

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.

- People's consent to care and treatment was asked before care began at the service, records confirmed this.
- One person said, "Oh yeah, they [staff] always ask my permission before doing anything."
- People were involved in making decisions about their care and where they needed support, decisions were made in people's best interests with the involvement of the service and their health team.

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- The care people received was from staff who were passionate about caring for people.
- The registered manager and director told us they started Social Care 4U because they cared.
- We received positive feedback from people about the caring nature of the management team and their care staff.
- One person said, "They're nice, very thoughtful. These are the best carers ever!" Another person said, "I like everything about them, they are kind and patient. They care for me and [family member]."
- Staff were kind and respectful, staff had recently completed equality and diversity training.
- The management team told us they expected staff to treat people with respect. One of the directors said, "All of our staff are aware of people's rights and that they cannot discriminate. In the same way we don't want any of our workers to face any form of discrimination."

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

- People were actively supported to share their views with the service.
- People had a dedicated team of care staff who provided one to one support and an opportunity for people to express their needs and wants about their care.
- One person said, "They [staff] always have time for me and ask me if I need help with anything."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff at all times.
- People's homes were respected by staff. Personal care was provided in people's bedrooms or bathrooms, with doors and curtains closed.
- One person said, "They [staff] respect my privacy, and give me a bell to use and they come straight away." Another person said, "Of course, they give us privacy and the space to do what I want."
- Staff encouraged people to become more independent and let people complete tasks they previously could, so they did not lose their skills.
- One person said, "I like to get involved with meal preparation, it really helps with my independence."
- A member of staff said, "I always encourage [person] to do some exercise and they can eat by themselves."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has improved to 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

At our last inspection the provider failed to have adequate care plans to demonstrate the care and treatment was appropriate and met people's needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made and the provider was no longer in breach of Regulation 9.

- People using the service each had their own care plan.
- People's care plans were personalised to them, and people were involved in deciding what they needed from their care as much as possible.
- One person told us they were involved in the preparation of their care plan, they said, "My support is very good, they always ask me is everything ok with my care plan."
- People's likes and dislikes were clearly stated in care plans for all staff and health professionals to be aware of.
- Information about people's health needs was recorded and how this affected them, this helped staff understand people's conditions and provide care to meet their needs. Staff told us the care plans provided enough information to provide people with good support.
- Care was being regularly reviewed with people and their health teams.

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.

- People's communication needs were clearly recorded in their care plans.
- Details included people's hearing, sight and whether they used words or no words to communicate.
- Records showed details on how people communicated was documented so staff or any health professional would know how to effectively interact with people.
- Where people did not use words to communicate information on gestures they used was provided and whether they used a communication book or an iPad to support their communication.

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 join in with activities they enjoyed with the support of staff.
- Staff told us about the different activities people engaged in. A member of staff said, "[Person] loves their iPad, we put lots of activities to engage them. [Person] loves karaoke we take them to a place down the road with their friends. It's important [person] spends time with their friends."
- People's cultural and religious needs were respected by the service. The management team told us they supported people to participate in their chosen religious service.

Improving care quality in response to complaints or concerns

- There was a suitable complaints policy and procedure.
- People using the service knew how to raise a complaint and told us they had confidence the management team would take them seriously.
- One person said, "If I'm not happy I can call [registered manager] and she will sort it out straight away."

End of life care and support

At our last inspection we recommended the provider seek guidance on end of life support planning. The provider had made improvements.

- The management team were proactive in arranging end of life care and support for staff to help them understand how to manage providing care and support at the end of someone's life.
- The service had an end of life policy which provided information and support for staff.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider did not have effective systems established to monitor the quality of the service or mitigate against risk. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made and the provider was no longer in breach of Regulation 17.

- Improvements had been made in how the management team monitored the service and there were effective systems embedded within the service for quality checking.
- People using the service were pleased with the quality of service provided by staff and the support from the management team. One person said, "[Registered manager] is one of the best managers I've ever known, really down to earth, I love the agency I'm with." Another person said, "The managers are really helpful, the support they give me is very good."
- Staff told us they were proud to be working at the service and to be making a difference to people's lives. A member of staff said, "They [management team] are very good people, I'm happy with them and I'm enjoying the job. They are very compassionate people." Another member of staff said, "The managers are very supportive, they provide everything we need and they communicate well."
- Records showed spot checks were taking place to ensure staff were providing care as described in people's care plans and to ask people how their care was and to perform observations.
- A member of staff said, "Sometimes they [management team] don't tell us when they are coming for spot checks. They will ask [person] if everything is ok and check the paperwork."
- Records showed staff meetings were taking place and there were audits of medicines and telephone monitoring as part of the services quality monitoring.
- The service acted on findings from audits and used it as an opportunity to learn. For example, it was noted on a spot check that medicated creams and shampoo had not been added to the MAR chart, this was rectified immediately.
- The service used a matrix system to help them monitor recruitment information was present and whether any updates were needed for staff right to work or DBS. This helped ensure the service remained compliant in this area.

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 registered manager and director understood their responsibilities to be open, honest and transparent if anything had gone wrong at the service.
- The management team were aware of what needed to be reported to the CQC.

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

- People, staff and healthcare professionals were encouraged to provide feedback on the quality of the service.
- Records showed staff and health professionals were encouraged to provide feedback on the quality of the service.
- Health professionals provided positive feedback on the care they had observed staff give. Comments included, "I have observed the carers to be caring and client centred."
- Staff told us they were regularly asked how things could be improved at the service which made staff feel involved in helping provide a service to meet people's needs

Continuous learning and improving care; Working in partnership with others

- The service valued having good working relationships with other health professionals as this benefited people they supported when information needed to be shared.
- The service worked well with the health professionals within the local authority and told us they were part of the home care forum which provided them with additional learning and support.