

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Carers 4 U Ltd

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Requirements relating to workers ✓ Met this standard

Records ✓ Met this standard

Details about this location

Registered Provider	Carers 4 U Ltd
Registered Manager	Mrs. Pauline Cooper
Overview of the service	Carers 4 U Ltd. is a domiciliary care service providing care to people in their own home. The service operates from an office in Erith, Kent.
Type of service	Domiciliary care service
Regulated activity	Personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 16 May 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

We spoke with people who use the services, their relatives and representatives. People we spoke with were very happy with the care provided to them. One person said, "I get more than I expect and I would feel unsafe if they weren't there." One representative we spoke with said, "Cares 4 U should be commended for the care they provide. They provide the best person-centred care that I am aware of." Another relative we spoke with said, "they keep me informed of any changes in care planning." Staff we spoke with felt well supported. One staff member said, "It is a very good company to work for." Another staff member said, "they are wonderful. They look after the clients and their workers."

We found that people and their relatives were involved in the development of their care plan. Staff were suitably supported, received appropriate training and underwent suitable checks before commencement of their employment. Care plans were stored securely and were mostly up to date.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected and their and their representative's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People could express their views and were involved in making decisions about their care and support. People who used the services had a care plan. The sample of care plans we looked at had been developed with input from the people using the service or their relatives. The care plans outlined people's likes and dislikes and their requirements. Relatives and representatives of some people using the service we spoke with told us that they were involved in their family member or client's care and that the provider kept them well informed and discussed any changes with them.

People could express their views and were involved in making decisions about their care and support. People who used the services had a care plan. The sample of care plans we looked at had been developed with input from the people using the service or their relatives. The care plans outlined people's likes and dislikes and their requirements. For example, they included details like their social and cultural activities, and places they liked visiting.

The manager or care co-ordinator discussed these needs and undertook risk assessments at the initial meeting and developed the initial plans based on these needs. Relatives and representatives of some people using the service we spoke with told us that they were involved in their family member or client's care. One person said, "the provider keeps me well informed," and discussed changes with them. For example in one case where the person's blood sugar had to be monitored the provider ensured that all concerned staff and others were aware of the need and the representative had been kept informed. In another case the relative said staff had given them a call on various occasions to keep them informed about the person they cared for's health needs. One person we spoke with said, "they discuss with me my needs and respect my independence and privacy".

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care was planned and delivered in line with their individual care plan. The manager or care co-ordinator undertook care assessments to ensure the needs of people were appropriately assessed prior to commencement of the care package. Relevant care planning information included details of the person using the service, contact details and frequency and duration of visits. It also included for example, physical health, underlying medical conditions, past injuries and disabilities and social and cultural needs.

In the care plans that we examined we found that appropriate risks had been assessed for each person using the service. Senior staff and people and representatives we spoke with told us the care was reviewed at regular intervals. Staff we spoke with told us that they were required to update themselves with care plan details before supporting the person and also check the plan on a daily basis to ensure no change had happened in their absence. This enabled them to be aware of the needs and care requirements of the people. One representative we spoke with said the manager or care co-ordinator called everyday from the office to check if daily blood tests as required had been undertaken.

Care and support was planned and delivered in a way that ensured people's safety and welfare. The manager and the staff we spoke with told us that the visits were planned and usually the locations covered by a staff member were within close proximity of each other. Mostly the same group of staff cared for the same people on an ongoing basis to ensure continuity in the care being provided. One representative we spoke with said the provider had ensured their client's complex care needs were understood by all the carers providing care and over time they had developed a pool of carers who were best suited to manage those complex needs and with whom the client felt more comfortable.

Staff we spoke with knew how to respond in the event of a medical emergency. They were aware of protocols to follow and action to take in case there was no response at the home they were visiting for their scheduled visit. This demonstrated that staff provided care that ensured people's welfare and protected them from unsafe care.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People using the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider offered yearly safeguarding of vulnerable adult (SOVA) training. The provider submitted data on the training updates received by staff which involved completing online modules. The provider may like to note that 11 of 24 staff had not completed their training updates. However, staff members we spoke with were able to explain to us what constituted abuse and what they would do if they suspected abuse. They demonstrated an understanding of various types of abuse, including psychological, emotional and physical abuse. They could tell us how they would manage a safeguarding situation if they noticed it, including supporting the person and ensuring they were safe. They were aware of the procedures and whom to contact internally within the agency and external organisations should the need arise.

The service had policies on safeguarding of vulnerable adults, whistle blowing and making complaints. Staff we spoke with were confident of the protocols and were aware of the content of the policies. People, relatives and representatives we spoke with said they were confident in the training and ability of the carers. One person we spoke with said, "I would feel unsafe if they weren't there."

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place. The provider had a recruitment and selection policy that outlined the procedures in place for recruitment of staff. We reviewed the files of five members of staff. There was a record of proof of identity in the form of passport, and a recent photograph, at the time of interview, had been obtained. We found that in all but one case the agency had received back two completed references for each person which contained information about the person's character and suitability for the role.

Appropriate checks were undertaken before staff began work. All staff had a criminal records check before being employed. Staff were required to complete an induction and familiarise themselves with the staff handbook that included important policies and protocols. Staff we spoke told us their induction was useful and had included manual handling training and safeguarding training. Staff we spoke with told us that they were required to shadow a visit and the provider obtained feedback from them, the carer they had shadowed and the people they provided care for before allowing them to work on their own.

People who used the service or their relatives whom we spoke with said they found the staff very caring and knowledgeable. They told us they had no concerns about the suitability of staff.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

The care plans we looked at showed evidence of involvement of people who used the service or their representatives in planning their care. Staff told us they found the care plans to reflect the needs of people they worked with. Staff files and people's care plans were stored securely and were promptly located at inspection. Staff we spoke with were aware of any changes in people's needs but the provider may like to note that these changes had not all been documented in the care plan in a timely manner.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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