

Care4U (Leicestershire) Limited

# Care 4 U - 466 Melton Road

## Inspection report

466 Melton Road  
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14 April 2021

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Care 4 U – 466 Melton Road is a domiciliary care service. The service provides care and support to people living in their own homes in the community.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

At the time of our inspection 73 people were receiving personal care.

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

Communication systems had improved to some extent since the last inspection but remained a cause of frustration for some people using the service. For example, people told us they were not always informed when staff were running late and when contacting the office with any queries they were not always responded to appropriately. One person commented the communication with the office staff was 'hit and miss', saying it depended on who they spoke with, whether anything gets done.

Since the last inspection the provider had introduced an electronic care monitoring system, which recorded the care people received in live time. However, relatives told us they did not have access to records regarding their relative's care as paper records were no longer held in their homes. Also, some people were not familiar with using technology. The provider said they would consult with individuals and relatives to ensure they had access to the care records, either electronically or by having paper copies held within their homes.

People and their relatives knew how to raise a complaint and said they would feel confident to do so if needed. We found records of complaints needed to be recorded in more detail to clearly evidence when they were brought to the providers attention, the dates of investigation and conclusion.

People felt reassured and safe as staff followed government guidance on COVID-19. Staff followed infection prevention control (IPC) best practice, in relation to reducing the risks of infection spread, wearing personal protective equipment (PPE) and following good hand hygiene. Staff had access to enough supplies of PPE equipment.

People were supported by a core group of staff who they had developed positive and supportive relationships with. People spoke of the kind and caring approach of staff. Staff were recruited following safe recruitment practices. Upon appointment they underwent a period of induction and a programme of training and shadowing experienced staff.

People's safety was promoted by staff who followed training and guidance on how to reduce potential risk.

People were supported with their medicine's safely by staff who had had their competency assessed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 28 November 2019).

#### Why we inspected

The inspection was prompted in part due to concerns received about infection prevention controls. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-Led sections of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating of Good has not changed based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care 4 U – 466 Melton Road on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow Up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

# Care 4 U - 466 Melton Road

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

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

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

#### Notice of inspection

We gave the service 48 hours' notice of the inspection and provided an explanation as to the inspection process. We asked the provider to submit information to CQC to minimise the time spent on site in response to the pandemic.

The inspection activity started on 14 April 2021 and ended on 19 April 2021. We visited the office location on 16 April 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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.

#### During the inspection

We spoke with one person who used the service and thirteen relatives of people using the service, about their views and experience of the care provided. We spoke with eleven members of staff including the provider / nominated individual. The nominated individual is responsible for supervising the management of the service.

We reviewed a range of records. This included policies and procedures, internal management audits, staff supervision and training records and three staff recruitment files. A variety of other records relating to the management of the service were also reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found, such as training records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

- People told us the registered manager had contacted them via a newsletter at the beginning of the COVID-19 pandemic, and had provided information about the action they would be taking, which included the use of Personal Protective Equipment (PPE), (facemasks, disposable gloves, aprons and hand sanitiser). People and relatives confirmed staff always wore full PPE throughout their care visits.
- Staff had received training about COVID-19 and infection prevention measures, which included the correct procedure for the putting on and taking off, of PPE, known as donning and doffing. Staff explained how they followed the government guidance to promote people's and their own safety against the transmission of COVID-19.
- The provider ensured all staff had regular screening for COVID-19. They also ensured any staff showing any COVID-19 symptoms or had been in contact with people tested COVID positive, were tested and followed the self-isolating government guidance.

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

- People and relatives told us they felt safe with the staff that provided their care and support.
- Staff had been trained in the safeguarding procedures and knew what action to take to protect people from harm and abuse.
- The provider worked with the local safeguarding authority to safeguard people and keep them safe.

### Assessing risk, safety monitoring and management

- Equipment was used to promote people's safety, which included the use of equipment to move and support people safely. One person said, "I use a ceiling hoist, I feel very safe when staff use it, they explain what they are doing and wait until I am ready."
- Risks associated with people's care and support were assessed, and plans developed and adopted to reduce risk. For example, people cared for in bed and at risk of skin damage had pressure relieving equipment in use. People at risk of malnutrition and dehydration had their food and fluid intake closely monitored. Any areas of concern were reported to the relevant health care professional.
- People's care records were stored electronically on a mobile device application (Mobile App). The provider told us people and their representatives were made aware of how personal information was stored and shared. However, some people and their relatives told us they did not have access to their care records, as some were not familiar with using technology. These people said they would prefer to have paper copies of their support plans held within their homes. This was brought to the attention of the provider who said they would arrange for this to be made available, where required.

### Staffing and recruitment

- Staff rotas were planned to ensure staff had the appropriate skills, competencies and knowledge to meet people's needs.
- People told us they were supported by a core group of staff, who understood their needs, which contributed to their sense of feeling safe and confident.
- Staff recruitment practices and ongoing training supported people's safety.
- The induction and training staff undertook meant they were aware of their roles and responsibilities in promoting people's safety, health and well-being.

#### Using medicines safely

- People were supported with their individual medicines in a safe and timely way.
- The provider had spot checks carried out on staff, which included observing staff administering medicines to people. This meant staff followed the correct medicines procedure and followed people's individual support plans when administering medicines to people using the service.

#### Learning lessons when things go wrong

- The provider's quality management system supported them to learn from events, including safety incidents and safeguarding concerns, in the event they should occur.
- Staff were knowledgeable as to what information of concern they should report and how to report it, which included accidents and incidents.



# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

We could not improve the rating for Well-Led from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

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

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- Feedback from the people we spoke with indicated that communication with the office-based staff had improved to some extent, but feedback from people using the service indicated it still remained an area for further development.
- One person said, "I mostly speak with [name of office staff member] they are always very helpful." Whilst others said they had not encountered the same level of customer satisfaction when contacting the office.
- One relative commented on an occasion when they called the office to discuss their relatives care times. They said, "I wasn't calling to complain, but the staff member who answered seemed to be instantly defensive, they came across to me as 'aggressive assertive'. I fully understand the pressures the office staff must be under, but at the same time the staff needed to remain courteous, so people feel comfortable contacting the office."
- Another relative said, "Communication with the office staff is the main area of frustration, it's a bit hit and miss, it depends who you speak with as to whether anything gets done."
- People and their relatives confirmed they were involved in the initial care assessment and ongoing review of their relative's needs. Although some relatives commented they would like to have access to the support plans that were now held electronically; some said they would also like to have paper copies of the support plans kept within their homes. One relative gave an example of when they had called a GP and due to not having any care records within the home, they were unable to provide the required information to the GP. We brought this to the attention of the provider who said they would consult with people and their relatives to meet their individual choices.
- People's views were regularly sought about the quality of the service. Annual satisfaction surveys were sent to people using the service and relatives, the most recent 2020 survey showed an increase in overall satisfaction.
- Whistleblowing was encouraged within the service and staff told us they were confident to raise any safeguarding concerns.

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

- People using the service and relatives were praising of the care staff who attended their care calls. They commented, "the staff are like having good friends", "the staff are all very nice", and "the staff are very efficient."
- Staff spoke positively of the support they received. One staff member said, "This company is much better organised than the last care company I worked for, they seem to know what they are doing."
- Staff told us they received one to one supervision, which gave them the opportunity to discuss in confidence their work performance, further training or support needs.
- Staff were supported to provide good quality care, as they were monitored, and had opportunities to attend meetings. Information about any key changes was shared electronically with staff and within staff newsletters.
- A 'Carer of the Month Award' recognised staff commitment to good quality work.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their role and responsibilities. At this inspection no incidents had met the criteria under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support, and providing truthful information and a written apology.
- Complaints records evidenced the provider responded to complaints. However, some of the records had not been fully completed to evidence an audit trail from when the complaint was received and concluded.

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

- A managerial structure was in place, which identified individual staff responsibilities for all aspects of the quality and monitoring of the service. Quality assurance audits were completed on an electronic care monitoring system. The electronic system gave the provider access to live updates to continually monitor the delivery of people's care.
- The provider had a business continuity plan in place, which detailed how people's needs were to be met in the event of an emergency. A COVID-19 contingency plan had been developed in response to the pandemic, which outlined the actions needed to ensure essential care continued to be provided.
- The provider understood their legal obligations. CQC had been informed about events they were required to by law, and we saw that the provider had displayed the last inspection rating on their website and within the service as required.
- People and their relatives told us they would recommend the service to others.

Continuous learning and improving care; Working in partnership with others

- The provider was committed to their personal development and that of staff to ensure good outcomes for people and the continuous improvement of the service.
- The provider, registered managers and senior staff kept themselves appraised of good practice guidance. They attended meetings and events with external providers, which included the local authority and provider forums to share good practice and developments within the care sector.
- Staff understood their role in monitoring the standard of care. Whistleblowing was encouraged within the service and there were systems in place to enable staff to feel safe to whistle blow. Staff told us they were confident to raise any concerns.