

Care 4 U Services (Lincs) Ltd

Care 4 U Services (Lincs) Limited

Inspection report

Greetwell Place
2 Limekiln Way
Lincoln
Lincolnshire
LN2 4US

Tel: 01522704504

Date of inspection visit:

25 January 2019

30 January 2019

01 February 2019

Date of publication:

21 March 2019

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

About the service: Care 4 U Services (Lincoln) Limited is a domiciliary care agency. At the time of the inspection it provided personal care and support to 20 people aged 65 and over.

People's experience of using this service: People were supported safely and protected from harm. There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to people.

Incidents and accidents were managed effectively; lessons learnt were shared with staff to reduce the risk of further occurrences.

The management of medicines was safe. We found some recording issues which were immediately dealt with by the registered manager. Risk assessments had been completed, provided detailed guidance for staff to follow and were reviewed regularly.

There were enough skilled and experienced staff to meet the needs of people who used the service. Recruitment checks were robust and new staff completed a comprehensive induction and training programme.

Health and safety checks were carried out to ensure people remained safe in their homes. Staff used personal protective equipment to prevent against cross infection.

People and their relatives said staff were kind and caring. Staff treated people with respect and dignity. People were involved in decisions about their care and encouraged by staff to be as independent as possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Initial assessments were carried out to ensure people's needs could be met and personalised care plans followed. Staff understood people's likes, dislikes and preferences and people told us they were offered choices about their care.

Some people using the service required end of life care. The provider worked closely with another organisation who facilitated their specific care needs and offered advice and training for staff.

Care records clearly identified nutritional and dietary needs. People were supported to live a healthy life and staff supported people to access health care professionals when required.

A complaints system was in place and these were managed effectively. People and staff told us they felt confident to raise any concerns and felt these would be managed.

The provider had embedded quality assurance systems to monitor the quality and safety of the care provided. The provider worked in partnership with other services to support people's care and quality of life. Regular reviews were carried out with people using the service to gather their views.

Staff told us the management team were open, honest and supportive. People told us the management team were approachable.

More information is in the full report below.

Rating at last inspection: At the last inspection the service was rated Good (published 28 June 2016). The overall rating has remained good.

Why we inspected: This was a planned inspection based on the previous rating of good.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Good. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our Well led findings below.

Good ●

Care 4 U Services (Lincs) Limited

Detailed findings

Background to this inspection

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

Inspection team: The inspection was carried out by one inspector.

Service and service type: Care 4 U Services (Lincoln) Limited is a domiciliary care agency. It provides personal care to people living in their own homes. Not everyone using Care 4 U Services (Lincoln) receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene, eating and medication. Where they do we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service four days' notice of the inspection visit. We needed to be sure the registered manager would be available to facilitate this inspection.

Inspection site visit activity started on 25 January 2019 and ended on 1 February 2019. We visited the office location on 30 January 2019. On 25 January and 1 February 2019, we spoke with people using the service, their relatives and staff by telephone.

What we did: Before the inspection the provider completed a Provider Information Return (PIR) in May 2018. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service

including notifications they had made to us about important events.

We also reviewed information sent to us from other stakeholders including the local authority and members of the public.

We spoke with two people during our visit and one relative. We also spoke with two staff, the registered manager, the assistant manager and regional director during our visit. We received feedback from one health and social care professional.

We reviewed two people's care records, policies and procedures, records relating to the management of the service, training records and three recruitment records of care workers.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- The service had appropriate systems and procedures in place, which sought to protect people who used the service from abuse. Staff were aware of the different types of abuse and understood how to report their concerns.
- People told us they felt safe. Some people had a pendant which staff ensured they had with them at each visit so they could access support if needed.

Assessing risk, safety monitoring and management.

- Risk assessments were in place for those people that required them or when people's needs changed. For example, a review was carried out with a person whose mobility had deteriorated. To prevent possible falls the provider made a referral to an occupational therapist to assess for equipment which could mitigate risks and support the person to mobilise safely.
- Risk assessments were very detailed and instructed staff of how and when to use specific equipment.

Staffing and recruitment.

- Staffing levels were sufficient and the rota's confirmed this. Most people told us they had regular staff visiting them to ensure consistency of care.
- Staff continued to be recruited safely. We checked three staff records which showed relevant checks had been completed.
- An out of hours service was available should people need support in the event of an emergency.

Using medicines safely.

- Medicines were managed safely and people told us they received their medicines as prescribed. Medicine administration records (MARs) were audited monthly to identify any issues and actions taken to prevent medicine errors.
- Medicine records were completed to demonstrate people received their medicines as required. We found some recording issues with medicines, this included the time of paracetamol being given and general recording of as and when required medicines. The registered manager took immediate action to address this and no harm had occurred.

Preventing and controlling infection.

- Staff followed good infection control practices and used personal protective equipment to help prevent the spread of cross infection.
- Staff were encouraged to carry out safety checks when providing care. One care plan said, 'Check temperature with thermometer provided' before showering the person to prevent the water from being too

cold or hot for the person.

Learning lessons when things go wrong.

- Staff were aware of the reporting procedures for accidents and incidents.
- All calls to the office were recorded and actions taken immediately to ensure people's needs were met and staff learnt from any incidents. For example, one person said they felt uncomfortable with a certain pillow positioning following a visit and spoke with the office. The office sent a text to all staff to prevent this from happening again and as part of their learning now asked people how they would prefer their positioning.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Initial assessments were completed to inform staff of people's preferences for care before they used the service. One staff member said, "They take into account what people want and their preferences. They are asked about these during the assessment."

Staff support: induction, training, skills and experience.

- All staff received training, which provided them with the skills and knowledge to care for people accessing care. One relative said, "Yes, staff seem to be trained, they come, they wash [Name] and do what they are supposed to do."
- Staff continued to receive, induction, training and supervisions which supported them to carry out their roles.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.

- People were supported with their nutritional needs. Care plans contained information about people's needs and preferences. Staff encouraged people to make choices about their food.
- Daily notes included records of fluid and food input, continence, skin integrity and falls to ensure people's needs were constantly reviewed should they require any support from health professionals. Staff told us, "We would always refer back to the office if we had a concern. We talk with health professionals and any concerns for example, sores, mobility or equipment people may need we would pass this information on. We would refer it back to the office and take the relevant action."
- The service worked with general practitioners, palliative care teams and social workers when people required additional care, needed to move to a different environment or required end of life care.

Ensuring consent to care and treatment in line with law and guidance.

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. People living in their own homes can only be deprived of their liberty to receive care and treatment with appropriate legal authority from the court of protection.

- Staff were knowledgeable about the MCA. One staff member said, "Its looking out for any signs that someone's mental stability may be deteriorating and making the provider aware of this. It might be they are not able to make decisions and weigh up the consequences." The registered manager said they would

contact their local authority to ensure an assessment of someone's capacity was carried out should this be required.

- People told us they were asked for their consent and agreed with their care. Staff understood the importance of seeking consent. One staff member told us, "I would make sure everyone is happy with what I am doing and always ask permission. Make sure people are aware of what I'm doing."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- People and their relatives provided positive feedback about the service. Comments included, 'Staff always carry out their work in a kind, respectful and professional manner and we are extremely pleased with the provision the company has provided', "They are caring and very nice. If I could give it ten stars I would. They have always got time for a chat, they are brilliant" and "I would trust my carers with anything – I would trust them with family's life because that's how much I trust them."
- Staff treated people as individuals and made sure their diverse needs were met. One staff member said, "We listen to people and don't talk as if they are not there. We talk to them and make them the centre. We ask people what they previously did before to get to know them. We always respect people and their family in their homes."

Supporting people to express their views and be involved in making decisions about their care.

- People told us they were involved in making decisions about their care and were included in their care planning. One person said, "Yes, they go through my care plan every day."
- The registered manager told us that should anyone wish to have an advocate they would support people to find a local service. No person using the service had an advocate. An advocate is a person who can support others to raise their views, if required.
- When people wanted relatives involved in their care this was arranged. One relative told us they had a positive relationship with the staff that cared for their loved one. They said, "I have a laugh and a joke with the staff and leave them to get on with it."

Respecting and promoting people's privacy, dignity and independence.

- People told us staff always respected their dignity. One person complimented the staff on how they had assisted them during an accident and said they hadn't felt embarrassed due to the professionalism of staff and ensuring their care was carried out in a dignified way.
- Staff understood the importance of respecting people's privacy. One staff member said, "When giving people washes we make sure everyone is as covered as they can be so they don't feel embarrassed. Some female service users don't want males to do personal cares and we would respect this."
- People were encouraged to remain independent. Staff knew what people's levels of independence was and enabled them to carry out personal cares. One person said, "I am independent enough to manage with my showering and happy to do this."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Personalised care plans were created which included information from the initial assessment along with people's likes and dislikes. For example, people's preferences for personal care had been recorded.
- Regular reviews with people were carried out to ensure their needs were being met.
- People were offered choice about their care. One care plan instructed staff to offer one person a choice of frozen meals from their freezer so they could choose what they wanted to eat.
- People's communication needs were assessed and recorded in care plans. These provided staff with guidance on the most effective ways to support the person to communicate. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the service had met this standard.

Improving care quality in response to complaints or concerns

- Complaints were managed effectively in line with the providers policy and actions were taken to address concerns.
- The provider had received lots of compliments. One said, 'I would like to take this opportunity to say how delighted we are with all the carers who have had to care for my mother over the last few months in particular [Name of two carers]. They always carry out their work in a kind, respectful and professional manner and we are extremely pleased with the provision your company has provided.'

End of life care and support

- Some people using the service received end of life care. The provider worked closely with other health care professionals to ensure people's care for end of life and their preferences were accounted for.
- The registered manager told us staff often attended people's funerals after they had built a close relationship whilst working with them. Some carers had completed end of life training with another organisation. The carers who attended this training then shared their knowledge with other members of the staff team.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service and the provider was compliant in sending these to the CQC.
- There were effective systems and processes in place to monitor and improve the service. Audits were carried out on a regular basis which provided an insight into the service and if any improvements were needed. One person said, "The quality of care is good."
- Staff were supported with supervisions, appraisals and staff meetings. This meant the registered manager could supervise staff performances and communicate any changes within the service. The registered manager had recently given gifts to staff at Christmas to show their appreciation for the staff's hard work and dedication to their roles.
- Staff told us the management team were open and honest. Comments included, "There is none of that superior feel in the company and feel we are all on the same level" and "The manager has a good relationship with all of the carers. They are very transparent. You will always get an honest answer." People told us staff were professional in their roles. One person said, "The carers are always clean, tidy and very professional but so kind and engaging."

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

- People told us they fully trusted the registered manager, felt confident to raise any concerns and that these would be investigated thoroughly. A staff member said, "The management are extremely approachable and I know if I have a problem I can speak to them. They have an open-door policy and they are always there to talk and are never judgmental."
- The provider used questionnaires to seek people's views about the service. These were not specific to people receiving care from this service. Although we could not obtain feedback from these results because they were carried out anonymously, people provided positive feedback about the service during reviews and compliments received by the service.

Continuous learning and improving care; Working in partnership with others

- The provider encouraged staff to continue their learning.
- The provider worked in partnership with other services to support people's care and quality of life. Some

of these included palliative care teams, general practitioners, district nurses and occupational therapists.