

Care 4 You Direct Limited

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Inspection report

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Date of inspection visit:
11 October 2021

Date of publication:
06 December 2021

Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Care 4 You Direct Limited is a domiciliary care service providing personal care and support to 16 people at the time of the inspection. The provider also operates a care agency providing temporary staff for care homes.

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.

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

People had raised concerns about late calls, consistency of care workers, poor organisation, staff not wearing uniforms or carrying ID, poor care plans and not knowing who to contact and who was in charge. We found the concerns raised were substantiated. The provider did not have any quality assurance systems in place so was not aware where improvements were needed.

The provider had recently recruited a person with the relevant skills and experience to oversee the service and introduce quality assurance systems, monitoring and engagement with people who use the service. The provider acknowledged the shortfalls in the management systems and took immediate action to address them.

Following our initial feedback, a senior staff member or member of the management team visited each person who used the service to review their care plans and ensure they were satisfied with the service provided. An electronic care management system had been introduced to ensure staff have up to date information about people's care needs available to them at all times. It also gives the provider a 'real time' overview of the time and duration of care visits and medication administration. These systems were very new and therefore we cannot assess their effectiveness at this inspection.

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

Rating at last inspection

This service was registered with us on 16 June 2021 and this is the first inspection.

Why we inspected

We undertook this targeted inspection to check on specific concerns we had about the overall management of the service and staffing. Following this targeted inspection, the service remains unrated.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not give a rating or change the rating from the previous inspection. This is

because they do not assess all areas of a key question.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to the lack of management oversight and quality assurance processes. 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 and local authority to monitor progress. We will 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?

This is the first inspection for this newly registered service. This key question has not been rated as we have only looked at the part of the key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

This is the first inspection for this newly registered service. This key question has not been rated as we have only looked at the part of the key question we had specific concerns about.

Inspected but not rated

Care 4 You Direct Limited

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.

This was a targeted inspection to check on specific concerns we had received about staffing and the overall management of the service.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. This means the provider is solely 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. This was because it is a small service and we needed to be sure the provider would be in the office to support the inspection.

Inspection activity started on 06 October 2021 and ended on 04 November 2021. We visited the office location on 11 October 2021.

What we did before inspection

We reviewed information we had received about the service since registration. 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 two relatives about their experience of the care provided. We spoke with five members of staff including the provider, administration manager and, care workers. We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has not been rated as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check concerns we had about some aspects of staffing, medicines administration and infection control practices. We will assess all of the key question at the next comprehensive inspection of the service.

Staffing and recruitment

- A concern was raised that staff did not always wear a uniform or name badges. People told us this made them feel uncomfortable when staff they were not already familiar with arrived to provide their personal care. The provider advised us all staff were provided with uniforms and name badges and that all staff must wear name badges and uniform with only specific exceptions allowed. However, no compliance checks or satisfaction surveys had been undertaken which meant the provider was not aware of this concern until we brought it to their attention.
- Since the inspection the provider reminded staff they must wear their uniform and carry ID. People who used the service were reminded of what they should expect from staff in this regard. Spot checks were introduced, the provider is now monitoring this area of practice to help ensure people can feel safe and reassured with Care 4 You Direct staff.
- The provider had experienced issues with consistency of care workers during the pandemic. This meant that people had not always received their care and support from staff familiar to them. However, a new system had been introduced whereby each call route now had a small group of care workers assigned and one senior. If a care worker was unable to work, the senior would step into cover. This meant that people will receive their care from a small group of staff who are known to them.

Using medicines safely

- We identified concerns in relation to the administration of medicines. When these concerns were raised with the provider, immediate actions were taken to ensure the safe management of medicines.
- Since the inspection the provider has introduced methods of monitoring care workers' practice in regard to medicine administration. Spot checks had been introduced for senior staff to assess practice in people's homes and supervisions organised to monitor areas for improvement and further training requirements.
- Since the inspection a digital care plan system has been introduced which will give the provider 'live' information about the care and support being delivered. This will include call times, call duration and whether staff have completed all the tasks required before they leave a person's house, including medicine administration.

Preventing and controlling infection

- A concern was raised that staff had to be reminded to use personal protective clothing (PPE) and to sanitise their hands in a person's home. The provider advised, in response to this complaint, they had

distributed hand sanitiser bottles to all staff and ensured each staff member was kept supplied with ample stocks of PPE.

- Staff had received infection prevention and control training, the provider reported regular checks of staff practice were undertaken to help ensure safe and effective care. However, the provider had not maintained records of these checks so could not evidence how effective they were in identifying shortfalls and improving practice. Regular checks of staff practice in the area have now been introduced and records maintained.
- Staff had not received 'donning and doffing' training (designed to ensure care staff put on and take off their PPE in the correct order to help avoid transmission of infection). Immediately after the inspection visit the provider ensured all staff had received this training. The provider introduced monitoring systems to help ensure compliance in this area going forward.
- The provider advised staff were provided with transport to their calls due to COVID-19 restrictions in the first instance and this practice continued to help avoid staff using public transport.

Learning lessons when things go wrong

- The provider did not have a formal process to recognise lessons learned. However, they told us they had learned lessons when things had not gone well. For example, communication had failed when accepting care packages from the local health system. This had resulted in a person being discharged home to find no care package had been arranged for them. The management talked through safeguards they had implemented to help ensure this did not happen again.
- The management team advised they sent messages to the staff team digitally when they needed to inform them of anything urgent. The newly introduced electronic care management system will enable care plans to be updated in real time, this means staff will have the up to date information they need to support people safely.

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.

This is the first inspection for this newly registered service. This key question has not been rated as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check a specific concern we had about the overall management of the service. We will assess all of the key question at the next comprehensive inspection of the service.

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

- There was no registered manager in post at the time of this inspection. The previous registered manager had left the service. The provider was in the process of trying to recruit a person with the necessary skills and knowledge. After the inspection the provider contacted an external body to access support with recruiting a suitably qualified and experienced registered manager.
- People who used the service and external health professionals had raised concerns about poor management of the service. People told us the service was disorganised, call times were erratic, administration was poor, they were unable to contact the office and they did not know who was in charge. We found management systems had not been developed and embedded, this meant the provider had no awareness of people's concerns or what to do to address them.
- The had provider recruited a new operations and business development manager to oversee the daily workings of the service, introduce schedules to help ensure deadlines were met and to maintain a high-quality standard of service delivery. Quality monitoring systems had been developed and were gradually being introduced in areas such as staff spot checks and supervision, medication administration, record keeping, care plans, recruitment processes and gathering feedback from people and staff.
- People's care records did not demonstrate a person centred or inclusive service. Care records gave basic instruction to staff such as to help a person to wash and dress but failed to explain how the person may need or want this support to be delivered. The provider acknowledged this area of shortfall. After the inspection we received an update with actions taken by the provider. They told us they had reviewed all care plans and visited each person who used the service to review their needs and assess where changes may need to be made. The provider told us, "People's feedback has allowed us to get a more personalised approach to people's care.
- People and relatives said they sometimes struggled to contact the office and said they were not aware of an 'out of hours' service. We noted the out of hours contact details were clearly displayed on the paperwork maintained in people's homes, the provider reported the office phone number was also re-directed to this number each evening. Since the inspection the provider has re-visited and updated the service user guide to be easier for people using the service and relatives to read and know what they can expect from Care 4 You Direct and also what to do in the case of an emergency.

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

characteristics

- At the time of the inspection the provider did not have a process to gather feedback from people who used the service and their relatives. People told us they did not know how to give their feedback in a constructive way. They said they raised issues with the office but seldom had any feedback. Since the inspection all people have been visited by a member of the management team to ensure they were satisfied with the service provided and to ensure they had the contact information they needed.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were no quality assurance systems in place to monitor the overall quality and safety of the service.

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	Regulation 17 HSCA RA Regulations 2014 Good governance The provided did not have any quality assurance systems in place to monitor the quality of care people received.