

Care4UHomecare Ltd

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Inspection report

Unit 13A, Action House
53 Sandgate Street
London
SE15 1LE

Tel: 02039038477

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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

About the service

Care4UHomecare Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

At the time of the inspection the provider was only supporting one person.

The person's care was mainly funded through a local authority direct payment agreement. A direct payment is the amount of money that the local authority has to pay to meet the needs of people and is given to them to have control and choice over who they choose to provide their care.

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

Although the issues we found did not directly impact the level of care and support the person received, improvements were needed as robust recruitment processes and important information related to people's care was not always recorded or in place.

We have made one recommendation that the provider ensures records are updated regarding the support the person receives with their medicines.

The person's relative told us they had been happy with the current level of care and improvements had been made recently, which had a positive impact on their family member. The relative had chosen this care agency and highlighted the professional relationship they had developed over the years since they had started to use the service.

The relative was positive about the kind and caring attitude of the staff team, including the registered manager. They said their family member was being well supported and the registered manager worked hard to accommodate their needs and respond to any issues or concerns.

Staff completed training and had opportunities to meet the person and observe how their care was delivered before starting work with them. This helped them to get a better understanding of their needs.

The person was supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

The person was supported by staff who spoke positively about the registered manager and the support they received to help them in their roles. Staff had been well supported during challenging periods of the COVID-19 pandemic and told us the registered manager has always been available for advice and guidance.

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

Rating at last inspection

The last rating for this service was inspected but not rated (published 16 January 2020).

The service was registered with us on 25 May 2017 but had not been providing personal care until the first inspection on 18 December 2019. At the inspection there was one person using the service. We were able to carry out an inspection but we could not rate the quality of the service as we had insufficient evidence on which to do so.

Why we inspected

We carried out this inspection following a routine review of information we held about this service. Our intelligence indicated there may be a higher level of risk at this service due to the length of time it had been registered and not been rated.

Enforcement

We have identified two breaches in relation to safe care and treatment and recruitment practices.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. We will continue to monitor information we receive about the service. If we receive any concerning information we may return to 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Care4UHomecare Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Care4UHomecare Ltd is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the provider a short period of notice because we were aware the registered manager was at times working remotely due to COVID-19 and we needed to ensure they would be available to assist us with the inspection.

Inspection activity started on 30 April 2021 and ended on 24 May 2021. We visited the office location on the 30 April 2021 to see the registered manager and to review documents related to care and support and records related to the management of the service. We made calls to a relative and care staff between 4 and 24 May 2021.

What we did before the inspection

We reviewed information we had received about the service since their registration and their previous inspection report from December 2019. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key

information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We also contacted the local authority commissioning team. We used all of this information to plan our inspection.

During the inspection

We reviewed a range of records. This included one person's care and medicines records and documents related to recruitment, training and supervision for seven care workers. We also reviewed records related to the management of the service, which included spot checks, a complaint and information related to COVID-19.

We spoke with four staff members. This included the registered manager and three care workers. We were unable to speak with the person as they were unable to fully communicate over the telephone so we spoke with their relative.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at recruitment and supervision records, a range of policies and procedures, further spot checks and correspondence with a health and social care professional.

We provided formal feedback to the registered manager via email on the 12 May 2021.

Is the service safe?

Our findings

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

At the last inspection we did not have sufficient evidence to rate the safety of the service. At this inspection this key question has been rated as requires improvement. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

Staffing and recruitment

- Safer recruitment procedures were not always followed to ensure staff were suitable to work with people who used the service. At the last inspection we found gaps in employment histories had not been recorded during the interview process. Although the registered manager said this had been discussed but had not been recorded at the time, they said this would be completed for all future applicants.
- We found interview assessment records were still not being completed, with gaps in employment histories not recorded or information related to references, where they were different from what had been provided in application forms. This was also not in line with the provider's own recruitment policy and procedure.
- A former member of staff had returned to work at the service. However, the registered manager did not follow recruitment processes to cover the period of time they were away from the service.
- The registered manager told us after the inspection they did not complete an interview as they already knew of their suitability and past experience and they discussed their period of absence from the service and no concerns were identified. The registered manager acknowledged this information was not recorded.

We found no evidence that people had been harmed but the provider failed to have robust recruitment processes in place to ensure persons employed had the right skills and experience. This was a breach of Regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had an electronic call monitoring (ECM) system in place to confirm visits but it was still in the process of being embedded into the service at the time of the inspection. The registered manager had regular correspondence with the relative and care staff to ensure calls were completed.
- We saw timekeeping issues had been raised and this had been discussed with the care workers involved via a supervision. We also received feedback from the relative who stated, "I have raised this and know [registered manager] is trying to resolve this." The provider has since informed us that delays have been infrequent and some disruption had occurred as a result of travel restrictions, sickness and the requirement to self-isolate due to the COVID-19 pandemic.

Assessing risk, safety monitoring and management

- Not all risks to the person had been assessed and there were inconsistencies within the care records we reviewed related to the person's care and support. There was also limited guidance in place for staff to follow for all support needs.
- Although there was clear detail about the person's mobility and how they should be supported going up and down the stairs, not all of the advice and guidance from an occupational therapist about safe transfers

were recorded in the care plan.

- Although there were instructions for staff to check the person's skin, the pressure area care risk assessment stated the person was not at risk. However, this was a risk as pressure ulcers had developed previously and recent entries in daily log records confirmed the person currently had a pressure ulcer. Although the registered manager had liaised with the district nurse, information about some pressure relieving equipment that had been recommended by a specialist nurse and whether repositioning was required during care visits was not accurately recorded within the care plan.
- At the last inspection, we saw best practice had not been followed in relation to fire safety as this had not been covered in the relevant risk assessment. The registered manager acknowledged this and after this inspection, provided us with a copy of the internal risk assessment which included information relating to fire safety.

Although we found no evidence that people had been harmed, the inconsistencies and lack of information within risk assessments created a risk to people's health and safety. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The relative told us they felt staff had a good understanding when it came to their family member's mobility and keeping them safe when supporting them to mobilise around their home. Care workers also confirmed they had observed the occupational therapist's practice with the person to help understand how they could support them safely.

Using medicines safely

- Although there were procedures in place to ensure medicines were given safely, there were some inconsistencies within the records we reviewed. For one medicine, it was recorded as being given in the morning but information in the medicine administration record (MAR) chart stated it should be given in the evening.
- We discussed this with the registered manager who told us they had discussed this with the pharmacist, who confirmed that the medicine could be given anytime during the day, as opposed to just in the evening. We were told that staff were following these instructions, but the MAR chart was not updated to reflect this. This was not in line with the provider's own medicines policy. However, we were informed the MAR chart was not updated immediately because the provider was awaiting a follow up in writing from the GP.
- Daily log records showed that the person was being supported with an inhaler but there was no information in the care plan or medicines assessment about why it was used and when it should be used. Staff recorded the number of individual pumps they supported the person with but there was no guidance around when this was to be used.
- The registered manager told us after the inspection they had tried to gain information from the person's GP in respect of their inhaler. However, this information was yet to be received.

We recommend the provider consider current guidance on supporting people with medicines in a home care setting and update their practice accordingly. We shared The National Institute for Health and Clinical Excellence (NICE) guidelines for managing medicines for adults receiving social care in the community with the registered manager after inspection.

- Staff completed medicines training before supporting the person and had a good understanding of their responsibilities. Staff were positive about the training they received and confirmed medicine administration records (MARs) were checked by the registered manager.
- The relative said, "I do feel confident with this support. I have seen them give the medicines and complete the records. They are aware of what to do and I can't fault them with this."

Preventing and controlling infection

- There was an infection and prevention control (IPC) policy in place and staff were kept regularly updated with any changes in government guidance to ensure they knew how to keep people and themselves safe and reduce any risk of COVID-19.
- Staff completed IPC training and this was regularly discussed with them. The registered manager also supported some care shifts and carried out spot checks to provide further support and advice around best practice.
- Staff were positive about the support from the registered manager since the COVID-19 pandemic started and confirmed they had never had any issues getting personal protective equipment (PPE). Staff were also involved in the weekly COVID-19 testing programme.
- The relative told us staff wore their PPE when they were providing care and felt staff had a good awareness of infection control practices.

Systems and processes to safeguard people from the risk of abuse

- The provider had an appropriate safeguarding policy in place and staff continued to have a good understanding of their safeguarding responsibilities. Staff completed safeguarding training during their induction and had opportunities to raise any concerns they had with regular communication with the registered manager.
- There had been no safeguarding incidents since the last inspection. Staff told us they were confident any concerns would be dealt with and highlighted the registered manager had been very proactive when they raised concerns about a change in the person's health. One care worker added, "She responds immediately and follows everything up."
- The relative told us they felt the service their family member received was safe and gave them a sense of reassurance as they had confidence the registered manager would deal with any concerns.

Learning lessons when things go wrong

- There were systems in place for the reporting of any accidents and incidents and staff and the registered manager was aware of procedures to follow.
- We saw meetings with a care worker had been carried out when a concern had been raised by the relative and appropriate action had been taken. It was also discussed with the current staff team, including a reassessment of the person's needs with support from the relevant health and social care professionals.
- Staff supervisions also regularly discussed any issues or concerns, covering standards of work and feedback if any improvements were needed.

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 the last inspection we did not have sufficient evidence to rate how effective the service was. At this inspection this key question has been rated as good. This meant people's outcomes were consistently good, and feedback confirmed this.

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

- The provider was still supporting the same person using the service since the last inspection in December 2019. We saw the person had been reassessed since the last inspection due to a change in their care and support needs.
- We saw the provider faced challenges in getting the necessary support and advice from the relevant health and social care professionals. They regularly followed up their request for support to assess the person's change in needs and help to keep them safe.
- Where there was a delay in response from the local authority, the registered manager implemented double handed care immediately as they felt the current service was unsafe with just one care worker.

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 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.

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.

- Care records showed the person needed support making decisions in their best interests and their relative, who had the legal authority to consent to their care and support, had been fully involved. However, it did not detail if the person had the ability to make specific decisions about their care, such as the clothes they wanted to wear or the food and drink they would like to have. Despite this, we saw there had been correspondence with a relevant health and social professional regarding a capacity assessment.
- Staff had completed MCA training and were able to explain how they involved the person in everyday decisions and supported them with choices about their care. One care worker said, "We always explain what we are doing, tell them what we are doing and encourage and involve them. We give [person] varieties and let them choose."

Staff support: induction, training, skills and experience

- New staff completed a training and induction programme when they started, with staff with previous

experience completing a refresher training course. Training was focused around the Care Certificate, which sets the standard for the fundamental skills and knowledge expected from staff within a care environment.

- New staff shadowed experienced staff until they had completed their training and induction. One care worker told us they had been observing staff carry out the person's care and support across all care calls over a few weeks to help understand how the person liked to be supported. They added, "I get to observe the different tasks and how they support their mobility. I get to ask questions and they give me information and feedback about what they are doing and how it keeps them safe."
- Staff were positive about the training and supervision they received to support them in their roles. Comments included, "The training has been excellent and has given me the confidence" and "When we have supervision, they are two-way conversations, we discuss the job and she is really good to talk to. She understands us, gives us time and listens to us."

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

- The person using the service was supported to eat and drink as this was part of their agreed care and support needs. Their care plan had information about the level of support required, including a specific diet, preferred foods and nutritional risks. Samples of daily logs showed they were fully supported with this.
- Staff had a good understanding of this person's nutritional needs and how they worked closely with the person's relative. One care worker explained there had been extra support hours to help prepare fresh meals. They added, "We do give [person] options when it comes to food and if we don't get a response we do know what food they like."
- The relative confirmed staff were aware of the support that was needed and they regularly liaised with them about food choices. They also highlighted a positive factor as one of the care workers was from the same culture and knew how to prepare and cook cultural dishes their family member enjoyed.

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

- Although the person had no regular health and social care professional involvement in their care and support, we saw the registered manager had worked closely with an occupational therapist and district nurse when staff had raised concerns about a deterioration in their health and wellbeing.
- Emergency contacts were recorded in the care plan and staff were aware of their responsibilities to report any changes with the person's health. The relative confirmed the registered manager had liaised with the GP on their behalf. They added, "They understand their duty of care and have always updated me with any changes and made me aware if they have any concerns."
- The relative also highlighted the positive impact having two care workers' support had made to each visit after the occupational therapist had been involved. They said it had helped the care workers and providing care was less of a struggle.

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 the last inspection we did not have sufficient evidence to rate how caring the service was. At this inspection this key question has been rated as 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 relative spoke positively about the caring nature of the staff team and the relationship they had developed with their family member. They said, "They are kind and compassionate and I feel they have a good attitude. While I feel there is always room for improvement, they do engage well and understand they need to be patient. This has improved a lot."
- All care workers had been introduced to the person before they started supporting them, which also included observation shifts to help give them a better understanding of the person and their care needs. The relative was positive about the staff team and having consistency. They added, "I feel [family member] is in a good place at the moment due to the consistency."
- We saw feedback from a health and social care professional that complimented one of the care workers on the great relationship they had observed with the person during a home visit. We also saw there had been times when care workers had stayed longer for their call visits to ensure everything had been completed before they left.

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

- The registered manager continued to have regular contact with the person and their relative to discuss the current level of care and if there had been any changes. Records and correspondence confirmed the person and their relative were always involved in decisions about their care.
- The relative said, "We have a good judgement on [family member's] needs and what are in their best interests. I work with them and give them ideas to be mindful of, which they take on board. We work together to make sure the care is correct."

Respecting and promoting people's privacy, dignity and independence

- Care records included information for staff about the tasks the person could do themselves or could be encouraged to do, along with what they needed support with and how they liked it to be done. Due to the person's health conditions, their care plan also included tips for staff to help them engage in conversation and provide regular encouragement to the person during the care visit.
- Care workers told us they discussed the importance of respecting people's privacy and dignity during their training. One care worker added, "It was very in-depth and gave me a good understanding." Another care worker said, "It is important to listen, especially when carrying out care. This has helped in developing trust with us."
- The relative told us care workers respected them and their family member when they were working in their home. They added, "If I need to speak to them about anything, they do take this on board."

Is the service responsive?

Our findings

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

At the last inspection we did not have sufficient evidence to rate how responsive the service was. At this inspection this key question has been rated as 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

- Due to the funding arrangements for the care being managed via a direct payment, the relative had chosen this care provider. We saw the registered manager had regular contact with the person and their relative to discuss the care and how the person wanted to be supported.
- The relative told us they had a good working relationship and the registered manager would always try and accommodate specific requests to meet their family member's needs. They added, "I am involved with the care and they do definitely try to meet their needs. They listen and take on board any issues or concerns. I feel they understand [family member]."
- Staff had a good understanding of the person's care and support needs and care records provided person centred information on how they wanted to be supported and how staff could communicate effectively with the person. The care plan also covered any religious and cultural needs, including the preference of gender of staff that worked with the person.
- Staff felt confident they knew how the person liked to be supported and were always updated if there were any changes. One care worker told us the observation visits and seeing care being provided had been extremely helpful in learning how the person liked to be supported. Another care worker told us they had a close working relationship with the relative and this also helped to ensure the person's needs were met.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The person's communication needs were recorded with information for staff to know how best to communicate with them. The registered manager worked closely with the relative and shared information in their preferred format. The registered manager said if needed, they could provide information in other formats if this was required.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and was given to people and their relatives within the service user guide when they started using the service. The registered manager also asked for feedback about the service during spot checks, reviews and via regular telephone correspondence.
- There had been one complaint since the last inspection that had gone through the formal complaints process. The registered manager had dealt with it appropriately and the relative confirmed they were happy

with the action that was taken. The relative added, "[Registered manager] is available and responds and she does try to resolve any issues that we have. I also have a good relationship with the carers where I feel comfortable raising anything with them."

End of life care and support

- End of life care was not being provided at the time of the inspection. The registered manager was aware of processes to follow and which health and social care professionals they would need to work closely with if they started supporting people at this stage of their life. The care plan also gave the person and their relative the opportunity to discuss any future wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection we did not have sufficient evidence to rate how well-led the service was. At this inspection this key question has been rated as requires improvement. This meant the service management and leadership was inconsistent. However, positive feedback was received about the registered manager and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- Although there were systems in place to monitor the service and ensure the person and their relative were happy with their care, the registered manager had not always picked up some of the inconsistencies we found during the inspection. Some feedback we had shared at the last inspection regarding recruitment practices had still not been fully implemented into the service and the registered manager was not always following their own policies and procedures.
- Daily logs and medicines records were returned to the office to be checked by the registered manager for accuracy and any areas of improvement. The audit checklist had not identified the care being provided was not always reflective of the tasks set out in the care plan. There were also some minor recording issues which had not been addressed.
- Despite this, staff confirmed there were regular spot checks and visits from the registered manager to monitor the service. One care worker said, "She is always around, popping in and checking on us and the service."
- Supervision with staff discussed any feedback from the relative on how the service was being provided and if there was anything that needed to be addressed or staff needed to be updated with. One care worker said, "If there is any uncertainty, she will sit down and explain it to us and how we can improve. She is patient, experienced and helps us to understand."

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

- Although there had been no notifiable incidents since the last inspection, the registered manager had a good understanding of their regulatory responsibilities and knew when notifications had to be submitted to the CQC. They also knew the importance of being open and honest with the relative and updating them with any issues or concerns.
- One care worker told us the registered manager had regular contact with them and provided information about important responsibilities of the job and what was expected of them once their training programme was completed.
- Staff were also regularly reminded and kept updated with regular communication through a staff WhatsApp group. Staff also had to provide a daily update to the registered manager to ensure they were aware of any changes in the person's health or if anything needed to be followed up with the relative.

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

- The person's relative spoke positively about the registered manager and felt the current care and support being provided had a positive impact on their family member. They added, "As a manager, she is responsive and we have been together a while. We have built up a professional working rapport and she accommodates us as much as possible."
- Care workers also praised the registered manager and were positive about the working environment and level of support. Comments included, "She is very patient with us, explains what needs to be done so we know what to do" and "She always listens to us. We can explain any challenges we have and she addresses it every time. I'd recommend the service."

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

- Although the person was not able to be fully involved in their care, the registered manager ensured there were regular visits and updates, including regular correspondence with the person's relative.
- Care workers were positive about the registered manager and told us she was also involved in providing care to the person when help was needed to cover any shifts. Comments included, "She makes us feel part of the team and helps out when we need it, which has helped develop a good relationship" and "She helps our situation and supports us when we need it. This gives us confidence."
- One care worker told us that after training sessions, the registered manager would provide opportunities to have a catch up about the training, how they were progressing and getting on in their role.

Working in partnership with others

- The registered manager followed up concerns about the person's deterioration in health and worked closely with health and social care professionals to put extra support in place to ensure the person remained safe whilst receiving care.
- The relative told us the registered manager had been involved in assessments and meetings, arranging for staff to meet the occupational therapist during an assessment.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not always assess the risks to the health and safety of service users receiving care and do all that is reasonably practicable to mitigate any such risks.</p> <p>Regulation 12 (1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not always ensure recruitment procedures were operated effectively.</p> <p>Regulation 19 (1)</p>