

Care4Less Limited

# Care4Less 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?        | Requires Improvement ● |

# Summary of findings

## Overall summary

### About the service:

Care4Less Limited is a domiciliary care agency. It provides personal care to people living in their own homes in the community. At the time of the inspection they were supporting two people. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

### What life is like for people using this service:

People told us that they felt safe using the service and staff were confident that any concerns would be dealt with appropriately. Staff followed infection control guidance and had access to personal protective equipment. People received their medicine as prescribed. Effective risk assessments and management plans ensured people were supported to manage risks in their daily lives.

Care staff had the skills, knowledge and support required to meet people's needs. People consent was sought before staff provided care and staff understood the principles of the Mental Capacity Act.

People received support from care staff that were of a caring nature. People who used the service told us that staff were kind and caring and treated them with dignity and respect. People had regular care staff who knew how they liked to be supported.

The provider had a system in place for responding to complaints. People's concerns had been considered and responded to in a timely way following the service's procedure.

People and their relative were satisfied with the service they received. Regular monitoring and auditing of care records and practice helped to maintain the quality and values of the service people received. Improvements were needed to systems for monitoring of care calls and to some procedures and records. As the service was small this had not had any impact on people. The registered manager was receptive to this feedback and keen to continuously improve.

More information is in Detailed Findings below.

Why we inspected: This was the first inspection following the service registering in June 2018.

Follow up: The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning information about the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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?

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 not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

# Care4Less 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 as part of our regulatory functions. This inspection checked 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.

Inspection team: This consisted of one inspector.

Service and service type: Care4Less Limited is a domiciliary care agency. It provides personal care to people living in their own homes in the community. At the time of this inspection there were two people who received a regulated activity. 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 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure they would be in.

What we did: Before our inspection visit, the provider completed a Provider Information Return (PIR) 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. We also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law. We used all this information to plan our inspection.

During the inspection, we contacted two people using the service and one relative to get their feedback. We also spoke with three care staff and the registered manager. The provider also employed the services of a care consultant, they were present during our visit to the agency's office. We reviewed a range of records. This included two people's care records, staff records, audits and records related to the management of the service.

# Is the service safe?

## Our findings

Safe – this means 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; Assessing risk, safety monitoring and management:

- People confirmed they felt safe with the staff that supported them. One person told us, "I feel safe with them."
- The provider had safeguarding systems in place and all the staff we spoke with had a good understanding of their responsibilities to ensure people were protected from harm and abuse. Staff received safeguarding training.
- Staff we spoke with could tell us about people's individual risks and described how they supported them to keep them safe.
- Internal and external environmental risk assessments had been completed and covered areas including lighting, gaining access and gas and electrical appliances.

Using medicines safely

- People who had support with medicines had been assessed to determine the level of support they needed.
- We looked at some Medicine Administration Records (MARS). Records indicated people received their medicine as prescribed. For instance, where a person required topical (cream) medicine, there was a detailed description and body map in place to direct staff. This was good practice.
- Staff had received appropriate training in medicines and regular spot checks ensured their skills remained up to date. NICE recommends that annual staff competency assessment in medicine administration should be carried out. The registered manager agreed to introduce these.

Staffing and recruitment

- We discussed staffing levels with the registered manager. She explained that at the time of the inspection the service provided personal care to two people and she personally provided some of the care along with the three care staff employed.
- All the staff we spoke with told us that sufficient numbers of staff were employed to cover the care calls and meet people's care needs.
- People we spoke with confirmed that staff had not missed any of their care calls. One person told us, "Staff turn up when they are supposed to." A relative told us, "Always on time, if going to be late such as in bad weather they ring mum to let her know".
- The provider followed safe recruitment procedures to ensure staff were suitable to work with people who used the service.

Preventing and controlling infection

- The provider had effective infection prevention and control systems and practices in place. Care staff

received infection control training.

- People told us that staff wore gloves and aprons when helping with personal care.

Learning lessons when things go wrong

- The registered manager told us they would review any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence. Due to the small size of the service there had not been any significant incidents.
- Staff we spoke with were aware of how to report any issues or concerns.

# Is the service effective?

## Our findings

Effective – this means 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 and support plans had been completed which described the needs the person had and how they preferred them to be met. The protected characteristics of the Equality Act was also considered as part of the assessment process to ensure the service people received considered their equality needs.
- Staff knew people's individual circumstances, routines and general support needs.

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.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions or such authorisations were being met. There was no one within the service who had an order from the Court of Protection.
- Care staff received training in the MCA. Staff told us they gained verbal consent before undertaking any support and people we spoke with confirmed this.

Staff skills, knowledge and experience

- People confirmed that staff had the correct skills to support them with their personal care needs.
- Staff received induction training when they started working for the service. This including working alongside more experienced staff.
- There was a training matrix in place so that management were clear on who had attended training and which training was due. Appropriate training was being provided for care staff that was appropriate to their role.
- Where appropriate, care staff completed the care certificate. The certificate is an identified minimum set of standards for staff who are new to care work.
- Staff received regular support and supervision which allowed them to raise any concerns and issues and look at their professional development.

Supporting people to eat and drink enough with choice in a balanced diet; Healthcare needs

- People's dietary needs and the level of support they needed was recorded in their care plans, including the support that relatives provided. At the time of the inspection no one was identified as nutritionally at risk or in need of a modified diet, such as pureed or thickened fluids. One person had an allergy to certain foods and staff we spoke with were aware of this.

- Staff recorded the support they provided with people's food and drinks including any concerns.
- We found where people needed access to health care support that care staff could explain the actions they would take in an emergency. For example, contacting a doctor and calling an ambulance in an emergency.
- Care staff told us that if an emergency arose where they needed to call for an ambulance they would wait with the person until the ambulance had arrived.



# Is the service caring?

## Our findings

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

The service involved and treated people with compassion, kindness, dignity and respect.

Ensuring people are well treated and supported

- People spoke positively about the kind and caring nature of staff that supported them. One person told us, "Oh yes, they are very caring."
- People had regular care staff which helped to develop positive relationships. One person told us, "I get the same carers."
- Staff were positive in the way they spoke about the people they cared for and demonstrated a caring attitude.

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

- We reviewed care plans and care records and found evidence people had been fully involved in expressing their views about the care they received. People could make their own decisions and express their preferences.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and dignity and encouraged them to be as independent as they could be.
- Care staff completed dignity and respect training. This meant that care staff would know how to support people respectfully.
- Staff gave us examples of how they ensured they respected people's privacy, dignity and independence when providing support. One member of staff told us they constantly checked with the person to ensure they were happy with how care was being provided.
- People's right to confidentiality was respected and protected appropriately in accordance with General Data Protection Regulation (GDPR). We saw that people's confidential private information was respected and kept secure.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs.

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

### Personalised care

- People received care that was person centred and responsive to their needs. Regular reviews had been completed and care plans updated to reflect any changes. People's care records included information about their preferences and wishes to ensure support was provided in the way the person valued.
- One person told us, "There were initial issues with call times, but this was all resolved and sorted- was some time ago."
- Staff had received training around equality, diversity and human rights and it was expected that they would not discriminate against anyone.
- We looked at how the provider complied with the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given.
- The registered manager told us that where needed, information was always verbally explained to people. Information would also be made available in large print if required.

### Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and we were informed by the registered manager that a copy was given to people when they started using the service. No formal complaints had been received. A record was kept of any concerns received.
- People's concerns had been considered and responded to in a timely way following the service's procedure. One relative told us, "I have not raised any complaints, just a concern re call times which were too early and were resolved."

### End of life care and support

- The registered manager told us they were not providing end of life care to anyone. They were aware of their duties to support people if the need for end of life planning arose and told us they would liaise with relevant healthcare professionals.

# Is the service well-led?

## Our findings

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

Service management and leadership did not consistently assure high quality care.

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

- Staff rotas were available that showed which staff were allocated to work with people, however the rotas did not record any of the call times. The registered manager told us she would ensure this was addressed.
- The registered manager had close oversight of the service as they were often out providing care calls alongside other staff. However, one person had stated they had received a care call that was of short duration. We identified there was no formal system in place for the monitoring of call times to include they had taken place, the duration and any late calls. The registered manager was receptive to this feedback and keen to continuously improve. They told us that as the service grew they intended to introduce call monitoring systems.
- The service had a business continuity plan which sought to manage the potential for events that might stop the business operating safely. This needed development to include detailed procedures for adverse weather conditions that may impede staff getting to their care calls. This was important as we were informed that the staff currently employed did not live close to the people they supported.
- Regular audits of care records and practice had been undertaken, any actions identified had been addressed.
- The registered manager completed spot checks of individual carer practice to ensure they provided support in the agreed way.
- Throughout the inspection the registered manager was available and able to respond to all our queries.
- The registered manager was aware of their registration requirements regarding statutory notifications.
- People using the service spoke positively about how the service was managed and the support they received.
- There was a clear commitment to providing high-quality person-centred care and support which respected the diverse needs of the people the service supported.

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

- Regular staff meetings ensured the values of the organisation were reinforced.
- Care staff had opportunities to raise any issues for discussion with the management team, and said they felt they could do this at any time.
- The provider sought people's and their relatives' views about the service on the level of care they received and what improvements could be made. This included telephone calls to people and written surveys were sent out to people who used the service. The feedback we viewed were positive in content. A relative told us,

"I've had calls from the office to check I am happy with the service." They also told us, "Communication is good."

Working in partnership with others

- The registered manager told us how they worked closely with health professionals such as District Nurses.
- Commissioners from the local authority had previously identified areas where improvement was needed. This included areas such as recruitment procedures and spot checks of staff. The registered manager had taken account of this feedback and made improvements.