

CARE4U2DAY Limited

Care4u2day Limited

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out an announced inspection on 19 April 2017, when we visited the offices. We gave 24 hours' notice to the service because the location provides domiciliary care and we wanted to be sure a member of the management team would be available. Care4u2day Limited provides care and support to people living in their own home. At the time of our inspection 25 people were being supported by Care 4u2day Limited.

The service has a registered manager in place. 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.

We previously inspected Care4u2day Limited in January 2016 and found they were not meeting the standards in relation to effectively monitoring the quality of the service and safe recruitment. This was a breach of Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) regulations 2014 and Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that the service had made the required improvements and were fully compliant with the regulations.

People told us they always feel safe with the staff from care4u2day Limited. Staff knew how to keep people safe and risks to people's safety and well-being were identified and managed. People's care records were regularly reviewed and updated to reflect the change in their needs. There were sufficient numbers of staff deployed to support people. The provider had a robust recruitment process which ensured that potential staff were suitable to work with vulnerable people.

People kept their medicines in their own homes and were prompted and or supported by staff to take them and this was managed and recorded appropriately. People were asked for their permission before staff assisted them with care or support.

Staff received intermittent supervision from management which helped them to feel supported and valued. They told us they felt able to seek assistance when they needed to.

People received support to eat and drink regularly and were assisted to access healthcare appointments as needed. People's privacy and dignity was always respected and promoted. People told us they were treated with kindness and compassion by staff and continuity of staff positively impacted on the ability to develop meaningful relationships with care staff.

People's care records were regularly updated to provide a detailed account of their needs and care. People told us they felt confident to raise anything that concerned them with staff or management, and any issues were addressed and resolved. Arrangements were in place to obtain feedback from people who used the service; which showed that people were happy with the service they received.

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

Staff had been trained in safeguarding and were aware of the processes that were to be followed to keep people safe.

Medicines were managed appropriately and safely.

Staffing levels were appropriate to meet the needs of people who used the service. Staff recruitment and pre-employment checks were in place.

Is the service effective?

Good ●

The service was effective

Staff did not always receive an annual appraisal

Consent was sought in line with current legislation and people were supported by staff that had been trained to meet their individual needs.

Staff were aware of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLs). People were supported to eat and drink sufficient amounts to maintain good health.

People were supported to access other health and social care services when required.

Is the service caring?

Good ●

The service was caring

People who used the service had developed positive relationships with staff at the service.

People's privacy and dignity were maintained.

Is the service responsive?

Good ●

The service was responsive

Staff were aware of people's support needs, their interests and preferences.

There was a complaints procedure in place.

Is the service well-led?

The service was well-led.

There was a registered manager in place and staff felt supported by the management team.

Audits were undertaken and the provider had a robust quality assurance system that sought the views of people who used the service. locatable or available at the location.

Good ●

Care4u2day 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 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 reviewed the service's previous inspection reports along with information we held about the service such as notifications. A notification is information about important events which the provider is required to send us by law. We also reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, on 24 and 25 April 2017, we spoke with four people and two relatives of people who used the service. We also spoke with three members of the care staff, the provider and business manager.

We reviewed the care records and risk assessments of four people who used the service, and we looked at the recruitment and training records of three new members of staff. We also reviewed information on how the quality of the service, including the handling of complaints, was monitored and managed.

Is the service safe?

Our findings

During our previous inspection in January 2016 we found that the provider did not have a robust recruitment system in place which meant that people may not have been supported by staff that were suitable. During our current inspection we found that this was no longer an issue and had been addressed. We saw that pre-employment checks had been made a minimum of two references were obtained prior to staff taking up employment with the agency and these references once received were validated by the Registered manager by way of a telephone call to the referee. We saw Disclosure and Barring Service (DBS) checks had been made and the reference numbers were kept to evidence this. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

Staff we spoke with were aware of where they could locate information within the service to report any concerns they had about people; this included either internal or external organisations such as the local authority. Training records we reviewed showed that staff had all received training in safeguarding people.

The service had a whistle-blowing policy and staff we spoke with knew where in the office to locate this. Whistle-blowing is a way of reporting concerns anonymously without fear of the consequences of doing so. Staff were aware of who they could report any concerns to within their organisation and how to escalate any concerns that they felt were not being addressed.

We found that risk to people had been identified and assessment and control measures where possible, were put in place to minimise risk of harm to people. This included environmental risk and falls. Regular reviews of risk assessments had been undertaken and where required updated. We saw that one person who required lifting and transferring from bed to the chair had signed to say that they were aware of potential risk of something going wrong so would only transfer with assistance.

People told us they were supported and prompted to take their medicines when they needed them. One person said, "They [staff] give me my medication three times a day every day, always in time." We saw that care plans clearly marked if people required prompting or if staff were to administer people's medication. Records reviewed showed that staff had been trained to support people safely with medicines. We looked at one person's medicines charts (MAR) for January 2017 we saw there were no gaps on the (MAR) chart.

Both people and staff felt that there were enough staff to support people safely. We were told by the provider, "All our staff worked within six miles radius of where they live. We find this works. The girls [staff] are not stressed, they are happy to go to all their calls." Staff we spoke with confirmed this. The agency had not had any missed calls within the last six months. Staff told us that they were given enough time to get to each client's home and provide safe and proper care without feeling rushed. One staff said, "We're able to spend proper quality time with our clients and meet their needs, whether its providing personal care, shopping, sitting and talking with them or assisting them to access the community, we are given adequate time to do so." The provider told us that were staff reported changes which required either more or less time with the client, this was discussed with the client and/or their family members and once agreed the adjustment of time was made.

Is the service effective?

Our findings

People told us that they were happy with the care and support they received. One person said, "The carers are all very experienced in what they need to do with me, they know how to care for me all of them. Ten out of ten." Another person said, "They are fantastic, they know inside out what help I need and they provide it."

The provider told us, "Each client has four to five carers that know them very well. If they are a double up [person requires two carers] eight staff will know them really well. The other staff will know them but not as well. This is to ensure that our clients are covered by carers they know. This enabled continuity of care."

Staff we spoke with told us that when they began to work for the service they undertook a 12 week induction programme which consisted of on-line learning, practical learning and shadowing. The records we reviewed also confirm that staff had undergone an induction process and had received the relevant training they required for their roles. A new member of staff said, "I'm in the process of doing my induction, it's good because you can do it at your own pace and get the basic understanding, then go and shadow and see what I learnt in practice." The registered manager told us that, "New members of staff are taken to meet the client prior to providing care, they then shadow for up to five shadows. It depends on the needs of the client and how both the staff and client are feeling."

Staff told us they had undergone training relevant to their roles which included health and safety, manual handling, first aid, infection control safe handling of medication, safeguarding and fire safety. Competency testing was prescribed to test staff understanding of what they had learnt. Staff were encouraged and supported to undertake additional learning such as the Qualifications and Credit Framework (QCF), which is a nationally recognised diploma in health and social care. Records reviewed and staff we spoke with told us that they had had regular supervision with the registered manager. On the day of our inspection we noted that some staff were scheduled in and attended their one to one supervision. However, the provider stated that they had not undertaken annual appraisals. Staff we spoke with felt that the supervision that they had provided them with time to discuss any concerns they had about the job, any training needs and/or concerns about the clients. They told us that they could contact the registered manager or office staff at any time to discuss any concerns and they felt supported. The registered manager told us that they would immediately make arrangements to do appraisals with staff.

People we spoke with told us that staff sought consent from them prior to carrying out tasks. One person told us, "Although they know what they are doing they still ask me if I'm ok with it." Staff we spoke with told us that they always gain consent from people prior to carrying out task. They told us that they offered people choices and would respect people's wishes if they refused care. Staff told us that they explained to people what they were about to do and waited for people to agree. The provider had a policy and procedure that staff could refer to in regards to obtaining consent. We saw that within people's care and support file they had consented to various activities that staff could undertake on their behalf such as treatment, staff administering medicines to them, contacting GP, calling an ambulance and contacting the next of kin.

Staff understood and were able to explain their responsibility under the Mental Capacity Act 2005 (MCA). The

Mental Capacity Act 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. Records showed that all staff had received training in mental capacity assessments as required by the Mental Capacity Act 2005 (MCA). We noted that where required the local authority had undertaken the MCA assessments. Staff we spoke with told us that if they had any concerns about people's ability to make decisions for themselves they would inform the registered manager and document it in people's daily notes.

People were supported to have sufficient food and drink. A person we spoke with told us, "I'm on ready meals they [staff] make sure there is always one available in the fridge and the microwave is at the right time". Another person told us, "They don't cook for me but they do make me cups of teas and get me drinks." A staff member told us, "Hydration can be so hard, so we try and encourage our clients to drink especially in the warm weather. Some clients we have to stay with them to ensure they eat and drink. One client we noticed that they were not eating or drinking, we spoke to their family and suggested that we stayed with the client whilst they ate, and it worked."

People were supported to access healthcare appointments when required and there was regular contact with health and social care professionals involved in their care if their health or support needs changed. A person we spoke with told us that staff supported them to attend medical appointments they said, "If they [staff] are with me when I need to go [medical appointments] or they help me to arrange it." Another person told us, "They [staff] take me to my medical appointment the same carer takes me she really good."

Is the service caring?

Our findings

People and relatives we spoke with all told us that they found staff to be caring and supportive. One person said, "They are friendly they make sure I'm ok they are so caring towards me. I would recommend them." Another person said, "Yes very caring, they ask me if I'm alright they are thoughtful, they seem genuine and just want to help me and they think about things that I might want that I haven't asked them for. Like the other day the carer said that my hand looked very dry and asked if I wanted cream, this is now in my notes for staff to check and remind me to put cream on. They really think out of the box, little things like that make a difference." A relative we spoke with told us, "They are very caring, they are always making sure that he is safe they make sure he is steady before he is moved they never make him feel uncomfortable."

A staff member we spoke with said, "I do a lot of the end of life care. I spend time talking to them, we know when to step back and give the family there time, at that point they cannot always communicate their needs so we are very careful in making them comfortable and demonstrating discretion whilst being caring and supportive."

People told us that the agency provided them with opportunities to express their views and be actively involved in making decisions about their care. People felt that they were listened to. One person said, "They are the kind of carers that you can sit down and talk to and they listen to you and take your opinion into account and sometimes they can advise you. If you are worried about anything they will talk it over with you, they are very helpful." Relatives we spoke with told us that their views were listened to by the provider. One relative said, "They always show an interest in what my husband has done throughout the day they have really nice conversations with him and ask him his views on things."

People told us that staff supported them to remain as independent as possible. One person said, "Staff help me to use the equipment at the gym they would put me on the equipment and allow me to do it myself." Another person said, "I'm very independent I like that and the staff help me to remain independent and do what I can." Staff we spoke with understood the importance of supporting people to maintain their independence as much as possible. One member of staff told us, "I always encourage our clients to do what they can. I make sure that I give them all the time they need but remain ready to assist them if they need it." The registered manager told us, "We assist two people to go to work. This promotes their independence and gives them freedom. They love their jobs. They really inspire other people." We noted that people's care plans documented what support people needed and what they could do on their own. For example a care plan documented for a person that required assistance with moving, what movements they could do on their own and what staff needed to do for them.

People's support plans were written in plain English to ensure that people could understand them. We saw that people and, where possible their relatives/advocates or other professionals, were involved in their care planning process and reviews. People confirmed that staff respected their privacy. Staff gave us examples of how they respected people's privacy and dignity, this included ensuring that people were covered with towels where possible when attending to their personal care, closing curtains and doors to ensure that people were not seen when undressed and where they had the authority to let themselves into a person's

house, respecting their privacy by still knocking on the front door and internal room doors before entering.

Is the service responsive?

Our findings

The registered manager told us that initial assessments were carried out in people's homes or in some instances at the hospital. We were told that initial assessments were important to establish that the service could meet the person's needs. The information gathered in the assessments was used to support people's care plan along with other information obtained from local authority, relatives and other professionals. A person told us, "Yes, the manager came round and asked what we wanted and the times that we needed them."

We saw that care plans contained details of people's history, likes and dislike and routines. Care plans were person-centred and written in plain English. People were involved in the assessment and reviews. One person said "Oh yes, the manager often asks me if I'm happy with the service I get and if I want anything changed, so I do feel really involve and my views are important and the manager makes me feel as though my views are important." The manager told us, "I see 50 per cent of our clients each month and the senior carer sees the other 50 per cent of our clients to check if everything is ok. We also send emails; telephone both clients and their families."

People that we spoke with told us that their interests were supported by staff, for example one person said, "They help me to get into the car and go to work and organise myself and get all the things that I need to go to work, they help me to get back into my car and home again. They turn up on time to do all of that." A staff member we spoke with said, "One of our clients asked to go swimming, we matched them with a carer that's a lifeguard."

Care plans reviewed showed that people were asked about gender specific care, where people had requested a specific gender to provide care and support this was adhered to by the service. People's support needs varied and included personal care, supporting in the community, companionship and supporting people to undertake activities. We saw that people's care plans were regularly reviewed and updated to reflect their current needs. We spoke with the registered manager about how they met people's ethnic and cultural needs. They told us they always asked people about specific needs when they undertook the initial assessment and this information would be included in their care plan.

People confirm that they were given documentation on how they could make a complaint if they were not happy with the service they had received. People stated that although they knew how to complain they had not had reason to. One person said, "I have never complained, but I do know how, they give me some literature about making a complaint." We noted that there had been no complaints recorded in the six months prior to the inspection. We saw that the provider had a complaints policy and procedure which was displayed in their office.

Is the service well-led?

Our findings

During our previous inspection in January 2016, we found that the provider had no formalised effective quality assurance systems in place to assess, monitor and drive improvements. We also found that the service did not have a process to seek the views of people and there had been no quality audits in relation to care records, the administration and management of medicines, infection control or health and safety. During this inspection we found that this had now been improved. The provider had recently sought the opinion of people who used the service by way of a survey. The results showed that people were happy with the service that they received. We saw that the provider was now undertaking regular audits which looked at the care and support they provided people with the aim of continuous improvement of the service.

The agency had a registered manager in place and the service was well-led. Their management structure consisted of a care manager, operational manager and a senior carer. The agency also had office staff that assisted in the smooth running of the service such as keeping the website up to date and providing administrative support.

People we spoke with knew who the manager was and mostly felt that the communication between the service and them was very good. When speaking of the service they received people comments included, "They are very good," and, "An excellent service it's really well run." People also stated, "They are very good, the service is excellent," and "They are very good, very kind and thoughtful," and, "The managers are really nice. I am kept informed". Some people told us that they would recommend the service to other people. Displayed on the information board in the office were numerous thank you cards from people who used the service.

Staff we spoke with felt that there was good leadership and that the office staff also provided good support to them as well as to the people who used the service. Staff all felt that the registered manager was open, transparent and honest and cared about people receiving good and safe care. Staff felt supported by the management team, and were aware of the individuals that made up the management team. Staff felt that they were a close knit team and supported each other to provide good and safe care. One staff member said, "We provide a good service to our clients. The reward is knowing that we helped the service user and their families as well. Staff told us that the philosophy of the service was to support people who used the service to live a full independent life as much as their capabilities allowed, whilst supporting them to make decisions that promote their wellbeing.

We saw that at least one senior staff was available to be contacted by staff or people throughout our inspection. The registered manager told us that where suitable, during staff meetings they discussed concerns or ideas with staff so that they could be used as a learning tool to improve the service. The provider had a system in place to record safeguarding, incidents and accidents and we saw that appropriate action had been taken in response to these. We also saw evidence that where necessary, the registered manager had sought advice and guidance from other professionals.