

Desired Care 4 U Limited

# Desired Care 4 U 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

### About the service

Desired Care 4 U is a domiciliary care service providing a service to people living in their own home. This announced inspection took place on 30 November 2021. We gave the provider 24 hours' notice that we would be visiting the service because we wanted to make sure staff and people would be available for us to speak with. At the time of the inspection there were forty eight people using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care.

### People's experience of using this service and what we found

There was a recruitment process which ensured staff were recruited safely. However, we found the process did not always ensure work related references were verified when they had been provided via a personal e-mail address. The registered manager addressed this issue during the inspection to ensure the reference process was robust and references were obtained from suitable referees.

Staff received training to ensure they had the skills and knowledge to support people safely, this included safeguarding vulnerable adults. Staff knew what action to take if they identified any safety concerns during their work. 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. Staff told us they received regular, supportive supervisions.

Risks to individuals were identified and action was taken to reduce risks. Medicines were managed and monitored to ensure they were given safely and as prescribed. Care staff followed the medication procedure and received training and monitoring.

We found on the whole people received support from the same staff members to ensure they received continuity of care. This provided people with the opportunity to build positive relationships and trust. People told us they were supported by a staff team who showed them kindness and respect.

The management and care team ensured they supported people in a person-centred way to reflect people's equality and diverse needs. People told us that where possible, there was flexibility when attending calls in response to people's individual's requests and needs.

We saw evidence that care calls were scheduled to ensure there was enough time for staff to travel between calls. The registered manager told us they would only accept new packages of care if they were able to provide staffing to meet the individual's needs safely.

People's needs were regularly reviewed to ensure the care provided was up to date. Care plans included information to ensure people's communication needs were understood. Staff were deployed accordingly to meet people's preferred choice of language. This meant people were able to communicate effectively with staff members, ensuring their needs and wishes were met. The registered manager and staff team were

committed to ensuring there was no discrimination relating to staff or people in the service.

The quality of care provided was continually assessed, reviewed and improved. People using the service, relatives and staff were given the opportunity to provide feedback.. Audits took place to ensure the quality of the service was maintained.

The service worked well with health and other professionals to ensure people's needs were met.

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

Rating at last inspection:

The last rating for this service was Good (published 09 November 2018). At this inspection we found the service remained Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

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.

## 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 ●

# Desired Care 4 U 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and supported by Experts by Experience to make telephone calls to people using their service and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who had worked with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider completed a provider information return. 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 used all of this information to plan our inspection.

#### During the inspection

We received feedback from eight people who used the service and six family members. We also spoke with 10 members of staff including the registered manager, deputy manager, administrator and care staff. We reviewed a range of records, his included; care records and risk assessments, three staff files to check safe recruitment was followed. We also looked at a variety of records relating to the management of the service, including policies and procedures, training and quality audits.

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 people who used 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.

### Assessing risk, safety monitoring and management

- Care plans were detailed and risk assessments were completed around each person's individual support needs. However, one care plan did not include details of the correct sling setting. Staff could tell us the correct setting to use and there had been no incidents in relation to this. The registered manager rectified this during the inspection. Staff had a very good understanding of people's needs and risks.
- Care plans and risk assessments were updated following changes to people's needs. People we spoke with told us they had regular reviews and their care plans were updated.
- Health professionals were always contacted in a timely way to ensure people received appropriate support and treatment.
- Systems were in place for all accidents and incidents to be reviewed. The registered manager monitored any incidents to identify patterns and trends. Action was then taken to reduce recurring incidents.

### Using medicines safely

- Records showed medicines were managed safely except for two 'as required' medication protocols which did not include information about the maximum dose to be given in a 24-hour period, or the required gap between administration of each dose. However, the electronic planning system made staff aware of the correct gap between each dose and maximum dosage in 24 hours. The protocols were amended during the inspection.
- Staff understood their responsibilities in relation to medicine management. Staff told us, and records confirmed, they received medicines training which was on-going. Staff regularly had their competency assessed to ensure they followed safe medicine practices.

### Staffing and recruitment

- Pre-employment checks were carried out to ensure staff were suitable for the role. This included full Disclosure and Barring Service (DBS), work history checks and references.
- People told us they received support from regular carers who knew them. However on occasions, due to staff absences people told us they were supported by different carers.

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

- People, relatives and staff members all told us people were kept safe. A relative told us, "I watch them and see how they handle him, and they are really good." People told us they felt safe and if they had any concerns they knew who to contact.
- Staff completed safeguarding training, understood their responsibilities and how to report concerns. A staff member said, "If I had any safeguarding concerns I would whistleblow to [Name] the registered manager

and it would be documented by me and them. If I was still not happy, I would contact the safeguarding team myself."

- One person told us, "They [carers] never miss a call, if they are late, they apologise to me. If they are going to be late the manager phones me, but I don't mind as long as they come."

#### Preventing and controlling infection

- Staff received training in infection control and were able to tell us the correct and safe use of equipment. Staff told us personal protective equipment (PPE) was available and we saw staff had access to a good supply of PPE. All of the people we spoke with told us staff always wore PPE.

- Risk assessments were in place for those who were at greater risk from COVID-19. The provider had up to date policies and procedures..

- All staff participated in weekly COVID-19 testing which the registered manager monitored.

- A booking system ensured they had limited staff members attending the office to reduce the potential of cross infection. The office layout meant that staff could socially distance whilst at work.

#### Learning lessons when things go wrong

- There was a system to review accidents and incidents. The registered manager maintained an action plan to ensure actions were taken to reduce the potential of recurring incidents and to help improve the service.

- Staff understood their responsibilities to raise concerns. They told us the management team would listen to them and felt any concerns would be acted on and dealt with appropriately.



# 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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager had a system to monitor people's food and fluid intake when needed. Staff understood their responsibilities to ensure people received their correct dietary needs.
- People were supported to maintain a healthy, balanced diet and given choices at mealtimes which reflected their personal and cultural preferences.

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

- Staff members supported people to access healthcare professionals such as the GP, district nurses and occupational therapist. This enabled people to have their health needs met by external professionals. Records demonstrated health professionals were contacted in a timely way.
- People told us that staff contacted the emergency services if they had been unwell. One person told us, "The carer came to see me, and I became unwell and went out like a light, and she [carer] stayed with me and rang the ambulance for me. She [carer] saved my life." We received consistent feedback that people had never had any missed calls and if carers were going to be late they were contacted.
- Staff monitored people's oral care to ensure their teeth and mouth were kept as healthy as possible.

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

- People's needs were assessed prior to their care package commencing to ensure the service was able to meet the persons needs and wishes. The deputy manager told us, "We do not take new people on if we can't meet their needs and the times they request. We look at this during the assessment, I would rather say no to the package than let someone down. I have a duty of care to make sure their wishes are met."
- Assessments were used to develop person centred care plans and risk assessments. One person told us, "They [management] came to the flat and asked what I needed."
- People's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included needs in relation to gender, age, culture, religion, ethnicity and disability.

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 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.

- Staff received training in MCA and told us about the core principles of the MCA and how this was used when supporting people.
- Staff understood they needed to ensure any decisions made were in line with the person's best interests and was the least restrictive way. Records confirmed people were supported with their best interests and safety in mind.

Staff support: induction, training, skills and experience

- Staff received training that was relevant to their roles and to the specific needs of the people they supported. Records and feedback from staff supported this.
- Staff were encouraged to undertake further qualifications and progress in their roles. This included dignity champions. The recruitment and training officer was completing an additional qualification to support staff with their training and development. He told us, "I want to support the staff and I want to help them to achieve their goals and develop."
- Staff had an induction and completed the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff gave positive feedback about their induction and that they had enough time to get to know people they supported. One staff member told us, "I had two and a half weeks training with [Name] training co-ordinator and shadowing other team members for two days. I was happy with this as I have previous care experience, and on the third day I started to work without shadowing."
- Staff told us they felt the training was suitable and enabled them to support people safely and effectively. Staff clearly knew people and their needs well.

# 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 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

- Management and staff spoke enthusiastically about ensuring people were treated as equals whilst recognising their diverse needs and wishes. The management team ensured they matched staff members who could speak people's preferred language. One staff member told us, "I support people who speak Punjabi, Hindi and Urdu as well as English." This meant people were able to communicate their needs and wishes.
- People told us the staff members all showed them respect and compassion. One person told us, "Although they [carers] are only here for half hour, they will take a few minutes to stay and have a chat. There is one carer who is so nice, nothing is too much trouble she asks me what I did yesterday and what I am doing today."
- People's records included details of life histories, wishes and preferences. This provided staff with the information they needed to ensure they supported people with a personalised care approach.
- Staff told us they had enough time to provide the support people required, and we saw evidence that calls times were suitably spaced with adequate time to travel. One staff member told us what they enjoyed most about their job, "I enjoy going out to different people who require assistance in various ways. I like meeting and helping them and making a difference not matter how small."

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

- People and their relatives were encouraged to express their views and where possible, make decisions about their care. One person told us, "They [carers] involve us and if there are any changes or suggestions, they speak to us first. The manager told me if anything changes to let her know straight away."
- We saw evidence that feedback was gathered through care reviews and feedback forms and most people we spoke with confirmed this. The information gathered was used to generate an action plan to drive improvements for people using the service.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. Staff members told us how they worked with people to build their confidence and help them to maintain as much independence as possible. One person told us, "Keeping my independence for as long as possible was my main concern. They [carers] help me to stay independent."
- Staff spoke passionately about their roles and were committed to supporting people to receive the best possible care.
- People's preferences about how they wanted their care to be provided were detailed in person-centred care plans. One person told us, "They always ask me first before doing anything and ask if there is anything

else I need." Another person told us, "They are very good about everything, and they never tell me what to do, I am own person. They are all I have, they do light jobs for me, we discuss what is happening in the world it is just like friends dropping in."

- Staff received equality and diversity training and knew people's needs well.

# 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 now 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

- People and relatives told us they were involved in reviewing care and making decisions about their care and support. People told us staff members gave them choice and involved them in decision making.
- Care plans contained information regarding their personal preferences, their life history, and people who were involved with their care. This meant staff had up to date information and what was important to people. Care plans were available in people's homes to refer to and staff accessed people's records via the electronic app system.
- People told us they were provided with personalised care and support which was responsive to their needs. They told us the managers tried to accommodate their requests.

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.

- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). Information could be made available to people in different formats including easy read documents.
- There was evidence that staff adapted their techniques to ensure they communicated effectively with each person. This also included where required, providing staff members who spoke the person's preferred language.
- The registered manager told us they planned to start writing care plans in people's preferred language as they had identified this would be beneficial for people who use the service.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure which was accessible. The registered manager had a register of complaints which included actions they had taken in response to the concerns raised.
- Staff members could tell us what they should do if a person raised a concern or complaint to ensure it was dealt with appropriately.
- People and relatives told us they knew how to raise concerns and felt they would be listened to. One person told us, "I would ring the main office, I have their number. The manager rang me yesterday to see if I am happy with my care. She told me to ring her if I am ever not happy, but up to now they have done

everything I need."

#### End of life care and support

- One person was receiving end of life care at the time of the inspection. We saw that people's choices and preferences for end of life care had been taken into consideration. This included people's religious and cultural beliefs.
- We saw that staff members had received training in end of life care. This meant they were able to support people with dignity and compassion.

# 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.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, their relatives and staff were given the opportunity to give feedback on the service and support they received. This provided them with the opportunity to express their views and opinions, knowing they would be listened to.
- A relative told us, "If there are any issues, they [management] call me. I get on great with everyone in the office."
- Where requested or needed, the staff members communicated with external professionals on behalf of people. This evidenced partnership working between the staff team and external professionals to enable positive outcomes for people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The staff and registered manager supported people in a person centred way. Each person's care plan was individualised and focused on their abilities and desired outcomes, which had been discussed with them or their representative.
- Staff felt supported by the management team and were able to be involved by making suggestions for improvements within the service. One staff member told us, "They [management team] are friendly. They provide us with training and support. They are good, and we can always phone them. They listen to us if we have concerns and we have meetings and supervisions every month."
- We saw documentation to demonstrate the management and senior team carried out spot checks and competency assessments on staff members. This meant the registered manager could be confident the staff team provided good care and support. A person using the service told us, "I know the managers, they both ring me on a weekly basis to see if anything is ok. They come to visit me occasionally and check the staff and see if the folder is up to date."
- Staff knew about the whistleblowing policy and action they would take if they had concerns. Staff members told us they knew their concerns would be acted on by the registered manager, however, they told us they knew who to contact if they were not happy with the registered managers actions.

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

- Staff told us they understood their responsibilities and what was expected of them. They told us they attended team meetings and received monthly supervision. Staff members told us this gave them the opportunity to discuss any concerns they had, any learning and development needs and the opportunity to plan ahead. One staff member told us, "I have only worked here a short time but after two weeks I had a supervision to ask how I was getting on. I had lovely feedback from the clients which was lovely."
- The registered manager was clear about events they were required to notify CQC of, this was in line with their legal responsibilities.

#### Continuous learning and improving care

- Audits were used to identify areas of improvement and an action plan developed in response This was updated at least monthly or sooner if things changed.
- The management team told us they accessed support from a range of external health care professionals to support people with their needs and records demonstrated this.
- The registered manager encouraged and supported staff to develop their skills and knowledge to support their progression.
- During the inspection the management team were very responsive to the things we found and discussed with them and addressed them immediately.

#### 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 registered manager understood their responsibilities in relation to the duty of candour regulation and was able to discuss how they would meet this requirement.
- The registered manager kept a complaint register and we saw that any concerns which were raised were addressed to resolve them and reduce the risk of recurring complaints.
- People we spoke with overall felt the management team were open and honest.