

Care Just 4U Limited

Care Just 4U

Inspection report

GF22 Harlow Enterprise Hub Kao Hockham Building
Edinburgh Way
Harlow
Essex
CM20 2NQ

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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

About the service: Care Just 4U is a domiciliary care agency providing personal care to people in their own homes. At the time of inspection, they were providing care to 22 people.

People's experience of using this service:

People appreciated receiving care from regular staff who were appropriately trained. People told us, "I have regular staff, they are all lovely. They are skilled and respectful" and, "Staff always turn up, no missed calls." One relative told us, "Staff are absolutely brilliant, we have the same staff, they are so good with my [relative]."

People and relatives using the service felt safe and said they would report any concerns to the registered manager, and were confident they would take the appropriate action. Staff wore uniform and carried photographic identification. New staff were introduced to people by regular staff, so they could be confident who was visiting.

Staff received an induction programme and training from appropriately qualified trainers. Supervision and observational supervision in the person's home were carried out by the registered manager or care co-ordinator to monitor the standard of practice.

Care plans were person-centred and contained risk assessments, providing staff with clear guidance for effective care delivery.

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

People were supported where necessary to take their medicines. Staff were trained in infection control procedures and were supplied with enough gloves and aprons to carry out their role safely to prevent cross infection.

Oversight of the service was undertaken by the registered manager and the care co-ordinator through working alongside staff and carrying out spot checks. This gave an opportunity for people and their relatives to speak directly to the management team.

Rating at last inspection: Good (published 5 April 2017)

Why we inspected: This was a scheduled comprehensive inspection.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Care Just 4U

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 Just 4U is a domiciliary care agency providing personal care for people living in their own homes.

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. For this service, the provider was also the registered manager.

Notice of inspection:

We gave a short notice period of the inspection because it is a small service and the manager is often out of the office supporting staff or providing care. We needed to be sure they would be in.

Inspection site visit activity started on 4 October 2019 and ended on 15 October 2019. We visited the office location on 7 October 2019 to see the manager and staff; and to review care records and policies and procedures.

What we did before the inspection:

Prior to inspection, we reviewed the information we held about the service, including notifications of events the service is required by law to send us. We checked records held at Companies House.

The provider completed a 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. The information provided by the provider was used to plan our inspection and considered when we made

judgement in this report.

During the inspection:

We spoke with the registered manager, care co-ordinator, four staff, three people who used the service and six relatives about their experience of the care provided.

We reviewed a range of records. This included four people's care records and medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection:

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one healthcare professional who regularly liaised with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training. Staff demonstrated a good knowledge of safeguarding and how to report an allegation of abuse.
- People and their relatives told us they felt safe using the service. One person said, "All staff are lovely, I feel safe with them." A relative commented that they felt their relative was safe with the staff. They told us, "I can go out shopping when staff are here. I have peace of mind."
- Safeguarding and whistle-blower policies and guidelines were in place.

Assessing risk, safety monitoring and management

- Risk assessments identified any environmental risks. Where necessary and if the person consented, the fire service was arranged to visit the person's home to advise on fire safety.
- Personal risk assessments were carried out including moving and handling. The care plan contained clear instructions for staff on how to minimise identified risks.
- People were involved in their care planning and reviews were undertaken to ensure the information was current.
- Spot checks were carried out by the registered manager which ensured continued safe practice and provided people with an opportunity to discuss any issues directly with management.

Staffing and recruitment

- There was enough staff to meet the needs of the people using the service. Staff told us visits were not rushed, and they had sufficient time to provide the care required.
- People and relatives appreciated the continuity of staff. One relative said, "We know who is coming, we have the same carers. We can't fault them." Another commented, "Staff always turn up within a window period. [Relative] has a lot of carers because they visit four times a day, but they are the same staff." One person told us, "I'm very happy with the service. Staff always turn up, no missed calls."
- Safe staff recruitment processes were in place and the necessary checks made to ensure staff were suitable to work with vulnerable people.
- Staff wore uniform and carried photographic identification (ID) badges. New staff were always introduced to people. One person said, "I get regular staff. If someone new is coming, perhaps to cover holidays, the regular staff always bring the new staff member to introduce them to me, so I know who they are when they call."

Using medicines safely

- People who required assistance with medicines were supported by staff to take their medicines safely.
- Medicines policy was in place and monthly quality assurance audits were carried out.

- Staff had received training in medicine administration and competency observations completed.
- Medicine records checked showed people had taken their medicines as prescribed.

Preventing and controlling infection

- Staff had received infection control training and were aware of how to minimise the risk of cross infection.
- Personal protective equipment (PPE) such as gloves and aprons were available to staff.

Learning lessons when things go wrong

- Any incident or concerns were analysed, and lessons learned were shared with relevant personnel. Any learning outcomes relating to care provision were discussed with the staff at meetings.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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

- People were assessed holistically for their physical, mental and social care needs. The registered manager carried out the initial assessment and discussed the required care package with the person and their family.
- The registered manager told us that people were given a choice of staff gender where possible.
- People appreciated receiving care from the same staff members. One staff told us, "That's what I like about this company, the registered manager makes sure staff go to the same people."

Staff support: induction, training, skills and experience

- New staff received an induction with formal training on the mandatory subjects, for example moving and handling. Staff completed the Care Certificate, which is an identified minimum set of standards that sets out the knowledge and skills expected for specific job roles in health and social care.
- Staff received regular refresher training from appropriately qualified trainers. Additional training in subjects such as end of life, epilepsy and Parkinson's disease provided a broader range of staff knowledge. Staff told us, "The lessons came across well and there was time to ask questions." Another said, "The training is good, and we are encouraged to learn."
- Supervisions and appraisals were conducted.

Supporting people to eat and drink enough to maintain a balanced diet

- Nutritional and hydration risks assessments were included in the care plan.
- People were supported to eat and drink. One relative said, "Staff help get their (relative) food and always wash-up, leaving it clean. I would like them to provide more variety and I will speak with [registered manager named]. They told us they were confident the registered manager would listen and support their request."
- How people took their meals and the actions required by the staff to support people, were clearly shown in the care plans.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- The service works closely with health and social care services. One professional told us, "The manager was engaging and supportive with one person and their family whom we referred to them. No issues with the service."
- Staff had knowledge of how to refer people to health care professionals if required. They told us, "I would be confident to ring the GP if the person was unwell, or 999 in the event of an emergency." Another staff member said, "I would always ring the office if there were any concerns, but I wouldn't hesitate to call the GP or emergency services if I needed to."

- Care plans demonstrated people received visits and care from other agencies including the community nurses, GP and specialist nurse practitioners.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Mental capacity was assessed for each person. The service had no Court of Protection authorisation requirements at the time of the visit.
- Care plans demonstrated that capacity was assessed for people to make own choice decisions about care needs. Consent to care and support sections were signed by the person themselves or their advocate in the care plan. Advocacy seeks to ensure people have their voice heard on issues that are important to them.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Care plans were person-centred. Staff knew the needs of each person in their care and commented that the care plans were informative and provided adequate guidance. One staff member told us, "Care plans are easy to follow. They are clear and helpful to enable us to do our work effectively."
- Staff spoke with compassion about the people they cared for. One staff member told us, "I enjoy providing care and talking to people. Some people really look forward to us visiting." A person said, "Staff are skilled and respectful." Another commented, "I'm very happy with the service."

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

- People and relatives were invited to complete satisfaction surveys. One read, "Completely satisfied, excellent", others said, "Regular staff [named staff] arrived on time most days, all staff are lovely", "Satisfied with the overall service, excellent and would recommend them."
- The registered manager conducted telephone interviews periodically with people and relatives to gain feedback on service quality. Outcomes of call recorded said, "Happy with the care being provided", "They are really nice" and, "I am happy with how [relative] is being looked after."
- Care plans were person-centred. People and relatives confirmed that reviews of care plans took place and they were involved.
- The registered manager visited people in their homes. One person told us, "The registered manager has come on two occasions and asked for our feedback on the service."

Respecting and promoting people's privacy, dignity and independence

- Care plans documented how independence could be promoted.
- A section of the care plan focused on 'My View' which related to own choices and decisions. Assessments were based on first asking the person using the service what they wanted and then for the assessor to document how to manage that request. One person told us, "Staff are skilled and respectful. I am always given choice when they come to provide care."
- The service was flexible to meet the day to day needs of the people and to promote independence. One person said, "I have cancelled sometimes when I have family here, and that wasn't a problem for them."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person-centred and provided staff with guidance on how to care for the people using the service. People were supported to make choices.
- Care plans identified the person's personal and social history as well as likes and dislikes.
- Assessments in care plans identified cultural, religious and spiritual needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's choice of communication was recognised. This was documented in the care plan, with instructions for staff such as when the person wore hearing aids and the importance of reducing environmental noise to aid communication.
- Staff recognised the importance of understanding the individual in relation to communication. One staff member told us, "We have the same people to visit. This is important for people with dementia as they don't like change. We build up a nice rapport with them."

Improving care quality in response to complaints or concerns

- People's concerns and complaints were dealt with. There was a complaints policy and processes had been followed.
- Service User Guide detailed how to make a complaint and people and relatives told us they would make a complaint if needed and were confident it would be dealt with appropriately.

End of life care and support

- The service had an end of life policy and guidance in place.
- If people wished to discuss end of life plans, this was recorded in the care plan.
- Where appropriate care plans had decisions taken for 'Do not attempt cardiopulmonary resuscitation' (DNACPR). This is a way of recording a decision a person or others on their behalf had made that they would not be resuscitated in the event of a sudden cardiac collapse.
- The registered manager told us how they worked closely with the family when a person is receiving end of life care. One staff member said, "We are very good at palliative care. We support the family as it is very hard for them to deal with. Sometimes you just have to spend time to listen to them."
- Staff received end of life training which also included supporting the family. The registered manager told us

this was important and to support staff as well, as they become attached to the people they care for.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager spoke with enthusiasm and passion when talking about the service. They created an open culture and staff spoken with told us the registered manager was approachable. One staff member said, "The registered manager treats us with respect." Another said, "We are all treated the same. Even though I am part time, I have the same opportunities."
- Quality Audits were carried out by the registered manager or care co-ordinator through spot checks which provided oversight of the service. This gave people an opportunity to speak directly to the registered manager.
- Regular reviews of care plan enabled people and their relatives to be engaged in the planning of care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider/registered manager understood duty of candour. They were aware of their obligation to complete statutory notifications as required to meet with legislation and regulations.
- Complaints and concerns were approached in a positive manner and dealt with appropriately.
- The directors and registered manager had regular meetings to discuss service performance.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was hands-on and worked alongside staff. Observational supervisions were undertaken during those visits to ensure staff were performing to the required standard and to ascertain if any further training was required.
- Staff spoken with were aware of their responsibilities and all were confident in their role. They felt supported and told us, "Staff in the office always know what goes on and we will report back any changes" and, "The registered manager is very supportive and promotes continued improvement of our skills. I feel appreciated."
- Staff spoke about their role. One staff member said, "It has to be in you to do this job. I have got it in me, I enjoy it." Another said, "I like care, so enjoy talking with people, showing compassion and empathy."

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

- People and their relatives were involved in the care provided through regular reviews of their care plans.

One relative told us the needs of their relative had changed and this was discussed with the registered manager at the review.

- Quality assurance surveys were sent out for people and relatives to complete. Telephone audits were undertaken when people could express their views of the service.
- Staff meetings were held. One staff member told us, "Staff meetings are very informative, we can make suggestions and we are listened to."

Continuous learning and improving care

- The registered manager spoke of the importance of training and sharing lessons learned with staff when situations arose.
- The service provided staff with the Skills for Care code of practice as guidance to standards to adhere to.
- The service was registered with the United Kingdom Homecare Association (UKHCA). This was used as a resource for changes in practices and ensuring management knowledge remained current.

Working in partnership with others

- The service worked closely with the GP surgery, community nurses and specialist advisers such as occupational therapists, Parkinson's specialist advisor and stoma care specialist nurse.
- The service worked in partnership with the local health authority and continuing healthcare team.