

CARE 4 CARE SERVICES LTD

Care 4 Care Headquarters

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Care 4 Care Headquarters is a home care agency. It provides personal care to people living in their own houses and flats in the community. At the time of our inspection this agency was providing a home care service to 11 older adults who lived in the London Boroughs of Merton and Kingston-Upon-Thames. People using the service had a wide range of health care needs and conditions such as dementia, mental ill health, learning disabilities, physical disabilities and sensory impairments.

Eight out of the 11 people currently using Care 4 Care Headquarters received an activity regulated by the Care Quality Commission (CQC). The CQC only inspects the service being received by people provided with 'personal care', which includes help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a registered manager in post who was also the owner. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

This provider was newly registered with the CQC in February 2017. This comprehensive inspection is the first time this new home care agency will have been inspected and rated by us. At this home care agency's inaugural inspection we have rated them 'Good' overall and for four out of five of our key questions 'Is the service safe, effective, caring and responsive?' This was because we found the service was meeting all the regulations.

However, we have rated them 'Requires Improvement' for the key question, 'Is the service well-led?' This was because records kept by the service had not been maintained in such a way as to ensure they were always easy to access. We discussed this record keeping issue with the registered manager who agreed to review the way they organised and filed records they kept in the office. Progress made by the provider to improve their record keeping and filing practices will be assessed at their next inspection.

People and their relatives told us they were happy with the standard of home care and support they received from Care 4 Care. They also said staff working for this agency always treated them with kindness and respect. Feedback we received from community social care professional's supported this.

People felt safe with the staff who provided their care and support. There were robust procedures in place to safeguard people from harm and abuse. Staff were familiar with how to recognise and report abuse. The provider assessed and managed risks to people's safety in a way that considered their individual needs. Recruitment procedures were designed to prevent people from being cared for by unsuitable staff. When staff handled medicines on behalf of people they managed them safely and ensured people received their medicines as prescribed.

People did not have any concerns about staff turning up late or missing a scheduled visit. This indicated there were sufficient numbers of staff available to support people. Staffing levels were continuously monitored by managers and senior staff to ensure people experienced consistency and continuity in their care and that their needs could be met at all times.

Staff received appropriate training and support to ensure they had the right knowledge and skills to effectively meet people's needs. Managers and staff adhered to the Mental Capacity Act 2005 code of practice. People were supported to eat healthily, where the agency was responsible for this. Staff also took account of people's food and drink preferences when they prepared meals. People received the support they needed to stay healthy and to access healthcare services.

People and their relatives told us their regular carers treated them or their family member with the utmost dignity and respect. They ensured people's privacy was maintained particularly when being supported with their personal care needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People received personalised support that was responsive to their individual needs. People were involved in planning the care and support they received. Each person had an up to date support plan. People felt comfortable raising any issues they had about the provider. The service had arrangements in place to deal with people's concerns and complaints appropriately.

The provider had an open and transparent culture. They routinely gathered feedback from people using the service, their relatives and staff. This feedback alongside the provider's own audits and quality checks was used to continually assess, monitor and improve the quality of the service they provided. Staff felt supported by the managers.

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.

There were robust procedures in place to safeguard people from harm and abuse. Staff were familiar with how to recognise and report abuse.

The provider assessed and managed risks to people's safety in a way that considered their individual needs.

Staff recruitment procedures were designed to prevent people from being cared for by unsuitable staff. There were enough competent staff available who could be matched with people using the service to ensure their needs were met.

Where the service was responsible for supporting people to manage their medicines, staff ensured they received their prescribed medicines at the times they needed them.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and support to ensure they had the knowledge and skills needed to perform their roles effectively.

Staff were aware of their responsibilities in relation to the MCA.

People were supported to eat healthily. Staff also took account of people's food and drink preferences when they prepared meals.

People were supported to stay healthy and well. If staff had any concerns about a person's health appropriate support was sought.

Is the service caring?

Good ●

The service was caring.

People said staff were kind, caring and respectful.

Staff were thoughtful and considerate when delivering care to people. They ensured people's right to privacy and to be treated with dignity was maintained, particularly when receiving personal care.

People were supported to do as much as they could and wanted to do for themselves to retain control and independence over their lives.

Is the service responsive?

Good ●

The service was responsive.

Care plans reflected people's choices and preferences for how care was provided. These were reviewed regularly by the registered manager.

People knew how to make a complaint if they were dissatisfied with the service they received. The provider had arrangements in place to deal with people's concerns and complaints in an appropriate way.

Is the service well-led?

Requires Improvement ●

The service was not always well led. Records kept by the service had not been maintained in such a way as to ensure they were always easy to locate or access quickly.

Managers provided good leadership.

The provider routinely gathered feedback from people using the service, their relatives and staff. This feedback alongside the provider's own audits and quality checks was used to continually assess, monitor and improve the quality of the service they provided.

Care 4 Care Headquarters

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.

The inspection was undertaken by one inspector on 27 February and 12 March 2018 and was announced. We gave the provider 48 hours' notice of the inspection because managers are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that the registered manager/owner would be available to speak with us on the day of our inspection.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually 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.

On the first day of our inspection prior to visiting the agency's offices we made telephone or email contact with a range of people who were using the service, their relatives, social care professional representatives' and staff. This included feedback from four people using the service, four relatives and six community social care professional's (Local Authority commissioners and social workers) whose clients received a home care service from this agency. We also contacted four care staff who worked for the agency.

On the second day of our inspection we visited the agency's offices and spoke in-person with the registered manager/owner, the deputy manager and a business support person who was a volunteer. We also looked at various records including five people's care plans, five staff files and a range of other documents that related to the overall management of the service including, quality assurance audits, medicines administration sheets, complaints records, and accidents and incident reports.

Is the service safe?

Our findings

People and their relatives told us they felt safe with the staff who regularly supported them at home. One person said, "I've got the same carer who visits me all the time and I feel very safe with them." The provider had robust systems in place to identify report and act on signs or allegations of abuse or neglect. Staff had received up to date safeguarding adults at risk training and were familiar with the different signs of abuse and neglect, and action they should take to immediately report its occurrence. We saw information about how to report abuse and neglect was included in the staff handbook given to all new staff. The registered manager showed us their safeguarding procedure's, which included contact details for the relevant local authorities safeguarding adult's teams. No safeguarding concerns had been raised about this provider in its first year of operation.

Measures were in place to reduce identified risks to people's health, safety and welfare. Feedback we received from people and their relatives indicated identified risks people might face in their home or in the community were being appropriately managed by staff. The registered manager assessed risks in relation to people's specific personal and health care needs and condition's. We saw risk management plans were available for staff to follow in people's care plans. For example, we saw risk management plans were available that covered risks associated with moving and handling, mobility and falls prevention, skin care, choking, epilepsy and behaviours that might challenge the service. In addition, we saw health and safety risks in relation to people's home environment had also been assessed. Staff told us they usually supported the same people and they demonstrated a good understanding of risks these individuals might face. For example, staff were clear what action they needed to take, in line with one person's risk management plan, should they witness this individual have an epileptic seizure.

The provider had up to date equality and diversity policies and procedures in place which made it clear how they expected staff to uphold people's rights and ensure their diverse needs were respected. Staff demonstrated a good understanding of how to protect people from discrimination and harassment. Records showed staff had completed equality and diversity training.

Staff were appropriately checked to ensure they were suitable to work for the home care agency. The provider operated staff recruitment procedures that enabled them to check the suitability and fitness of all new staff they employed. This included checking staff's eligibility to work in the UK, obtaining references from previous employers and undertaking criminal records checks.

Manager's ensured people's home care visits were well-managed. People and their relatives told us their care workers were usually punctual, always let them know if they were ever running late and never missed their scheduled visits. Typical comments we received included, "My [family members] carer got lost the first time they became here, but after that initial teething problem, they've never been late since", "They're [staff] are always on time... My regular carer is so reliable" and "When we used another home care agency my [family member's] carers were always turning up late or not at all sometimes. Care 4 Care have been a breath of fresh air. I can't recall [carers name] missing any visits or ever being late for that matter."

People and their relatives told us the agency always informed them who the staff that were scheduled to visit them would be and what time to expect them. Managers confirmed they took into account the geographical locations of people and staff, as well as staffs availability. They also said it was customary for the agency to send people a rota a week in advance so they knew which staff would be visiting them and when. Staff we spoke with told us their scheduled home visits were well-coordinated by the managers and confirmed they also received their rota in advance. One staff member said, "The deputy manager always sends me a rota of my scheduled home visits a week in advance", while another remarked, "I think the managers do a good job arranging our shifts, which means we don't have any problems getting to our home visits on time." The registered manager and deputy manager told us they were both always available to cover emergency short falls if required.

People were protected by the prevention and control of infection. Staff told us they had access to ample supplies of Personal Protective Equipment (PPE) including, disposable gloves, shoe covers and aprons, which they needed when they provided people with personal care. We saw the provider had an infection control policy in place which was also available in the staff handbook. Records indicated all staff had received up to date infection control training. Staff followed correct food hygiene procedures, where the service was responsible for this. People told us staff who handled and stored food on their behalf did so in a hygienic and safe way. We saw good practice guidance for staff about basic food hygiene was available in their handbook.

Medicines were managed safely. Where people required assistance or prompting to take their prescribed medicines, staff supported them appropriately. Staff told us they signed medicines administration record (MAR) charts each time they assisted people with their prescribed medicines. Records showed staff had received training in safe handling and administration of medicines and their competency to continue doing this safely would be routinely reassessed.

Is the service effective?

Our findings

The provider ensured staff had the right skills and knowledge to deliver effective home care to people. People told us staff were good at what they did. One person said, "I think my carers do an excellent job." Community professionals were equally positive about the competency of the agency's staff. A social worker told us, "Care 4 Care seem to have experienced, well-trained staff who are able to work very well with my clients."

All new staff were required to complete a comprehensive induction and attend shadowing visits with more experienced staff before supporting people unsupervised. The induction covered the competencies required by the Care Certificate, which is an identified set of standards that health and social care workers adhere to in their daily working life. Staff demonstrated a good understanding of their working roles and responsibilities. In addition, new staff received a handbook that provided them with guidance about the home care agency's expectations regarding their behaviour and dress code at work. Staff spoke positively about the training they had received and all said they had completed the training they needed to effectively carry out their roles and duty of care. One staff member told us, "The training I've had has been perfect", while another said, "I was shown how to use a mobile hoist and safeguard people before I was allowed to work on my own with people...I think the training Care 4 Care give us is very good."

Staff had sufficient opportunities to review and develop their working practices. There was a programme of individual and group supervision meetings that enabled staff to reflect on their work practices and development needs. It was clear from discussions we had with staff they felt they received all the support they needed from the managers. One staff member told us, "In the first six months of working for Care 4 Care I have had two supervision meetings with the registered manager where I could talk about how I was getting on with my work, if I had any problems and whether I needed any extra training." The registered manager confirmed staff would be expected to have their overall work performance appraised annually.

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 make 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. Any application to do so for people living in their own homes must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. All staff had received training on the MCA. The registered manager told us that people using the service had capacity to make decisions about their own care and treatment. However, if they had any concerns regarding a person's ability to make a decision they would work with the person and their relatives, if appropriate, and any relevant health and social care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best

interests' in line with the Mental Capacity Act 2005.

Staff were aware of the importance of seeking consent from people when providing them personal care and support. The provider reminded staff to explain the care and support they provided and offer choices to people routinely. We saw people using this home care service signed care plans to indicate they agreed to the support provided. Staff told us they asked people for their consent before delivering care or treatment and respected people's decision if they refused support.

People were encouraged to eat and drink sufficient amounts to meet their needs, where the service was responsible for this. The level of support people required with this varied and was based on people's specific health care needs and preferences.

People were supported to stay healthy and well. Staff maintained records about people's health and well-being following each scheduled visit. This information was recorded in the person's care plan. This meant others involved in people's care and support had access to information about their health and wellbeing as observed by staff. When staff had concerns about an individual's health and wellbeing they notified the managers so that appropriate support and assistance could be sought from the relevant health care professionals.

Is the service caring?

Our findings

People and their relatives spoke very positively about the care and support they received from this home care agency. People typically described the agency and the staff who worked there as "very good" and "caring". Comments we received included, "I am very happy with the service my [family member] receives. The manager and staff are all very caring and helpful", "I had a bad experience using another home care service. So far, so good with Care 4 Care" and "I'm extremely satisfied with this agency. They're so much better than the last lot [agency] we used. I can't fault them."

In addition, feedback we received from community social care professionals was equally complimentary. Typical feedback included, "The standard of care provided by this agency is very good", "I haven't received any complaints and I am not aware of any issues that have arisen about Care 4 Care. They seem to be running an effective home care service" and "Based on conversations with my clients and their families, there have not been any concerns about the quality of care provided by Care 4 Care."

People told us they received continuity of care from the same group or individual member of staff who were familiar with their needs, routines and preferences. This was supported by discussions we had with people's relatives and their professional representatives. One relative said, "My [family member] always has the same carers every day, which is great. They've built up a marvellous relationship with my [family member] and know exactly how she likes things to be done." Another relative told us, "The best thing I like about this agency compared to the last one we had is the continuity of the carers. Not much chopping and changing the carers around. The carers you're scheduled to get are the ones that come." Furthermore, a social care professional wrote in an email they send us, "Care 4 Care management have been consistent in providing the same staff, which has ensured my clients receive continuity of care."

The provider operated an effective service user and staff matching process. People told us they could state if they preferred to be supported by a member of staff of the same gender or whose cultural background closely matched their own. Several people told us they had built up an extremely good working relationship with staff who regularly visited them. Discussion we had with community professional also supported this view. One professional told us, "Care 4 Care have proven to be very flexible and accommodating when it came to matching the most appropriate carer to my client."

Care plans included information about people's specific communication needs and what support they required from staff to ensure they were involved in planning their care. Manager's told us people were given a guide to the home care agency when they first starting using the service which set out their philosophy of care and values and standards they could expect. The registered manager told us that most of the people using the service could communicate their needs effectively and could understand information in the current written format provided to them. This included their care plans and the guide to the service. The registered manager also said that if any person planning to use the service was not able to understand this information they could provide it in different formats to meet their needs, such as different written languages or through interpreters.

Staff treated people with respect and dignity. People told us staff always respected their privacy. A social care professional said, "The carers are respectful when they support my clients." Staff spoke about people they supported in a respectful way and were able to give us some good examples of how they had upheld their privacy and dignity. For example, several staff told us they always knocked on people's front doors or rang door bells to let them know they were about to enter their home and ensured doors were kept closed when they were supporting people with their personal care.

The provider had a confidentiality policy and procedure that helped protect people's privacy. Confidentiality training was mandatory as part of new staff's induction and guidance on the provider's confidentiality policy was included in the staff handbook.

The service supported people to be as independent as possible. Several people gave us examples of how their regular carers helped them maintain their independent living skills by supporting them to continue managing their medicines, doing household chores around their home and preparing some of their own meals. Care plans reflected this approach and included detailed information about what each person could do for themselves and what help they needed with tasks they couldn't undertake independently.

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. People told us the registered manager had visited them at home to complete a care needs assessment before they provided any home care support to them. People said they felt involved in making decisions about the home care service they received from this agency and had been given a copy of their care plan they had helped develop with the registered manager. We saw people's care plans were personalised and focused on an individual needs, abilities and choices. They also included detailed information about staffs call times, the duration of those calls, and how they preferred staff to deliver their personal care. Several staff said they had been told about the needs, choices and preferences of the people they provided care and support to.

Care plans were reviewed bi-annually, or much sooner if there had been changes to people's needs or choices. Where changes were identified, people's plans were updated promptly and information about this was shared with all staff. This meant staff had access to the latest information about how people should be supported.

Care plans detailed people's histories, preferences and wishes with regards to the care and support they received. Staff we spoke with were knowledgeable about people's needs with regards to their disabilities, physical and mental health, race, religion and sexual orientation. One member of staff told us, "It's my job to support everyone I'm assigned to visit at their home, irrespective of what their race, religion or gender is."

The provider had suitable arrangements in place to respond quickly to people's concerns and complaints. People and their relatives said they knew how to make a complaint about the service if needed. The provider's complaints procedure was included in the service user's guide, which set out how people's concerns and complaints would be dealt with. We saw a process was in place for the registered manager to log and investigate any complaints received, which included recording any actions taken to resolve any issues that had been raised. Records indicated these complainants were satisfied with the prompt way the agency had dealt with their concerns.

The registered manager told us that no one currently using the service required support with end of life care. There was a section in people's care records that people could complete if they wanted to record their wishes during illness or death.

Is the service well-led?

Our findings

The service had a registered manager in post who also owned the business. They were supported by a deputy manager who was also the owner's son. People and their relatives told us the service was well-run and organised. A relative said, "I like the owner. She's very experienced and clearly knows what she's doing." The registered manager demonstrated a good knowledge of people's needs and the strengths of their staff team.

The registered manager also demonstrated a good understanding of their role and responsibilities particularly with regard to legal obligations to meet CQC registration requirements and for submitting statutory notifications of incidents and events involving people using the service. Notifications were submitted to the CQC as required.

The provider had governance systems in place to routinely monitor and review the quality and safety of the home care service they provided. We saw audits and spot checks were regularly carried out by the registered manager to monitor staff punctuality, their working practices and record keeping, and whether they wore their identification badges. The registered manager also routinely reviewed and analysed accidents and incidents involving people using the service and complaints.

The positive points made above about the provider's governance systems notwithstanding, we found record keeping and filing at the agency's offices was inconsistent. Managers were not always able to access records we had requested to view during our inspection. For example, they were unable to provide us with information we had requested about several people's risk assessments and medicines administration records. We discussed this record keeping issue with the deputy manager who was able to provide us with this evidence via email the day after we had visited their offices. Similarly, managers were not always able access records we requested in a timely manner. For example, it took the deputy manager several hours to locate the whereabouts of two employment references that were missing from staff files and a number of formal complaints that were being kept electronically on the agency's computer. This access to records issue was also discussed with the managers who agreed to take action to improve the way they organised important records they kept in the office. Progress made by the provider to improve their record keeping will be assessed at their next inspection.

The provider promoted an open and inclusive culture which welcomed and took into account the views and suggestions of people using the service and their relatives. A relative told us, "People in the office are always ringing us or coming round to see how we're getting on." The registered manager told us that due to the small size of their current operation both herself and the deputy manager were able to make daily telephone contact with most people who received a service from them, as well as visit people at home at least once a month. These daily telephone calls and monthly spot checks were used to gather feedback from people and their relatives about the standard of care and support they received from Care 4 Care Headquarters. The registered manager told us they planned to introduce annual satisfaction surveys for people using the service and their relative's. Progress made to achieve this stated aim will be assessed at their next inspection.

The provider valued and listened to the views of staff. Staff had regular opportunities to contribute their ideas and suggestions to the managers through regular individual and group meetings. For example, we saw team meetings were held every month, which ensured staff remained up to date about people's care and support needs, best home care practice and developments at the service. Staff said they enjoyed working at the service and they received good support from the registered manager and the deputy manager. There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it. One member of staff said, "We have a good team spirit here...We all get along really well together, which makes it a nice place to work." Another member of staff told us, "The manager is easy to get along with and talk to if we've got any problems or need advice."

The registered manager worked closely with various local authorities and community health and social care professionals to review joint working arrangements and to share best practice. Social care professionals told us the registered manager was good at keeping them updated about their client's wellbeing. One social care professional said, "I receive regular updates from the manager of Care 4 Care regarding the support my clients are provided, which I think is impressive as I do not receive regular updates from other home care agencies." The registered manager told us they were in regular contact with people's social workers and district nurses and frequently discussed peoples changing needs and/or circumstances with the relevant professional bodies.