

Careing For U UK Ltd

Careing For U UK Ltd

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We undertook an announced inspection of Careing For U UK Ltd on 1 March 2017. We told the provider two working days before our visit that we would be coming because the location provided a domiciliary care service for people in their own homes and we needed to be certain that someone would be available.

Careing For U UK Ltd provides personal care support to people in their own home. The service could offer support to people living with a range of needs such as learning and/or physical disabilities and dementia. The service offered support to people over the age of 18 years old. At the time of our inspection three people were receiving personal care in their home. The care had been funded by the local authority through direct payments.

This was Careing For U UK Ltd's first inspection since registering in 2015.

The registered manager had recently left their post and the acting manager (who was the registered provider) had their interview with the Care Quality Commission the day after the inspection. 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.

Since this inspection took place the registered provider has now become the registered manager of the service.

There were some systems in place to monitor and assess the quality of the service. However, these needed to expand to cover more aspects of the service and identify what was working well and where improvements needed to be made.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to auditing.

You can see what action we told the provider to take at the back of the full version of the report.

We made a recommendation for the provider to seek national guidance on appropriate recruitment processes as they had not always checked and verified the references they had obtained.

People using the service and their relatives gave us complimentary comments about the service they received. People said they were involved in planning their care which was delivered by care workers in ways that respected their privacy and dignity.

The provider had systems to keep people safe and people felt safe with the service they received. Care

workers and the acting manager knew how to protect them from potential abuse.

There were enough care workers recruited to care for and support people.

Care workers had received training to ensure they were providing appropriate and effective care for people using the service. Also care workers had spot checks carried out on their work and met with the acting manager for support and guidance.

The provider had procedures and training in relation to the Mental Capacity Act 2005. People's ability to make daily decisions was considered and assessed by the acting manager.

At the time of this inspection, the service was not prompting or administering medicines to people using the service.

People were supported to eat and drink sufficient amounts. Their health needs were recorded in their care files.

Assessments of the person's needs were carried out before the person started to receive a service. Each person had a care plan in place which described their support needs. Risks were assessed so that care workers knew how to safely support the person. Care workers completed a record of the support they provided during each visit.

The provider had a complaints process in place and people knew what to do if they wished to raise any concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Recruitment checks were in place to obtain information about new care workers. However, not all references had been verified and exploring alternative references had not always been considered.

The risks to people's safety and wellbeing were assessed and reviewed, although these documents needed to be kept up to date when changes occurred.

The service employed enough care workers.

There were procedures for safeguarding adults and care workers received training on this subject and knew how to respond if they suspected a person using the service was at risk of harm.

People using the service did not need support with their medicines.

Is the service effective?

Good 

The service was effective.

Care workers had the training and support they needed to care for and support people using the service.

Care workers received training on the Mental Capacity Act 2005 and understood the importance of supporting people to make choices.

People were supported to eat and drink sufficient amounts and their health needs were identified and recorded.

Is the service caring?

Good 

The service was caring.

People and relatives said the care workers were caring and treated them with dignity and respect while providing care.

The care plans identified how the care workers could support the person in maintaining their independence. These records were individual to the person and clearly recorded their preferences and wishes.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before care was provided.

People's care plans were individual to reflect their needs and what was important to them.

There was an appropriate complaints procedure and people and relatives said they would make a complaint if they had one.

Is the service well-led?

Requires Improvement ●

Some aspects of the service were not well-led.

There were systems in place to assess and monitor the quality of the service. However, some audits and checks had not been formalised and certain areas needing to be improved had not been identified.

People knew who the acting manager was and knew how to contact them when required.

Care workers thought the acting manager was supportive and approachable.

Careing For U UK Ltd

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 1 March 2017 and was announced. We told the provider two working days before our visit that we would be coming because the location provided a domiciliary care service for people in their own homes and we needed to be certain that someone would be available.

Before the inspection we reviewed the information we held about the service, including statutory notifications of events that affected people using the service.

As part of the inspection we carried out telephone calls to two people using the service and two relatives.

During the inspection we spoke with the provider who was also the acting manager and an advisor who supported the acting manager.

We viewed a variety of records including recruitment and training details for three care workers, care records for two people using the service, a staff rota and a sample of audits carried out.

Following the inspection we received feedback on the service from four care workers, one relative and a social care professional.

Is the service safe?

Our findings

We asked people if they felt safe using the service. One person told us, "I feel comfortable with the care workers, I have no concerns."

The provider had a procedure for safeguarding people and was aware of reporting concerns to the local authority. There had not been any safeguarding alerts at the service at the time of our inspection. The acting manager told us that the care workers received training on this subject and feedback from the care workers confirmed this. Training records also showed this training had taken place.

Care workers informed us of what they would do if they thought a person using the service was being abused. Comments included, "I would tell my manger and then I do what they told me to do," "Report it to the manager" and one care worker said they would "Call my manager immediately."

The provider had procedures for recruiting new care workers. We saw records of interviews and the provider then undertook checks on their suitability, such as confirming their identity and eligibility to work in the United Kingdom, requesting two references and undertaking a Disclosure and Barring Service (DBS) criminal records check. We saw that on one care worker's application form they had supported a person in a caring role in another country but the care worker had not noted this as an employment reference. The acting manager had not identified this as a possible person to contact to find out about the care worker and confirmed they would do this to see if they could obtain more details about them.

On a second care worker's file the reference from their current employer was not verified by the acting manager. There was no official stamp showing it had come from that organisation and so they could not be confident that this had been completed by the care worker's line manager. Shortly after the inspection the acting manager confirmed they had made contact with the person who provided the reference to ensure this was genuine.

We were informed by the acting manager that the forms where usually care workers answered questions on their understanding of care had been filled by them as they used the questions to form part of the interview. They carried out a numeracy test but were not currently checking on the applicant's ability to read and write. The acting manager confirmed after the inspection that as part of the recruitment procedure they would have a literacy test.

We recommend that the provider seeks national guidance on obtaining references and ensuring they followed safe recruitment practices.

The risks to people's safety and wellbeing had been assessed. There were actions for care workers to take to minimise the risk occurring if someone was considered at risk. There was information about the use of equipment, such as a person used a zimmer frame, in people's support plans. One person's file did not clearly record details of their wheel chair and who serviced this to ensure it was safe and fit for purpose. Risk assessments were regularly reviewed and the review documents had noted when there had been a change

to the person's environment, such as now having a stair lift and having their bath removed to make personal care easier for them. However, the acting manager had not then updated the risk assessment and care records to reflect the changes. The acting manager confirmed they would ensure this was checked and recorded and three working days after the inspection they informed us that the person's documents had all been reviewed and updated where required.

There were no people currently using the service who had complex needs, such as being at risk of pressure sores or falling. No-one used a hoist and people's mobility was clearly recorded, such as if they walked with a frame. The acting manager also confirmed that there had been no accidents or incidents since the service started working with people in the Summer of 2016. They told us they were aware such events needed to be recorded as and when they occurred.

The service provided personal care support for three people and we saw they all had a different number of visits each day, and these took place at various times during the day and evening. This ensured that the acting manager could check that there were sufficient numbers of care workers to cover the visits. The acting manager occasionally worked alongside care workers, although this was mainly with the outreach work that they also carried out which did not fall under the regulated activity of personal care.

We viewed a sample of the care worker's rotas and saw they had enough time between visits to travel to their next visit. There were no double up calls and people using the service and a relative confirmed care workers came on time to the visits. One person commented, "they (care workers) are always on time, there are no problems." A relative said, "I always know in advance who is coming, I get told of any changes to the care worker." The acting manager informed us that there had only been one missed call in the time the service had been operating. They told us any missed calls would be documented moving forward so that they could check for any patterns. They confirmed they would start to log late calls, as they were not currently doing this, to ensure they were monitoring if there were any problems. They explained there were very few late calls and people we spoke with confirmed this.

There were no people using the service who were currently being supported to take their prescribed medicines and the two people and relative we spoke with confirmed this. Care workers had received training on this subject and could describe the difference between prompting and administering medicines to people. One care worker told us, "Prompting is telling someone to take medication and administering is giving them medicine."

We saw the documents and assessments that would be used if a medicine task was being carried out. There was a medicine risk assessment and agreement document in place to use if required. The acting manager also showed us the medicine administration records that would be completed by care workers if they administered medicines in the future. People's care records clearly recorded that either the person using the service or their relatives managed their medicines and that the care workers did not carry out this task for anyone.

Is the service effective?

Our findings

People using the service and relatives spoke highly of the care workers. Comments included, "I can't praise the care workers enough," "they (care workers) can speak in my family member's preferred language" and "the care workers seem to know what they are doing." A relative told us, "The carers are excellent and well trained."

Care workers confirmed they had received an induction to the service and training. They told us, "Yes, I had induction training and I shadowed staff," "I did shadowing with another carer" and "I had two days induction before the work started and shadowed a care worker to the client."

The acting manager explained that new care workers completed an induction which included the training identified as mandatory by the provider. New care workers would also be completing the Care Certificate and this had been booked for April 2017 for all the care workers to start working through. The Care Certificate identifies specific learning outcomes, competencies and standards in relation to care.

We viewed a sample of training records and saw care workers completed training on a range of subjects relating to the work they carried out. For example, basic life support, the Mental Capacity Act (MCA) 2005, health and safety and diabetes. The acting manager told us they were contacting other training organisations to ensure the care workers received ongoing quality training.

Care workers confirmed they were supported through different training courses. One care worker said the previous registered manager had gone through everything and informed them on how to support people using the service. They also said they had support from the acting manager. Comments were, "My manager is always available if I need any help and advice" and another told us they had "Good training and support to do the job."

The acting manager confirmed that spot checks were carried out to observe the care worker while they were providing care as well as asking people receiving care their views on the care workers that visited them. Care workers also told us that their work was checked by the acting manager. We saw records which confirmed care workers had observations of their work carried out as well as supervision meetings with the acting manager. We noted that some of the care workers, who had been new to care work, had not had a record of any spot check on their work or one to one supervision meeting for some months after they had first started working in the service. The acting manager explained they were in regular contact with the care workers via the phone or face to face and this had been an informal way to support and monitor their work. They confirmed they would record, for any new care workers, when they had provided support and guidance so that it was clearer.

The Mental Capacity Act (MCA) 2005 provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions 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. We checked that the service was working within the principles of the MCA. The acting manager understood the requirements of the legislation and what this meant on a day to day basis when seeking people's consent to their care. They confirmed that the people using the service all had capacity to make decisions and that this had been considered and recorded during the assessment and review process.

We found that care plans had been developed with the person and with their family. People told us they were able to have a say in how their care was provided and they all confirmed, along with their relatives, that they had been involved in what care they needed. We saw from the two files we viewed that people had signed the care records and that it was clear they were all able to make daily decisions for themselves. One person's care records stated, "I can express my needs very well."

We asked people using the service and their relatives if the care workers prepared and gave any meals and drinks to them. People lived with family members and so had their meals prepared by them. People we spoke with confirmed care workers sometimes warmed up a meal that had already been prepared. The daily notes recorded what people had eaten and a care worker told us, "I note down what and how much they (person using the service) eat and drink." All of the care workers also stated they left the person with a drink to ensure they had this available. One relative said the care workers, "Ensure my family member has eaten so they know they have had a good meal." The acting manager told us there was no-one at risk of malnutrition or dehydration. They were aware that should any person using the service be at risk of not eating or drinking then a clear record of food and fluid intake would be used to monitor the situation.

People's health needs were recorded so that care workers were aware of any specific issues and if they needed to look out for signs that there was a problem. The care plans we looked at provided the contact details for the person's General Practitioner (GP). Relatives of people using the service took them to any health appointments. Any changes to people's conditions were recorded and this prompted a review of their needs, or a referral to the relevant professional. This included a referral to an occupational therapist and diabetes nurse so that the person received the appropriate care and equipment.

Is the service caring?

Our findings

People and their relatives were complimentary about the service and the care they received. Some of the things they said were, "If the tasks are finished the care worker spends time sitting and talking with my family member," They (care workers) make such a difference to our lives" and "The care workers are like my family."

People also described how the care workers respected them. One person said they liked shoes to be taken off as care workers entered their home and that this was always done. We saw this had also been written in the person's care plan so that care workers knew what was expected of them. The language used in care records was respectful and included person centred details to help the care worker support the person in their preferred way.

A relative told us "I wouldn't hesitate in recommending them to anyone, they are 120% good." They also described how with the support they now had their family member was relaxed and slept well as they were familiar with the regular care workers. A social care professional was also positive about the service and said, "The client has always praised the managers and they are happy with the care/assistance received."

People using the service were asked if they felt the care workers supported them in maintaining their independence. People confirmed that they felt they were supported to carry out tasks for themselves but also have the help they required. The care plans we looked at indicated when the person could complete an activity independently and when they needed additional support. Care plans also noted things that were important to the person. For example we saw noted 'It is important to stay warm as I have a chest problem.'

The acting manager informed us that where possible they matched people with the care worker. They confirmed they introduced the care worker to the person using the service and people we spoke with said this had helped them when first receiving the service. Care plans identified the person's cultural and religious needs and the care workers background and ability to speak different languages helped build a positive working relationship when meeting the needs of some of the people using the service. This was also particularly important if the person spoke limited English.

Is the service responsive?

Our findings

We asked people and relatives if they were contacted or visited since receiving the service to ensure they were happy with the support they received. They all told us that they had either had telephone calls to check that everything was ok, or had home visits to chat face to face about the care they had been receiving.

People described a variety of support they received from the service. They said, "They (care workers) carry out whatever has been agreed." One relative told us that they had found the support of the care workers and the acting manager very useful. They explained, "I have had several suggestions from the carers and the agency regarding how to improve my X's (person using the service) well-being, which I have appreciated."

There were processes in place for people and relatives to feedback their views of the service. We saw two satisfaction surveys which had been completed in the past six months. Feedback was positive and included comments such as, "I am happy," "staff treat me with respect" and "I am very satisfied." The acting manager explained they would be seeking feedback from care workers and professionals later in 2017 so that they could see where they were doing well and identify if there were areas for improvement.

People were visited and their needs were assessed prior to them using the service. All the people and relatives we spoke with confirmed they had been involved in saying what support was needed and could ask any questions.

The care workers supported people to meet physical personal care needs. This included supporting people to wash, dress and eat meals. The care plans reflected people's individual needs and wishes. They were detailed and contained specific information about how the person wished to be cared for. Information was relevant to the person, such as, "I like to have a hair wash every Wednesday" and "staff to fill up a hot water bottle." Where people needed help with exercises this was recorded and care workers had been shown by the physiotherapist how to appropriately encourage the person to increase their movement and mobility. The daily care notes written by the care workers showed that care plans had been followed and people received the support and care they needed.

On the second person's file we viewed there were some records that were not dated and their contract needed to be slightly amended and signed by the person due to a change in their time of visits at the weekend. The acting manager confirmed after the inspection that all the information had been checked and amended.

Care workers completed time sheets to record their visit times. The acting manager confirmed these were checked each time they were submitted to ensure the agreed length of each visit was accurate. People told us the care workers stayed for the appropriate time and did not leave early. A social care professional told us that they had been aware that when a care worker had not been able to attend a visit due to an emergency, the acting manager had been responsive and had carried out the home visit themselves to ensure the person received support. They commented that, "My client was very impressed" by this swift action.

There was a complaints policy and procedure in place which was given to people when they started receiving the service. The acting manager said there had been no formal complaints but that they would consider recording minor informal complaints.

Every person and relative we asked said they had not had to make any complaint but that they knew the contact details of the acting manager. They told us, "I would complain if I needed to, but I have had no complaints to make" and "I definitely would feel able to complain if I had to and I feel I would be listened to." Everyone said they would feel able to talk with the acting manager about any issues.

Is the service well-led?

Our findings

There were some audits in place, such as checking the documents in people's files, but the checks had not been looking at the content and ensuring everything was up to date. Spot checks on care workers had taken place, although there was no formal system in place for the acting manager to know when these were due or when reviews and home visits were due for people using the service. Some communication, usually via the telephone, with people using the service and relatives had not always been recorded. This could make it hard to always know what had been discussed and if any action had been agreed to be taken. The acting manager recognised that they needed to formalise their checks and record the work they were doing to show what was working well and where improvements needed to be made.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked care workers if they felt they were supported by their manager. They were all complimentary about the acting manager. They told us, "They (the acting manager) help me," "We have good training and support to do the job," "Very good manager, I am happy with working this agency," "My manager is always available if I need any help and advice" and "They regularly check and call me to see if I need any help or training and I am free to discuss any issues."

The acting manager was the registered provider and their interview to register with the Care Quality Commission (CQC) was booked for the day after the inspection. There had been two previous registered managers since the service registered in 2015 and they now felt they were ready to become the registered manager. They told us that they also kept themselves abreast of development within the social care sector by accessing relevant websites such as that of the CQC and Skills For Care, which is an organisation that supports staff and offers guidance and information for those working in social care. The acting manager was currently studying for a leadership and management qualification in social care. They were receptive throughout the inspection to the findings and committed to making improvements where needed.

Staff meetings had been held with the last one in November 2016. The acting manager had not been sending the minutes of the meeting to the care workers who did not attend and they confirmed they would do this following on from the inspection.

They had developed an action plan on areas they wanted to make improvements in such as training the care workers to use the new daily records. They had made contact with different training organisations with the aim to provide a range of support to care workers and encourage them to develop their skills.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The systems and processes in place were not effective as they had not enabled the registered person to assess, monitor and improve the quality of the services provided.</p> <p>Regulation 17 (2) (a)</p>