

Carers 4 U Ltd

# Carers 4 U Ltd

## Inspection report

Unit F17, Birch House  
Fraser Road  
Erith  
Kent  
DA8 1QX

Date of inspection visit:  
04 January 2017

Date of publication:  
31 January 2017

Tel: 01322439777

Website: [www.carers4you.co.uk](http://www.carers4you.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

This inspection took place on 4 January 2017 and was announced. Carers 4 U Ltd is a domiciliary care agency that provides personal care and support for people living in their own homes. At our last inspection of the service on 19 and 21 January 2016 we found a breach of legal requirements because the provider did not always keep up to date records of staff supervision sessions or annual appraisals.

At this inspection we found that the provider had taken action to make sure that records relating to staff supervisions and annual appraisals were kept up to date.

The service had a registered manager in post. 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 and associated Regulations about how the service is run.

People said they felt safe and staff treated them well. The service had appropriate safeguarding adults procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to. Procedures were in place to support people where risks to their health and welfare had been identified. Appropriate recruitment checks took place before staff started work. People's medicines were managed appropriately and people received their medicines as prescribed by healthcare professionals.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. Staff had completed an induction when they started work and they had received training relevant to the needs of people using the service. People's care files included assessments relating to their dietary support needs. People had access to health care professionals when they needed them.

People were provided with appropriate information about the service. People and their relatives said staff were kind and caring and their privacy and dignity was respected. They had been consulted about their care and support needs and care plans were in place that provided information for staff on how to support people to meet their needs. People were aware of the complaints procedure and said they were confident their complaints would be listened to, investigated and action taken if necessary.

The provider recognised the importance of monitoring the quality of the service provided to people. They took into account the views of people using the service through satisfaction surveys. The provider carried out unannounced spot checks to make sure people were supported in line with their plans of care. Staff said they enjoyed working at the service and they received good support from the registered manager and care coordinators.

## 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.

People using the service said they felt safe and that staff treated them well.

Appropriate recruitment checks took place before staff started work.

Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported from abuse.

Appropriate procedures were in place to support people where risks to their health and welfare had been identified.

People's medicines were managed appropriately and people received their medicines as prescribed by healthcare professionals.

### Is the service effective?

Good 

The service was effective.

Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

Staff were supported in their roles through regular supervision and an annual appraisal.

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.

The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and acted according to this legislation.

Peoples care files included assessments relating to their dietary needs and preferences.

People had access to a GP and other healthcare professionals when they needed them.

### **Is the service caring?**

**Good** ●

The service was caring.

People's privacy and dignity was respected.

People were provided with appropriate information about the service. This ensured they were aware of the standard of care they should expect.

People and their relatives, where appropriate, had been involved in planning for their care needs.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's needs were assessed and care records included detailed information and guidance for staff about how their needs should be met.

There was a matching process in place that ensured people were supported by staff that had the experience, skills and training to meet their needs.

People using the service and relatives said they knew about the complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

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

**Good** ●

The service was well-led.

There was a registered manager in post. Staff said they enjoyed working at the service and they received good support from the registered manager and care coordinators.

The provider recognised the importance of monitoring the quality of the service provided to people. They took into account the views of people using the service through satisfaction surveys.

The provider carried out unannounced spot checks to make sure people were being supported in line with their care plans.

Staff said they enjoyed working at the service and they received good support from the registered manager and care coordinators.

---

# Carers 4 U Ltd

## **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.

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

This inspection took place on 4 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team comprised of one inspector. We looked at the care records of six people who used the service, staff training and recruitment records and records relating to the management of the service. We spoke with the registered manager, two care coordinators and three staff. We visited four people using the service at their homes to gain their views about the service they received. We also spoke with a health care professional and asked them for their views about the service.

## Is the service safe?

### Our findings

People said they felt safe. One person told us, "I feel I am safe with the staff. Over time I have gotten to know and trust them." Another person said, "I feel safe with the staff, they always wear their uniforms and their identification cards when they come so I know who they are."

The service had a policy for safeguarding adults from abuse. The registered manager was the safeguarding lead for the service. Staff demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse, and who they would report any safeguarding concerns to. The registered manager said the staff team had received training on safeguarding adults from abuse and training records we saw confirmed this. Staff told us they were aware of the provider's whistle-blowing procedure and they would use it if they needed to.

Appropriate recruitment checks took place before staff started work. We looked at the personnel files of five members of staff. We saw completed application forms that included references to staff's previous health and social care work experience, their qualifications, health declarations and employment history. The registered manager told us that any breaks in employment were discussed with staff during the recruitment process. Each file included two employment references, proof of identification and evidence that criminal record checks had been carried out.

People using the service and the registered manager told us there was always enough staff on duty to meet people's needs. One person said, "The staff come on time and do what they are supposed to. I very rarely have a late call." Another person told us, "I always have the same people so there's never been a problem. I have enough staff to support me with what I need." The registered manager told us staffing levels were arranged according to the needs of people using the service. If extra support was needed to support people to attend social activities or health care appointments, additional staff cover was arranged.

Action was taken to assess any risks to people using the service. We saw that people's care files, both in their homes and at the office, included risk assessments for example on, moving and handling and medical conditions. Risk assessments included information for staff about action to be taken to minimise the chance of risks occurring. We also saw risk assessments had been carried out in people's homes relating to health and safety and the environment. People could access support in an emergency. One person told us, "I have all the details I need from the agency including a schedule when they are coming to see me and a telephone number in case I need to call them. There has always been someone there when I have called." We saw that people's care files included the contact details of the agency and emergency information about their home for example where the electrical supply, gas and water stop cocks were located and telephone numbers of these suppliers.

People were supported, where required, to take their medicines as prescribed by health care professionals. One person using the service told us, "The staff help me with my medicines because I might not remember to take them. They record everything they do in the folder." Another person said, "The staff don't come every day and I am savvy enough to do my own medicines. But they always check with me that I am taking my

medicines or if I need any help." The registered manager told us that most people using the service looked after their own medicines, however some people needed to be reminded or prompted and some people required support from staff to take their medicines. Where people took their own medicines or required prompting or support to take their medicines we saw that this was recorded in their care plans. We saw records in care files at the office and in people's homes of medicines they had been prescribed by health care professionals and medicine administration records (MAR) completed by staff confirming that people had taken their medicines. All of the staff we spoke with told us they had received training on administering medicines and training records confirmed this. We saw records confirming that the registered manager or the care coordinator had assessed individual staff's competence in administering medicines. This ensured the members of staff had the necessary skills to safely administer medicines.

# Is the service effective?

## Our findings

At our last inspection 19 and 21 January 2016 we found that there was not always formal recorded evidence that staff had received supervision or appraisals. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

At this inspection, 4 January 2017 staff told us they received regular supervision and an annual appraisal of their work performance. They said they were well supported by the registered manager and care coordinator and there was an out of hours on call system in operation that ensured management support and advice was always available when they needed it. We saw records confirming that staff were receiving regular formal supervision with the registered manager and care coordinator and an annual appraisal of their work performance where appropriate.

Staff had the knowledge and skills required to meet the needs of people who used the service. Staff told us they completed an induction when they started work and initial shadowing visits with experienced members of staff had helped them to understand people's needs. The registered manager told us that any new staff would be required to complete an induction in line with the Care Certificate. The Care Certificate was introduced in April 2015 and is the benchmark that has been set for the induction standard for new social care workers. We saw records confirming that all staff had completed an induction programme when they started work and training that the provider considered mandatory. Mandatory training included fire safety, first aid, food hygiene, medicines, moving and handling, safeguarding adults, health and safety and infection control. Staff had also received training the Mental Capacity Act 2005 (MCA), challenging behaviour and person centred care. Seventeen members of staff had attained nationally recognised qualifications in care and one member of staff was in the process of obtaining the qualification.

Staff were aware of the importance of seeking consent from people when offering them support. One member of staff told us, "I would not do anything for anyone unless I asked them if it was okay to do so first. I wouldn't force them to do anything if they didn't want to." Another member of staff said, "I would encourage people to do things but I would never make someone do something they didn't want to do. If it had an impact on their care and health needs I would contact the registered manager and care coordinator and we might need to review the persons care plan."

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. This provides protection for people who do not have capacity to make decisions for themselves.

We checked whether the agency was working within the principles of 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.

People had access to health care professionals when they needed them. One person told us, "There is a nurse on site here and they come to see me. I can see a GP when I need to." Another person said, "If I wasn't well the staff would call the doctor for me." Staff monitored people's health and wellbeing, when there were concerns people were referred to appropriate healthcare professionals. One member of staff said, "If I found someone wasn't well I would call a GP or an ambulance if I needed to. I would let the registered manager know what I had done and keep everything recorded."

Where people required support with shopping for food and cooking meals this was recorded in their care plans. One person using the service said, "The staff make me breakfast when I ask for it usually eggs with toast. I do my own lunch. It's mostly microwaved food prepared by my family." Another person said, "The staff cook some meals for me and they are pretty good cooks."

## Is the service caring?

### Our findings

People told us they were happy with the staff that supported them. They told us there was good communication with staff at the office. One person said, "I have never had such nice people come to see me. The staff are lovely, they do everything that needs to be done, they are very caring and they always treat me with respect. I am very happy with them." Another person said, "The staff are doing a great job for me. They are very kind and helpful. I had a problem at home, I contacted the office and my carer came to see me in their own time just to make sure everything was okay." A third person said, "I receive very good care. My carer even gave me a Christmas tree this year." A relative told us, "I am happy with the care provided by the agency. We have regular members of staff who understands my relative's needs."

People and their relatives said they had been consulted about their care and support needs. One person using the service told us, "The manager comes to see me to talk about my needs and makes sure everything is alright for me." Another person told us, "If anything changes for me I tell the staff and they change what they need to do for me in the care folder." A relative told us, "I am heavily involved in planning for my relatives care and support needs. My relative's needs were assessed by the registered manager when they started using the service and a care plan was devised. I participate in review meetings and make suggestions which are always implemented into my relative's care plan."

People were treated with dignity and respect. One person using the service told us, "The staff always makes sure my care is private. Everything is done without any fuss." A friend of a person using the service told us, "The staff are always friendly and respectful towards me and my friend." Staff told us they tried to maintain people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. They addressed people by their preferred names, explained what they were doing and sought permission to carry out personal care tasks. They told us they offered people choices, for example, with the clothes they wanted to wear or the food they wanted to eat. One member of staff said, "I make sure that doors and curtains are drawn when I am giving someone personal care. I always explain what I am doing for them." Another said, "If someone is at the person's home, for example a family member, I politely ask them to leave the room before I start providing personal care to the person using the service."

People were provided with appropriate information about the service in the form of a 'Service Users Guide'. The registered manager told us this was given to people when they started using the service. This included the complaints procedure and the services provided by the agency and ensured people were aware of the standard of care they should expect.

## Is the service responsive?

### Our findings

People told us their needs had been assessed and they had care plans in place. One person told us, "The registered manager met with me and we talked about the things I needed and the staff have been supporting me with what we agreed." Another person said, "I understand what's in my care plan because the registered manager discusses my care needs with me and keeps everything up to date." A relative said, "Overall the service my relative has received has been good. I am involved in planning for their care and support needs and there is good communication with the registered manager and office staff."

The agency provided care and support to some people living in a retirement village. These people also received support from on-site health care professionals when needed. A health care professional told us, "I cannot praise the agency staff enough they are very reliable. If a carer goes off sick they are always replaced quickly. The staff are always interested to know more about new people using the service so they can understand their needs better."

Assessments were undertaken to identify people's support needs before they started using the service. Initial assessments covered areas such as personal care and well-being, family involvement, sight, hearing and communication, mobility, medical requirements, personal safety and risks, dietary requirements and social, religious and cultural needs. Care plans were developed outlining how these needs were to be met and included detailed information and guidance for staff about how each person should be supported. The care plans showed that people using the service and their relatives, where appropriate, had been consulted about their needs. We saw daily notes that recorded the care and support delivered to people. We also saw that care plans were reviewed regularly and kept up to date to make sure they met people's changing needs. A live in member of staff told us before they provided care to someone they visited the person and their relatives, they shadowed experienced staff and read the persons care plans to get to know about them and what they needed. Another member of staff told us, "The care plans include information about the people we support and what we need to do for them. They are simple, straight forward and easy to understand."

The registered manager told us there was a matching process in place that ensured people were supported by staff with the experience, skills and training to meet their needs. They told us that staff would not be permitted to support people with specific care needs or medical conditions unless they had received the appropriate training. For example some people using the service living with dementia were matched with staff that had completed a dementia awareness training course. A member of staff told us, "The training I had on dementia awareness helped me to understand how dementia affected people in their everyday lives. I feel better equipped to do my job."

People were aware of the complaints procedure and said they were confident their complaints would be listened to, investigated and action taken if necessary. One person said, "I know how to complain if I need to, it's all in the service users guide." Another person told us, "I have never needed to complain but I would just call the office and speak with the registered manager. They are very good so I know they would deal with anything I brought to them." The agency had a complaints procedure in place. The care coordinator showed us a complaints file. The file included a copy of the complaints procedure and forms for recording

and responding to complaints. They showed us records from complaints made to the service. We saw that these complaints had been fully investigated and responded to appropriately.

# Is the service well-led?

## Our findings

People using the service and their relatives spoke positively about the service. One person told us, "I think the agency is well organised and I can call the registered manager at any time if I need to." Another person said, "Everything seems to run smoothly, I rarely have any problems. They have a good team of carers." A health care professional told us, "I think the agency is very well run and we can trust them to get things right. We have a good working relationship with the carers, registered manager and office staff."

The service had a registered manager in post. The manager had been in post since April 2013. They knew the service well and were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the registered manager demonstrated good knowledge of people's needs and the needs of the staffing team.

At our last inspection 19 and 21 January 2016 we recorded that some aspects of the provider's monitoring systems required improvement. At this inspection, 4 January 2017 we found that the provider had improved the systems for monitoring the quality of service. For example we saw files for recording and monitoring complaints and incidents and accidents and recent audits of staff files and peoples care files. The agency had introduced a call monitoring system following our last inspection. The registered manager told us the system helped them to monitor calls and make sure that staff were staying for the specified time. If they noticed that the start time of a call had been missed they called the carer to see if they are running late. They also used the system to set reminders, for example on staff training needs and criminal record check renewals.

We saw records of unannounced spot checks carried out by a care coordinator. The care coordinator told us they carried out these checks on staff to make sure they turned up on time, wore their uniforms and identification cards and supported people in line with their care plans. A live in member of staff told us, "The care coordinators carry out spot checks at any time day or night. We never know when they are coming. They check that we are doing everything according to the care plan and administering medicines correctly. They speak with the person using the service and their family members to find out if they are happy with what we are doing."

The local authority that commissions services quality team visited the provider in November 2016 and made a number of recommendations to make improvements at the service. The registered manager provided us with an action plan and evidence which confirmed that all of the recommendations had been fully addressed. For example GP information had been added on to people's emergency information sheets and peoples allergies had been documented on people's medicines administration records.

The provider took into account the views of people using the service through satisfaction surveys. We saw a report and an action plan from the last survey carried out in 2016. The feedback received from people that had completed the survey had been very positive. Where some people identified areas where improvement could be made we saw that the provider had taken action to address these. For example, where a person said they had not been receiving a schedule of when staff supported them a schedule was being regularly

sent to a family members by email and post. The registered manager told us they used feedback from the surveys to constantly evaluate and make improvements at the service.

Staff said they enjoyed working at the service and they received good support from the manager and care coordinators. One member of staff said, "The registered manager and care coordinators are always there to help me if I need them. I think we have a good staff team who work hard to make sure people get good care." Another member of staff told us, "The registered manager listens to staff and what we have to say. If we have any problems they always do their best to help us."