Care Quality Commission

Care4U (Leicestershire) Limited

Care 4 U - 466 Melton Road

Inspection report

466 Melton Road
Leicester
LE4 7SN
Tel: 01162661800
Website: www.care4u-ltd.co.uk

Date of inspection visit: 12 January 2016
Date of publication: 17/03/2016

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

Overall summary

We carried out this inspection on 21 January 2016.

At the time of our inspection there were 60 people using the service.

Care 4 U – 466 Melton Road (referred to as Care 4 U in this report) is a domiciliary care service providing care and support to people living in their own homes. The service provides care and support to people living in Leicester and Leicestershire. The service specialises in supporting older and younger adults including people with dementia, learning disabilities, mental health needs, physical disabilities, and sensory impairments. Care 4 U's offices are situated in Leicester and have level access and on-site parking.

The service had two registered managers. These are people who have registered with the Care Quality Commission to manage a 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.

Summary of findings

People using the service and relatives said the staff had a caring approach and valued the people they supported. They worked with people in a caring way and provided them with company and conversation if people wanted this. Where possible people had regular staff who they had the opportunity to get to know.

The service had an established staff team. Some staff members had worked there for a number of years. This meant that people had continuity of care and could get to know the staff who supported them. Staff were punctual and stayed for the time they were meant to. If people needed two staff to support them to ensure their needs could be met then these were provided.

Staff knew what to do to minimise risk to the people they supported. They followed risk assessments and took expert advice in order to keep people safe. They also used their initiative if new situations arose where they had to protect people from harm.

All the staff we spoke with were enthusiastic about working for the service and dedicated to the people they supported. Records showed they were safely recruited and had the skills and knowledge they needed to provide effective care.

People using the service and relatives told us they were satisfied with the way staff prepared and served food. Staff supported people to choose their meals and made sure they had plenty to drink. If people were on particular diets staff made sure these were followed.

Staff supported people to stay healthy and access healthcare services if they needed to. They had a good understanding of the medical needs of the people they supported. Staff took prompt action if they were concerned about the health of people they were supporting.

People using the service and relatives told us staff arrived on time and stayed for the full duration of their calls. Staff told us they learnt about people's needs by reading their care plans and discussing them with the people they supported. Care plans were personalised and told staff how the person using the service wanted their care provided.

The service provided care to some people whose first language was not English. Records showed that their communication needs were met, where possible, by multilingual staff who were knowledgeable about local cultures. This helped to ensure that the service provided appropriate care to people from black and minority ethnic backgrounds.

The service had an open and caring culture. People using the service and relatives spoke positively about how it was managed. Staff told us they liked working for the service and felt valued as employees.

All aspects of the service were audited by the management team to help ensure it was running smoothly. The service was subject to continual improvement. People using the service, relatives, and staff were encouraged to share their views on the service. The management team listened to people and acted on what they said, making changes where necessary.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People told us they mostly felt safe using the service and management took prompt action if someone said they didn't feel safe.

Staff were safely recruited and knew what to do if they had concerns about the well-being of any of the people they supported.

People had risk assessments in place and staff knew what to do to minimise risk.

People were supported to take their medicines safely with records kept.

Good

Is the service effective?
The service was effective.

Staff had the training they needed to provide effective care and support.

Staff used the principles of the Mental Capacity Act 2005 Code of Practice when assessing people's ability to make decisions.

People were satisfied with the way staff prepared and served food.

Staff understood people's health care needs and knew when to request medical assistance for the people they supported.

Good

Is the service caring?
The service was caring.

People told us the staff were caring, kind, and thoughtful.

People were actively involved in making decisions about their care, treatment and support.

Staff treated people with dignity and respect and protected their privacy.

Good

Is the service responsive?
The service was responsive.

Staff provided personalised care and support that met people's needs.

People knew how to make complaints if they needed to and staff responded appropriately.

Good

Is the service well-led?
The service was well-led.

People were satisfied with how the service was managed.

Their views were sought using a range of methods, including surveys and telephone calls, to check they were getting the quality and type of care they wanted.

Good

Summary of findings

There was evidence of changes and improvements being made to the service as a result of listening to people's views.

Care 4 U - 466 Melton Road

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.

This inspection took place on 21 January 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to meet with us.

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. Our expert by experience for this inspection had experience of the needs of people using domiciliary care services.

Before the inspection, we asked the provider to complete 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. The PIR was completed and returned.

We also reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We used a variety of methods to inspect the service. We spoke with 14 people using the service, and relatives, the two registered managers, the business co-ordinator, and staff employed as care workers. We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at the care records of four people using the service.

Good

Is the service safe?

Our findings

People using the service and relatives said staff from the service mostly supported them safely. One person told us staff did health and safety checks and used the hoist safely. A relative said the staff were 'good at moving and handling' and two other relatives confirmed this. However one person said they didn't always feel safe when staff hoisted them.

We reported one person's concerns about their safety to the registered managers who said they would address this as a matter of priority. Following our inspection one of the managers contacted us to say they had reviewed the person's care with regard to moving and handling, booked a member of staff in for further moving and handling training, and changed the rota so that the person only had support from individual staff members they felt safe with. This showed the staff took prompt action if someone using the service did not feel safe.

All the staff we spoke with understood their responsibility to safeguard the people using the service from abuse. They knew the signs of abuse and what to do if they had concerns about the well-being of any of the people they supported.

Staff were trained in safeguarding and the provider had a policy for them to follow should a safeguarding concern arise. The policy was in need of updating to make it clear that the local authority take the lead in any safeguarding investigation. We brought this to the attention of the registered managers who updated the policy by the end of our inspection.

We asked staff about safeguarding. One staff member said, "The safeguarding training is good. I've just finished my refresher course; we get that every year to keep us up to date." Another staff member told us, "You become quite protective of people, they become like family, and if anything was wrong I would be on to it straight away and report it to management."

Areas where people using the service might be at risk were identified in care records and risk assessments were in place for staff to follow. This meant staff had the information they needed to keep people safe. Risk assessments covered areas such as moving and handling, tissue viability, and infection control. They explained how staff could minimise risk, for example by having appropriate training and using aids and adaptations.

Staff told us they followed care plans and risk assessments at all times but if a new situation arose that was not referred to in the records they contacted the office for advice. For example, one staff member said a person using the service had asked her to clip their nails. The staff member said this was not in the person's care plan so she called the office for advice. The office staff arranged for a senior member of staff to assess if this was safe before adding it to the person's care plan and giving the staff member the go-ahead to carry out this task. This helped to ensure that the person in question was not put at risk.

Another example staff gave us concerned a person who fell out of bed in the night. Both the police and staff from the service went to their aid when they were alerted. The person did not require medical attention so, as an interim arrangement, staff put pillows and bedding next to the person's bed in case they fell again. They then arranged for the person to have a purpose-designed 'crash mat' put in place. This was an example of staff at the service taking short and long term measures to reduce the risk to the person in question.

At the time of our inspection the service employed 55 staff. Records showed the staff team was established with some members having worked for the service since it was first registered with CQC. One of the registered managers told us that approximately a year ago there had been a period of high staff turnover but this had now been resolved. She said a thorough interview and induction helped to ensure new staff understood the work they would be doing which made it more likely they would stay. This helped to ensure staff were retained which meant the people using the service had continuity of care.

Records showed that if people needed two staff to support them, for example if they needed assistance with moving and handling or were at particular risk in other areas, then these were supplied.

The provider ensured there were sufficient numbers of staff available to support people. We checked the provider's records for 'missed calls' in the last 12 months. There had been seven in total and this compared favourably with other similar agencies. We looked at the reason why calls

Good

Is the service safe?

had been missed. Four of these were to do with poor communication from other agencies and beyond Care 4 U's control. Three were due to staff not reading their rotas properly. The provider addressed this through staff supervision. This showed that calls were rarely missed and when this did happen the provider took action to reduce the risk of a recurrence.

Records showed that no-one worked for the service without the required background checks being carried out to ensure they were safe to work with the people using the service. We checked two staff recruitment files and both had the appropriate documentation in place. Staff files were in good order and the provider audited them to ensure they were complete.

People were assisted to have their medicines safely and on time. One relative told us staff were good at encouraging their family member to have their medicines when they needed them.

Staff were trained in medicines management and were only authorised to 'prompt' people to take their medicines, they did not administer them. Records showed that staff made an entry in people's daily records when they assisted people with their medicines to show they had had them safely and at the correct time.

We saw that the service only recorded the medicines people were on if staff were tasked with prompting people to take them. This meant that staff did not routinely know what medicines all the people they were supporting were taking. We queried whether staff should have this information anyway in case a person became ill and medical personnel needed to know this. One of the registered managers said this information was private to the people using the service and did not need to be shared with staff.

Good

Is the service effective?

Our findings

People told us the staff who supported them provided effective care. One person using the service said of the staff, “Most are excellent.” A relative commented on their family member’s main staff member, “I do not think we could have a better carer. I feel confident when [name of staff member] goes in in the morning.”

All the staff we spoke with were enthusiastic about working for the service and dedicated to the people they supported. They told us they had the training they needed to provide effective care. One staff member told us, “The training is good because the agency now has all the equipment we need, like hoists, so we can practice.”

Another staff member told us they had been new to care when they began working for the service. They said they had had a comprehensive induction, which included shadowing an experienced colleague, ongoing and refresher training, and were currently studying for a recognised qualification in care.

One of the registered managers said that in order to support new staff they kept them on 'double up’ calls, were possible, for their first few months with the service. This meant they had a colleague for support and did not work alone until they had gained some experience.

Staff studied for the Care Certificate when they began working for the service. This is a national qualification for staff working in care that gives them the knowledge and skills they need to support people using care services. One of the staff was trained to mentor and assess staff who were studying for this qualification.

Training records were audited weekly so the provider could check the training programme was running efficiently and staff had had the training they needed to provide effective care.

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.

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. At the time of our inspection none of the people using the service were assessed as lacking the capacity to consent to the care the service provided.

The provider had a policy on the Mental Capacity Act (MCA) and staff had a basic introduction to this legislation as part of their safeguarding training, but had not had specific training with regard to the MCA. Following our inspection one of the managers contacted us to say they had added the MCA to their staff induction training programme to further ensure staff understood their responsibilities with regards to this legislation and how it applied to people receiving care in their own homes.

People told us they were satisfied with the way staff prepared and served food. One person said they had ‘no complaints’ about how staff supported them to eat and drink. A relative commented that staff always left their family member plenty to drink between calls.

We saw in one person’s plan of care that they liked to choose their meal at lunch time and staff then prepared this. We spoke with a member of staff who supported this person. They told us, “[Person’s name] has whatever they want. They had steak yesterday and chicken pie today.” This was an example of a person choosing what they wanted to eat.

If people were assessed at being at risk due to their nutrition or hydration this was recorded in their care plans and staff were told how to reduce risk. For example, one person was noted to have difficulty swallowing. Staff were told to blend their meals, use a thickener to make drinks easier to swallow, and monitor their fluid and food intake on charts. Records showed this had been done.

People told us staff supported them to maintain good health and access healthcare services if they needed to. One person using the service said that staff took them for regular medical checks ups. A relative told us how a staff member had taken prompt action when they found the person they were supporting was unwell and had called in healthcare professionals immediately.

The staff we spoke with had a good understanding of the medical needs of the people they supported and what they needed to do if they had any concerns. One staff member told us how they had noticed that the person they

Good

Is the service effective?

supported had signs of an infection. They said they called the office to report this and office staff arranged for the person's district nurse to visit them. This meant the person got the medical attention they needed.

Staff did not carry out heath care tasks as Care 4 U is not a nursing service. However they were able to assist with these once they had been trained and assessed as competent by a healthcare professional. Individual staff members carried a 'training passport for generic healthcare tasks' to show the tasks they were authorised to do, for example putting on surgical stockings, monitoring skin conditions, and assisting with peg feeds. This meant staff had evidence to show they could carry out these tasks effectively.

Two relatives told us they had concerns their family members' medical needs weren't always being met by health care professionals. Although these concerns did not relate to staff from Care 4 U we reported them to the service so their staff could check these people were receiving the medical attention they needed. Following our inspection one of the managers confirmed this had been done.

Good

Is the service caring?

Our findings

People using the service and relatives we spoke with said the staff were caring. Comments included: 'very caring'; 'ever so kind'; 'absolutely fantastic', and 'all very patient'.

The staff we spoke with had a caring approach to the people they supported. One staff member told us, "I feel proud doing things for other people." Another staff member said, "We care a lot about our clients, they are lovely and it's a privilege to work with them."

The service provided continuity of care which meant staff had to opportunity to build relationships with the people they supported. One staff member said, "Because we have the same clients for a long time you get to know them and understand them and how they want things done." Another staff member told us, "The best thing about the agency is that they give us regular clients. That's good for the clients and good for us because you can really get to know people."

Staff told us the social aspect of their calls was an important part of the service they provided. One staff member said, "We chat to people while we're working if they want that. Some people are a bit isolated so they look forward to our visits and we make sure we give them company as well as care." Another staff member commented, "Some of my clients like a good old chin-wag and are always laughing and joking with me. They expect a giggle when I go in."

One of the registered managers told us the provider's recruitment procedure was designed to help ensure that only staff with a caring attitude were employed. This was because the process focussed on candidate's 'values' (principles or standards of behaviour and judgement of what is important in life) and whether they were right for the job they were applying for.

Staff were caring towards the people they supported. For example, one staff member noticed that a person using the service appeared lonely. They were concerned about this and, with the person's permission contacted the local authority who arranged for the person to take part in activities. This helped to ease their social isolation.

Another staff member made a detour on their way to work once a week so they could put out the refuse bins for a person using the service. The service also sent out birthday and other anniversary cards to people using the service to show they were remembered at special times.

Records showed that people using the service and their relatives, where applicable, were involved in making decisions about care, treatment and support. People had signed to say they were in agreement with their care plans and risk assessments. The provider's policy on consent to care explained how staff could best involved people in their own care taking into account both verbal or non-verbal communication

We looked at the daily records staff kept of their visits. These showed that staff always asked people what they wanted before providing support for them and obtained their consent before carrying out any care tasks. This helped to ensure that the people using their service were actively involved in making decisions about their care, treatment and support.

People told us the staff respected and promoted their privacy and dignity. However, a few people we spoke with expressed concerns about a minority of staff who they felt lacked basis English language skills. One person using the service told us that all the staff who supported them were 'very caring' but said they sometimes had difficulty communicating with them due to language differences. A relative said all the staff were 'very nice' but some of them were unable to converse easily with their family member in English.

Following our inspection we discussed this issue with one of the registered managers. She told us that as the staff team was multicultural, reflecting the population of Leicester, staff wouldn't always as the same first language as the people they supported. She said all her staff could speak English and some had accents and some didn't. She said all her staff had been told to speak slowly and clearly at all times when providing support and said she would text all her staff the same day to remind them of this. This will help to ensure that people using the service and staff are able to communicate effectively with each other.

Good

Is the service responsive?

Our findings

People using the service told us staff arrived on time and stayed for the full duration of their calls. One person said, “All the staff are punctual.” A relative said staff kept a ‘methodical notebook’ and they could refer to this to check their family member was having the support they needed.

Staff told us they learnt about people’s needs by reading their care plans and then going through them with the people in question. One staff member said, “We talk things through so I can check with them that I’ve understood their needs correctly and everything is as they want it.” Another staff member commented, “The care plans are good. They’re up to date and if I notice any changes I tell the office and they’re on to it straight away doing further updates.”

We looked at four people’s care records. These were personalised and included a section called ‘my routine’. This told staff how the person using the service wanted their care provided. For example, one person’s care plan included information about the order they liked their clothing to be put on when staff supported them to get dressed. This level of detail helped to ensure staff provided personalised responsive care.

At the time of our inspection the service was in the process of introducing ‘pen profiles’ for people which included their histories, like and dislikes, and hobbies. Staff used these to help them get to know the people they were supporting and as a source of ideas for topics of conversation.

The service provided care to some people whose first language was not English. Records showed that their communication needs were met, where possible, by multilingual staff who were knowledgeable about local cultures. This helped to ensure that the service provided appropriate care to people from black and minority ethnic backgrounds.

Records showed that people’s care packages were reviewed monthly, according to the service’s policy. We looked at four recent reviews. If people’s needs had changed care plans were rewritten and updated as necessary. During reviews people were asked if the care provided was responsive to their needs. We saw that all the responses were positive and people said they were satisfied that their care plans were being followed, and that staff arrived on time and stayed for the duration of their calls.

People using the service and relatives said they knew how to complain if they were unhappy with any aspect of the service. The provider had a complaints procedure. This was given to people and their representatives when they started using the service and was also available on request.

Staff listened to complaints and took action where necessary. For example, one person using the service had been unhappy with the way staff washed up after meals. In response the service texted all the relevant staff asking them to wash up in the way the person wanted. If a complaint was received detailed records were kept to show it had been dealt with appropriately.

Good

Is the service well-led?

Our findings

People using the service and relatives spoke positively about how the service was managed. Comments included: "The office is professional, if there's a problem they will ring"; "The management calls regularly to check [on the quality of the service]"; and "Good continuity". One relative said the staff kept them informed of their family member's progress which they found reassuring.

Staff told us they liked working for the service and felt valued as employees. One staff member said, "I'm very happy working for Care 4 U – as far as I know we are all happy – the staff and the service users. It's a good company to work for." Another staff member commented, "I look forward to going to work. The managers look after the staff and the clients." Staff told us they would recommend the service to family members if they needed care.

The provider sent out an annual quality assurance questionnaire to people using the service and relatives to see what they thought of the care. We looked at the results of the last survey, which was sent out in September 2015. This showed that 60 people who responded were 97% happy with all aspects of the service.

Records showed that any issues raised during the survey were addressed. For example one person said they didn't like the white uniforms the staff wore and suggested a deeper colour. The management replaced them with purple uniforms. Another person said they weren't aware of the complaints procedure so staff sent a copy out to them. This showed that staff listened to people and acted on what they said.

People also had the opportunity to provide feedback to the service every time their support package was reviewed, which was usually once a month or more frequently if there had been changes. At the review people were asked if they were satisfied with the care delivery, the appearance and approach of the staff, the timing/duration of the calls, and the communication from the office. This gave the provider a regular overview of what people using the service thought of it and let them know if any changes or improvements were needed.

The provider sent out quarterly newsletters to people using the service and relatives. We looked at the December 2015 issue and found it covered holiday staffing arrangements, compliments and complaints, and safety advice. The latter advised people of precautions they might want to take if a stranger called at their home. This demonstrated the service's caring culture and their concern for the well-being of the people using the service.

The provider also sent out weekly newsletters to staff. We looked at the one that was current at the time of our inspection. It included reminders to staff on infection control, changes to people's care needs, and what to do if they were running more than 10 minutes late for a call. This showed the service kept staff up to date with good practice in care and policies and procedures.

Staff told us they felt well-supported by management. One member of staff said, "I'd be the first to tell them if I had any issues and if there is anything I want to discuss or change they're always brilliant." Another staff member commented, "The office staff and managers are good communicators. I speak with them on the phone almost every day, and they're always asking me how things are going. If anything happens, they always help." Staff told us that a senior colleague was on call 24/7 if they ever needed out of hours support.

Staff had regular 1-2-1 supervision sessions, team meetings, and 'spot checks' while they were providing care. These were used to check they had the support they needed, monitor their progress, assess their training needs, and help ensure they were providing quality care to people using the service. The provider presented a 'carer of month' award to staff who had performed exceptionally well.

The service's management team met weekly to report on how well the service was running and address any issues. All aspects of the service were audited to help ensure it was running smoothly. The service was subject to continual improvement. For example, managers had recently introduced a key worker system. This meant that people using the service had nominated staff who could oversee their care and ensure it was meeting their needs.

We saw a display in the office that contained 'thank you' cards and messages from people using the service and relatives. The provider kept a file of the compliments they received and records showed they had received 61 in the last three months. This showed that people had had a high level of satisfaction with the service.