

For You Healthcare Limited

# For You Healthcare Limited

## Inspection report

50 Church Street  
Deeping St James  
Peterborough  
Cambridgeshire  
PE6 8HD

Date of inspection visit:  
27 June 2016

Date of publication:  
01 August 2016

Tel: 01778219062

Website: [www.foryouhealthcare.co.uk](http://www.foryouhealthcare.co.uk)

## 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?	Good ●

# Summary of findings

## Overall summary

For You Healthcare Limited provides a personal care service to older people living in their own homes in the Market Deeping and Stamford areas of South Lincolnshire. The service was first registered in September 2014 and started operating in September 2015.

We inspected the service on 27 June 2016. The inspection was announced. At the time of our inspection 13 people were receiving a personal care service.

There was a registered manager in post. A registered manager (the 'manager') is a person who has registered with CQC to manage the service. Like registered providers (the 'provider'), 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.

CQC is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and to report on what we find. Staff had received training in this area and demonstrated their understanding of how to support people who lacked the capacity to make some decisions for themselves.

The manager and staff knew every person who used the service and had established warm, friendly relationships with each of them. People's individual care plans set out their needs and wishes in a high level of detail and were understood and followed by staff. Staff treated people with dignity and respect and encouraged them to maintain their independence. Staff had the knowledge and skills required to meet people's individual needs effectively.

Staffing resources were managed carefully to ensure that staff had time to meet each person's support needs and to interact with them socially. The provider had managed a recent period of short-staffing effectively, to ensure people continued to receive the care and support they required.

The manager service displayed an open and accountable management style which set the cultural tone in the service. Staff worked together in a friendly and supportive way. They enjoyed working for the provider and felt listened to by the manager.

The provider maintained a range of auditing and monitoring systems to ensure the care provided reflected people's needs and preferences. The provider sought people's opinions on the quality of the service and encouraged people to raise any concerns or suggestions directly with the manager.

The provider assessed any potential risks to people and staff and put preventive measures in place where required. Staff knew how to recognise and report any concerns to keep people safe from harm. People who needed staff assistance to take their medicines were supported safely and staff supported people to prepare food and drink of their choice.

## 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.

The provider assessed any potential risks to people and staff and put preventive measures in place where these were required.

Staff knew how to recognise and report any concerns to keep people safe from harm.

Staffing resources were managed carefully to ensure that staff had time to meet each person's support needs and to interact with them socially.

People who needed staff assistance to take their medicines were supported safely.

### Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to meet people's needs.

Staff were aware of how to support people who lacked capacity to make some decisions for themselves.

Staff worked well with local healthcare services and supported people to access any specialist support they needed.

Staff assisted people to prepare food and drink of their choice

### Is the service caring?

Good ●

The service was caring.

Staff at all levels in the service had warm relationships with people and supported them in a friendly, helpful way.

Staff encouraged people to maintain their independence.

People were treated with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their changing needs.

Staff knew people as individuals and provided support in a ways that reflected their particular preferences and interests.

People knew how to raise concerns or complaints and were confident that the provider would respond effectively.

### **Is the service well-led?**

The service was well-led.

The manager displayed an open and accountable management style which set the cultural tone in the service.

Staff worked together in a friendly and supportive way.

The provider sought people's opinions on the quality of the service and encouraged people to raise any concerns or suggestions directly with the manager.

A range of auditing and monitoring systems was used to ensure the care provided reflected people's needs and preferences.

**Good** ●

# For You Healthcare Limited

## **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 registered persons were 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 announced. The provider was given notice of our inspection visit because the location provides a domiciliary care service. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to contribute to the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report. We also reviewed other information that we held about the service such as notifications (events which happened in the service that the provider is required to tell us about) and information that had been sent to us by other agencies.

The inspection was conducted by a single inspector who visited the administration office of the service on 27 June 2016. Following this visit, our inspector telephoned people who used the service and their relatives, to seek their views about how well the service was meeting their needs.

During our inspection we spoke with three people who used the service, one relative, the manager, two care workers and two local healthcare professionals who had contact with the service. We looked at a range of documents and written records including two people's care files, staff recruitment files and information relating to the administration of medicines and the auditing and monitoring of service provision.

## Is the service safe?

### Our findings

People told us they felt safe using the service and that staff treated them well. One person said, "I feel safe [with the staff]. They feel like friends." Another person told us, "I am quite happy with them. I have no worries when they are in the house. I am so lucky, when I hear about the service people get from other companies."

Staff told us how they ensured the safety of people who used the service. They were clear about to whom they would report any concerns and were confident that any allegations would be investigated fully by the provider. Staff said that, where required, they would escalate concerns to external organisations. This included the local authority safeguarding team and the Care Quality Commission (CQC). Staff had received training in how to keep people safe and there were up to date policies and procedures in place to guide staff in this area. Advice to people and their relatives about how to raise any concerns was provided in the information pack that was given to people when they first started using the service. The manager demonstrated her awareness of how to work with other agencies should any concerns be raised.

Before someone started receiving a service from For You Healthcare, the manager met with them to agree a care plan to meet their personal needs and preferences. As part of this process, a wide range of possible risks to each person's wellbeing was considered and assessed, for example risks relating to mobility and nutrition. We saw that each person's care record detailed the measures that had been put in place to address any risks that had been identified. For example, one person had been assessed as being at risk of developing skin damage following a significant change in their health. In response, staff now checked the person's skin on a daily basis and reported any concerns to the manager to determine the need for further action.

Staff were aware of the assessed risks and management plans within people's care records and used them to guide them in their daily work. For example, one member of staff told us, "I work with a person who likes to use a cup [for hot drinks], even though their hands are very shaky. It's important to preserve their dignity so I always use a cup rather than a beaker. But I make sure I only half fill it." One person told us, "I wear an emergency call pendant and the staff always make sure I've got it on before they finish the call."

The provider had also taken steps to ensure the safety of staff, all of whom worked on their own for much of the time. For example, one person had a very low bed which created the risk of back injuries for staff when providing the person with personal care. With the person's agreement, the manager had contacted the district nursing service and arranged for them to receive a new mattress to raise the height of the bed which resolved the issue. The manager also told us that she encouraged staff to contact her at any time of day or night if they needed advice or had any worries about their safety. Confirming this approach, one staff member said, "I can contact [the manager] at any time and she is always very helpful." Another member of staff told us, "There's always someone at the end of the telephone."

Staffing levels were determined by the number of people using the service and, when scheduling care calls, the manager took care to ensure that staff had sufficient time to meet each person's care needs and to interact with them socially. The manager said, "Our minimum call time is 30 minutes. Less than that is not

enough. Service users need to have time to chat. For some people, our carers are the only people they see." Commenting on the support they received from staff, one person said, "They never rush me and we have time to chat about things. Like England losing at football!" Another person's relative told us, "Staff [are] very patient and [take] their time." A staff member said, "The manager does the rota and no call is ever less than 30 minutes. I don't feel rushed."

The manager told us that the service had recently experienced some staffing problems. Two out of the four care staff employed in the service had left unexpectedly and the manager said, that although every call had been covered, it had sometimes been difficult to attend every call at the specific time agreed with the customer. The manager told us she had liaised closely with the people who used the service during this recent period of "turbulence" and that everyone had been understanding of the situation, pending the recruitment of replacement staff. When we spoke with people who used the service some confirmed that staff had sometimes arrived later than scheduled recently, but said they were aware of the reasons and no one expressed any serious concerns. One person said, "They are usually on time but sometimes they can't avoid [being late] if something goes wrong." Another person's relative told us, "They were running late one day. But it was unavoidable and they did explain." The manager told us that two new care staff were now in post and she was able to schedule calls more reliably. Reflecting on the situation, the manager commented that there were many advantages to being such a small service, in which everyone knew everyone else. However she told us she hoped to be able to recruit additional staff and grow the service, to ensure the recent difficulties were not repeated in future.

The provider had a systemic approach to staff recruitment. We reviewed recruitment records and saw that pre-employment security checks were always completed to ensure that staff were suitable to work with the people using the service. The provider also took up a minimum of two references, to include the previous employer. The manager told us of one recent case when she had decided to allow a new employee to start delivering care before she had received a reference from their previous employer. We saw that the manager had conducted a full risk assessment before making the decision and this was documented in the person's file. The assessment took into account positive feedback the manager had received from customers and colleagues with whom the staff member had worked during their supervised period of shadowing. The manager told us that she had made the decision on a one-off basis in response to the recent staffing shortage and that, in future, a full set of references would be obtained for each new employee before they started delivering care.

People who needed staff assistance to take their medicines were supported safely. The provider used an assessment tool which identified the level of support each person required in this area. Care staff had all received medicines training and knew how to provide assistance in line with national guidance and good practice, reflecting people's individual needs and preferences. Reflecting on their approach to supporting people with their medicines, one member of staff said, "I am very careful. You are playing with people's lives." Some people received a prompt from staff to take their medicines at the right time and staff signed a written record to confirm that this had been done. The records were reviewed regularly by the manager and any issues identified were followed up as required. One person told us, "I take my medicines myself but the staff ask me if I have taken them. It's helpful, as when you get to my age, you can forget!"

## Is the service effective?

### Our findings

Everyone we spoke with told us staff had the skills and knowledge to meet their needs effectively. One person said, "They've got the right people for the right job. I've heard about some other companies where staff are not really on the ball. But not here." Another person told us, "They have the right skills and training. They are very good." Reflecting on their experience of working alongside staff employed by the service, one local health professional told us, "They have excellent moving and handling skills, good communication skills and are very good at observing people's privacy and dignity. They have obviously had very good training."

New members of staff participated in a structured induction programme which included a one day external course together with other in-house training. This was followed by a period of shadowing the manager or another experienced member of staff before the new recruit started to work as a full member of the team. The manager told us that the length of this period of initial shadowing depended on the experience and confidence of the individual member of staff. She told us that one staff member, who was new to the care sector, had shadowed her for three weeks before she assessed them as being ready to work alone. Another recruit had only needed a day, reflecting their previous experience. Commenting on their induction, one member of staff told us, "I had two weeks on shadowing. It was helpful, particularly learning about each client." The manager was aware of the new national Care Certificate which sets out common induction standards for social care staff and had built this into the induction programme for new recruits.

The provider maintained a record of staff training requirements and arranged a range of internal and external training courses including safeguarding, dignity and respect, understanding dementia and food hygiene. One member of staff said, "The training is very good. And we can ask [the manager] for more training [and guidance] if we are unsure of anything. For instance, last week she printed off some dementia guidance for the new care staff." The manager was a registered nurse and used her own professional skills and knowledge to provide staff with training in particular personal care techniques which were needed to support some of the people who used the service.

Staff had been trained in the Mental Capacity Act 2005 (MCA). This 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. Reflecting the learning from their training, one staff member told us, "People can still make everyday choices such as what to eat and what to wear, even if they are beginning to lose capacity to make bigger decisions."

Although she had not been involved in any best interests decisions for anyone using the service at the time of our inspection, the manager had a good understanding of best interests decision-making processes and was clear on the steps she would follow should this be necessary in future.

The manager provided staff with regular one-to-one supervision in the office. One staff member told us,



"Whenever we go into the office, [the manager] always asks how I am and we have a 15 minute chat together on our own. I don't need to make an appointment, although if I did ring [and ask for one] I know I would get one." The manager also worked on shift with each member of staff on a regular basis and supervised their practice in providing people with support.

Staff worked closely with a range of local health and social care services on behalf of the people who used the service, including GPs, district nurses, occupational therapists and social workers. For example, the manager told us of one person who had just started to use the service following their discharge from hospital. When staff began to provide this person with personal care for the first time, they became very concerned about the condition of their skin. They alerted the manager who, with the person's agreement, contacted the district nursing service who were able to give the person the specialist treatment and equipment they needed. Talking of other people they supported, a staff member told us, "If I had any concerns [about someone's health] I would alert [the manager] who would contact the family or the district nurses. If [the manager] wasn't around I'd do it myself." This proactive approach was confirmed by a local healthcare professional who told us, "They were very proactive in contacting me when they had a worry about someone's skin."

Staff assisted people to eat and drink whenever this was required. Each person's care plan detailed any particular likes or dislikes and these were respected by staff who also understood the importance of offering people choice in what they had to eat and drink. For example, one staff member told us, "One person I support has a ready meal for lunch. There are often four or five in the freezer and I always ask them which one they fancy." Confirming this approach, one person said, "They don't just put [food] in front of me. They show me what I've got and encourage me to choose." Staff were provided with food hygiene training as part of their induction and were also aware of any risks that had been identified in respect of people they supported to eat and drink. For example, staff completed food and fluid monitoring charts for some people who had been assessed as being at risk of malnutrition. They were also aware of the risk of dehydration and encouraged people to drink regularly. One staff member told us, "I always leave out a glass of juice or water [before I end the call]."

## Is the service caring?

### Our findings

Without exception, everyone we spoke with told us that the staff who worked for the service were caring and kind. One person said, "I haven't had one [member of staff] who I didn't like. I don't think they could be any kinder." Another person said, "They are very kind. I really look forward to seeing them."

People told us that staff went out of their way to help them, often going beyond the requirements of the homecare contract. For example, one person said, "They went the extra mile for me and picked up my tablets for me [from the pharmacy]. They would do anything if I asked them." Another person said, "They put the washing in the machine and then out on the clothes horse. They couldn't do more." A member of staff told us, "When one person had to go into hospital recently, [the manager] came out and waited with them until the ambulance came."

The manager had a strong commitment to the provision of person-centred care and told us, "I say to the service users that when I send someone to you, I will always send someone I would be happy to give care to my mother. And I say to the staff that they must treat people as they would want to be treated themselves." This philosophy was clearly understood by staff and reflected in their work with the people they supported. One member of staff said, "I get to know people by chatting to them. [Most people] love to talk. Sometimes we are the only people they see." Another member of staff told us, "It's important to take your time to get to know people. They like to talk about their lives and I learn from them. They have been through so much." The people we spoke with confirmed that staff supported them in a warm, friendly way that reflected their individual needs and preferences. One person said, "They call me by my first name which is nice." Another person told us, "They are all very nice, I call them all 'love'."

Staff were also committed to helping people to maintain their independence and exercise choice and control over their lives. One member of staff said, "We are trying to help people stay in their own homes and live their lives as independently as possible. It's not always easy to adapt to needing help and we have to be sensitive to that." Another staff member told us, "Everyone I support is an individual. I always ask people what they want to wear or whether they want a shower, or just a wash in bed. Everyone likes things done in a different way." Again, this approach was confirmed by the people we spoke with. One person told us, "They always ask me what I want them to do. They're not trying to take over." Another person said, "They help to keep me independent."

Staff were aware of the importance of helping people maintain their privacy and dignity. Describing the way in which they provided people with personal care, one member of staff said, "If I am washing someone's top half, I always use a towel to cover their bottom half. To preserve their dignity." This commitment to supporting people in ways that preserved their dignity was commented on by everyone we spoke with. One person told us, "They treat me with respect." Another person said, "They absolutely respect my privacy." To maintain confidentiality, the provider had systems in place to ensure people's personal care records were stored securely and that computers were password protected.

Information on local advocacy services was included in the information booklet that was given to people

when they first started using the service. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes. Although no one who used the service at the time of our inspection received advocacy support, the manager was aware of the services available locally and said she would not hesitate to contact them should this ever be required in the future.

## Is the service responsive?

### Our findings

The manager told us she took personal responsibility for handling all new enquiries and referrals to the service. She said, "When I get a call, I immediately start thinking about the staff I have in post and the capacity I have available. If I think we will be able to provide a service, I will go out to do an assessment. But if I know we haven't got capacity I wouldn't do an assessment. It's not fair to the person, particularly if they are in hospital and [are keen to get home]. I have to turn down more than I accept." On the day of our inspection, we saw evidence of the manager's considered and conscientious approach to new referrals. She took a call from a social worker who was looking for a homecare service for an elderly person who was ready to be discharged from hospital. The manager refused to accept the referral over the telephone and made an appointment to assess the person the following day.

Following assessment, if a person decided to start using the service, the manager prepared a personal care plan in discussion with the person and their family, setting out the details of the support they would receive. Confirming this approach, one person's relative told us, "[My relative and I] were both involved in [agreeing] the care plan. We went through everything [my relative] needed. [The manager] assured us it could all be done, and it was."

The manager also told us that, when taking on a new customer, she sought to match people and staff as carefully as possible. She said, "I know each of my carers personally and, when I am doing an assessment, I can think which members of staff would be best for that individual." The provider's responsive approach to meeting people's needs and wishes continued once the service had started. For example, the manager said, "If I am introducing a new carer, I always ring the person to explain. And then follow up with a call to make sure they were happy."

We reviewed people's care plans and saw that they addressed a wide range of needs including personal care, medicines and health. Plans were written in the first person and captured each person's preferences and requirements to a high level of detail. For example we saw that one person's care plan stated, "I would like staff to assist me with my personal care, medication and meals. Staff need to speak slowly and listen carefully." We saw that the care plans were understood and followed by staff when they provided people with support. For example, one person's care plan stated, "I usually have a bowl of granola and yoghurt for breakfast." When we reviewed this person's daily care notes we saw that staff had indeed provided the person with granola and yoghurt, in line with their expressed preference. One staff member told us, "The care plans are very helpful. When I go into someone for the first time, I always look at the plan. It's important to know what they want you to do." Another member of staff said, "I couldn't work without the care plans. Everything is in there." The manager updated the care plans on a regular basis to take account of any changes in their needs. One staff member told us, "We all pick up different things and feed back to [the manager] to adjust the care plan."

Staff clearly knew and respected people as individuals, which enabled them to provide support in a responsive way that reflected their particular preferences and interests. For example, one staff member told us, "I work with one person who likes to do really big jigsaws. We often sit and look for a couple of pieces

together." Talking to us about someone they supported who had several pet cats, another member of staff said, "I help them put out the food, wash up the bowls and sort out the litter tray." The people who used the service clearly appreciated the staff's flexible approach. For example, one person told us, "They do everything they can to please you and make sure you are okay."

Information on how to raise a concern or make a formal complaint was included in the information pack people received when they first started using the service. People told us they knew how to make a complaint and were confident that this would be handled properly by the provider. However, people also told us that they had no reason to complain. One person said, "I have never had any concerns. But the manager would deal with them if I did. I can ring her up at any time." Another person told us, "[The manager] is very helpful." I have nothing to complain about." The manager confirmed that formal complaints were rare as, "We have a very good relationship with all our service users. People feel they can speak to us about any issues." We saw that the one formal complaint that had been received since the service started had been managed well by the provider.

## Is the service well-led?

### Our findings

Without exception, the people we spoke with us told us how highly they thought of For You Healthcare. One person told us, "I'd recommend them. They're friendly, that's the main thing. And very helpful." Another person's relative said, "If I ever need care myself, I will ask them. We are highly satisfied." One local healthcare professional told us, "In comparison to some other agencies, they are really, really thorough."

The manager told us she provided care herself on a near daily basis. She said, "I see each of the service users at least once a week. Most see me every other day." Reflecting this approach, the manager was clearly very well known to, and respected by, everyone connected with the service. One person said, "I see the manager [regularly]. She sometimes does care and I find her very helpful." Another person said, "[The manager] is a very nice lady. Very helpful." A member of staff told us, "She's a very good manager, a very good boss. She's not frightened of coming out and mucking in, which some managers don't. She cares about people."

Throughout our inspection visit, the manager demonstrated a very transparent and accountable management style, which set the cultural tone in the service. For example, in the very honest way she told us of her decision to employ a new staff member without a full set of references. She also provided supportive, values-led leadership to her team. She told us, "My carers are brilliant. Very hard-working. I have an open office and they can pop in whenever they want." The manager's leadership style was clearly appreciated by staff. One staff member said, "[The manager] is very approachable. She cares about her staff." Another staff member told us, "If I ever had a problem I would go to the manager. And I'd be confident about the response. She's very fair." Staff were aware of the provider's whistle blowing procedure and knew how to use it if they had concerns about the running of the service that could not be addressed internally.

Staff worked together in a friendly and supportive way. One member of staff said, "We all work as a team. We're like a little family." There were regular staff meetings and detailed daily logs were also used by the provider to ensure effective communication between staff. Staff told us they were able to talk freely with the manager and felt listened to if they raised any issues. One member of staff said, "If I have ever suggested a different way of doing things, [the manager] is always very receptive."

The provider conducted regular customer satisfaction surveys to ask people and their relatives to comment on the service they received. We reviewed the feedback people had provided in response to the most recent survey and saw that everyone who had responded had said that the service either met or exceeded their expectations. One respondent had written, "For You Healthcare has been a lifesaver for my mother and the family. The staff are kind, caring and approachable. I would have no hesitation in recommending the service to anyone looking for help." Although no negative comments had been made, the manager told us that she had reviewed the survey results carefully to identify any follow up action required.

The provider had systems in place to monitor the quality of the care provided. For example, the manager undertook regular medication audits and we saw that, following a recent check, action had been taken to change the way staff recorded information on people's individual medicine records. The manager also reviewed the daily care records that were maintained for each person and had recently provided additional

guidance to staff to ensure the records could be more easily understood by people and their relatives, should they wish to read them. The provider was aware of the need to notify CQC or other agencies of any untoward incidents or events within the service. We saw that any incidents that had occurred had been reported and managed correctly.