Care 4 U Services (Lincs) Ltd

CARE 4 U SERVICES (LINCS) LTD

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This announced inspection took place over two days on 25 and 26 January 2017. At the time of our inspection there were 23 people receiving personal care.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's capacity to consent to their care and support was not always assessed. Some people supported by the service were not able to consent to aspects of their care. However, written capacity assessments were not in place. Staff did demonstrate that they understood the principles of the Mental Capacity Act 2005 and gained people's consent when supporting them.

Recruitment procedures were sufficiently robust to protect people from receiving unsafe care from staff that were unsuitable to work at the service. Staffing levels ensured that people received the support they required safely and at the times they needed. People received care from staff who had the appropriate skills and knowledge to meet their needs. All staff had undergone the provider's induction and the provider had a plan in place for on going training.

People were supported to maintain good health and had access to healthcare services when needed; relevant health care professionals were appropriately involved in people's care. There were systems in place to manage medicines safely. Staff were trained in the safe administration of medicines and people had care plans relating to the provision of their medicines.

People and their relatives told us that they felt safe when staff visited them in their home. People were protected from harm arising from poor practice or abuse as there were clear safeguarding procedures in place for care staff to follow if they were concerned about people's safety. Staff understood the need to protect people from harm and knew what action they should take if they had any concerns.

People received care from staff that were kind and friendly. People had meaningful interactions with staff and looked forward to seeing the staff. People received care at their own pace and were treated with dignity and respect.

Care records contained individual risk assessments and risk management plans to protect people from identified risks and help to keep them safe. Care plans were written in a person centred approach and detailed how people wished to be supported and where possible people were involved in making decisions about their care.

The registered manager had values and a clear vision that was person centred and focussed on enabling

people to have their needs and preferences met in the way that they chose. All staff demonstrated a commitment to providing a service for people that met their individual needs.

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.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

People were safeguarded from harm as the provider had systems in place to prevent, recognise and report any suspected signs of abuse and staff understood their responsibilities.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Is the service effective?

Requires Improvement

The service was not always effective.

Systems were not implemented to ensure that people's capacity to consent to their care and support was formally considered. Staff demonstrated their understanding of the principles of the Mental Capacity Act, 2005 (MCA).

People received personalised care and support. Staff received training to
ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

Peoples physical and mental health needs were kept under regular review.
People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

Is the service caring?

Good

The service was caring.

People were encouraged to make decisions about how their care

was provided and their privacy and dignity was protected and promoted.

There were positive interactions between people using the service and the staff supporting them.

Staff promoted people's independence to ensure people were as involved and in control of their lives as possible.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and reviewed regularly.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People using the service and their relatives knew how to raise a concern or
make a complaint and a system for managing complaints was in place.

Is the service well-led?

Good

The service was well-led.

A registered manager was in post and they provided staff with support and guidance.

The culture of the service focussed on person centred, flexible care provision.

The quality and safety of the service was effectively monitored.

People, relatives and staff were encouraged to provide feedback about the service and this was used to drive continuous improvement.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 and 26 January 2017. The provider was given 48 hours' notice because the location provides care for people in their own homes; we needed to be sure that staff would be available to support the inspection. The inspection was carried out by one inspector.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed information sent to us by other agencies, including the local authority safeguarding team.

During this inspection we spoke with three people who used the service and three relatives of people who could not speak for themselves. We also looked at care records relating to three people. In total we spoke with five members of staff, including care staff, the deputy manager and the registered manager. We looked at the quality monitoring arrangements for the service, three records in relation to staff recruitment, as well as records related to staff training and competency, staff duty rotas, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. People and their relatives told us that they were treated well by staff and felt safe when they were in their home. One person said "I feel very safe and comfortable with the carers in my home, they've got to know me and they know what I need." Staff were knowledgeable about safeguarding and had a clear understanding of the signs of harm they would look for. Safeguarding policies and procedures were in place and were accessible to staff. Discussions with staff demonstrated that they knew how to put these procedures in to practice and staff described to us how they would report concerns if they suspected or witnessed abuse. One member staff said "If I had concerns, I would document everything and report it to the manager, if they didn't act I would raise the issue myself." The provider had responded promptly and appropriately to any allegations and worked with the safeguarding authorities in providing information for their investigations.

There were systems in place to ensure that people received their prescribed medicines safely. Staff had received training and had their competency assessed prior to taking on the responsibility of medicines administration, staff told us "I was trained before I began to administer medication and the manager regularly observes me giving medication, I've just had my competency checked again." Medicines administration records (MAR) provided staff with clear direction about how to support people with their medicines. The provider carried out regular checks of people's medicines and MAR charts and any issues were promptly dealt with and discussed with staff.

There was enough staff to meet people's needs and provide their care at the times they required it. One person told us, "The carers are always on time and they have time to do all the things I need." Another person's relative said "On the odd occasion the carer is going to be late they always let us know, they've never missed a visit." We spoke with staff and they confirmed that the service was flexible and responsive to meet people's needs. One member of staff said "If someone has to attend an appointment [Registered Manager] arranges for staff to visit at a time that fits in with the appointment." We found that the scheduling of people's care was completed with a thoughtful and attentive approach to try to prevent people from being rushed. The focus of the service was to provide care to people in a way that respected their choices and needs and took account of their individuality; the scheduling of care reflected this.

People were assessed for their potential risks such as falls and medicines. People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. People's care plans provided clear instruction to staff on how they were to mitigate people's risks to ensure people's continued safety. For example, one member of staff told us "All areas of people's care are risk assessed and we have to read the care plans before delivering care. One person has muscle weakness and this affects how we help them to move." Staff reported any changes in people's care needs to the registered manager or deputy manager, who arranged for the risk assessments and care plans to be updated to reflect people's current needs.

Appropriate recruitment practices were in place; checks had been made to establish that staff were of a suitable character to provide people with care and support. Records showed that staff had the appropriate

checks and references in place. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act (MCA) 2005 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.

We checked whether the service was working within the principles of the MCA. We found that some people supported by the service were not able to consent to aspects of their care, for example how they were supported with personal care and continence needs. However, written capacity assessments were not in place. Staff had received training in the MCA, they were able to demonstrate an understanding of the key principles of the act and described how these informed their practice. However, systems were not implemented to ensure that people's capacity to consent to their care and support was considered. This was discussed with the registered manager during the inspection and they have now implemented recorded mental capacity assessments and best interest decisions for people; however this practice has not yet been embedded.

People received support from staff that had undergone a period of induction which enabled them to acquire the skills and knowledge they required to provide appropriate care. Staff did not work with people on their own until they had completed all of the provider's mandatory training and had completed sufficient shadow shifts to ensure that they felt confident to undertake the role. Staff who were new to providing care also undertook training based on the Care Certificate, which includes mandatory training such as infection control and health and safety. The Care Certificate is based on 15 standards that aim to give employers and people who receive care, the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

People were supported by staff that had received training to meet their specific needs. One member of staff described how training in end of life care had provided them with insight and understanding; they said "I found end of life training really helpful, it helped me to understand more about advanced care plans and how important it is to talk to people about their wishes for the end of their life". There was a plan in place for on-going training so that staff's knowledge could be regularly updated and refreshed; training requirements were regularly discussed as part of supervision.

Staff were supported to carry out their roles through regular supervision and were able to gain support and advice from the registered manager and deputy manager. Regular supervision meetings were used to discuss staff support needs and training requirements. Staff told us that they were happy with the level of support available to them. One member of care staff said "We have formal supervision meetings, we are able to talk about our work, skills development and training, any problems we may have and we get feedback on how we are doing".

People were supported to have sufficient food and drink. People's needs with regards to eating and drinking

were regularly assessed and plans of care were in place to mitigate identified risks. Staff were aware of people's nutritional needs and followed the advice of health care professionals such as the dietician when supporting people with eating and drinking.

People's healthcare needs were monitored and care plans ensured that staff had information on how care should be delivered effectively. People's relatives told us that staff had promptly communicated with them if there was a need to contact health professionals in response to a deterioration in people's health and acted on instructions. People were also supported to access health appointments as necessary, for example during the inspection we observed the registered manager arranging for staff to support a person to attend a hospital appointment.

Good

Is the service caring?

Our findings

People were cared for by a team of staff who knew them and understood their care and support needs. One person said "I can't believe how good they are, I've used different companies and this one is so much better, they are so caring and understanding." Another person's relative told us "The care feels very personal; they encourage [Name] to do what they can for themselves and help them in the areas where they need help."

The registered manager ensured that people's care was provided by a regular group of staff, which helped form positive relationships. One relative told us "The carers are superb, [Name] has a real connection with all the carers that visit and some of them are really special". Staff were knowledgeable about the people they cared for and were able to tell us about people's interests, their previous life history and family dynamics. Staff supported people in a positive; person centred way and involved them as much as possible in day to day choices and arrangements. People said that staff were always kind and provided caring support. One person's relative said "They involve [Name] in what they are doing, they treat her like a friend and they talk to her, but they are still very professional and understand the boundaries."

People were encouraged to express their views and to make choices. One person said "The carers prepare my meals and they always make whatever I want, I always have a choice." There was information in people's care plans about their preferences and choices regarding how they wanted to be supported by staff. These had been produced with the person or their representative, if they were unable to do this.

People told us that staff were always polite and respectful towards them, one person's relative said "They respect that it's our house and care for [Name] with dignity". Staff demonstrated an awareness of the need to maintain people's dignity. Staff were able to explain how they upheld people's privacy and dignity by taking into account their personal situation and needs and attending to these in a person centred way. For example they told us how they used positive language to encourage people to maintain their independence, one member of staff said "We always emphasise what the person can do and talk about that."

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. We saw that the provider emphasised the importance of confidentiality during staff meetings and staff had signed to record that they had read and understood the confidentiality policy. People or their representative had signed their care plan to acknowledge that the service had discussed with them how their information would be stored and on what basis it would be shared with health and social care professionals.

No one currently supported by the service required the support of an advocate but the provider was aware of how people could be supported to access advocacy should they need to. This information was made available to people and their representatives as part of their care plan documentation.

Good

Is the service responsive?

Our findings

People were assessed before they received care to determine if the service could meet their needs. This assessment was thorough and covered areas such as the person's current situation, medical history and religious and cultural needs. The registered manager told us they only agreed to provide support to people if they had the right staff in place and that this was supported by the provider. Initial care plans were produced before new people began to use the service; these were then monitored and updated as necessary. People's needs and requirements were reviewed one week after the service began providing care and support to ensure that the support in place was appropriate.

Person centred care plans were up to date, reviewed as needed and contained information about people and their preferences. They covered areas such as the person's view of their support needs, health and wellbeing and personal care needs. Risk assessments and care plans were linked together and cross referenced to give a full picture of people's needs; people received care that corresponded to their care plans. Staff demonstrated that they were aware of the content of people's care plans and were knowledgeable about people's care needs.

Care was planned and delivered in line with people's individual preferences, choices and needs. Care was provided at the times agreed and visits lasted the allocated amount of time. One person said "The staff visit at the time they should, they listen to me and have got time to do things in the way I want." Staff adapted their approach to best suit the person they were providing care to; for example staff described how they worked with one person who sometimes had difficulty accepting support with personal care. Staff had worked with the person's relative to understand how best to support them and had discovered that if they gave the person particular items to hold, the person was more able to accept the help that staff were providing. Staff also described how it was important to have an in depth knowledge of people's routines and to be consistent, as changes could confuse people, causing anxiety and impacting on their well-being.

The service responded flexibly to changes in peoples' needs. During the inspection we observed the registered manager and team leader co-ordinating care visits in a way that focussed on people's choices and requirements. Staff also described how the timing of planned visits may change based on the needs of people. For example one person had been provided with an earlier visit than planned due to their continence needs. Another person had experienced a fall whilst at home alone, although staff were not due to visit until later, they supported the person whilst they received medical treatment until their family could attend.

The assessment and care planning process considered people's hobbies and interests as well as their current support needs and there was some information in people's care plans regarding their life history. Staff were knowledgeable about people's preferences and choices and people told us that they liked to chat with staff about their interests.

People and their relatives said that they knew who to speak to if they were unhappy with any aspect of the service. People's comments and feedback about the service had been listened to and acted on promptly by

the provider. One person said "I had a problem with one of the carers; so [Registered Manager] came to see me, I was able to talk to her about it and she sorted it out straight away." Another person's relative said "I have no concerns, but if I did I would just ring the office and I am confident they would sort them out." A complaints procedure was available for people who used the service explaining how they could make a complaint.

Good

Is the service well-led?

Our findings

The provider and registered manager routinely monitored the quality and safety of the care provided and regular audits were carried out of all areas of care provision; for example care planning and care visits. The provider and registered manager regularly visited people in their homes and checked people's care records and the arrangements in place for people's medicines. One person's relative said "We often see [Registered Manager] and can talk to them about how things are going." These visits were recorded and appropriate action taken in response to any concerns identified. For example the provider's review of care documentation had highlighted that the way in which some aspects of personal care were recorded could be improved; the documentation was amended to facilitate this.

The provider promoted an open and honest culture within the organisation and people were provided with information regarding any changes in the service. One person said "The manager always keeps us up to date and tells us what's going on in the company." Staff told us that they were able to approach management about any issues and that they were listened to. One member of staff said "This company is lovely to work for; I can always go to the manager with any questions." Regular staff meetings took place to inform staff of any changes and to provide a forum for staff to contribute their views on how the service was being run. We saw staff meeting minutes that demonstrated a positive culture, with discussions about the correct protocol for care visits, personal protective equipment and information about updated policies and procedures.

The culture within the service focussed on supporting people's health and well- being in a way that focussed on their preferences and needs. Staff were familiar with the philosophy of the service and the part they played in delivering the service to people. The registered manager was passionate about providing person centred, flexible care to people, they described how they had an in depth discussion with staff at interview about the philosophy of the service and the qualities and values the service expected staff to demonstrate. Staff were clear on their roles and responsibilities and there was a shared commitment to ensuring that support was provided to people at the best level possible. Staff were provided with up to date guidance on people's care and support needs and were focussed on ensuring each person's needs were met.

The provider had a process in place to gather feedback from people, their relatives and staff. They carried out regular surveys and people, their relatives and staff were asked to complete a questionnaire every six months. We saw that questionnaires completed by people had provided feedback that was positive, for example one person had written "I feel confident and happy with all the staff who support me with my personal care. They talk to me and we have a laugh." We also saw a questionnaire completed by a member of staff that provided negative feedback regarding risk assessments. The registered manager had discussed the feedback with the staff member and resolved their concerns.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff who were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people and mental capacity. Staff were aware of the whistleblowing policy and were able to explain the process that they would follow if they needed to raise concerns outside of the company.