

Homecare4U Limited

Homecare4u Birmingham

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

Home Care4U Birmingham is a domiciliary care agency supporting people in their own homes. The service currently supports approximately 50 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. The provider's registration also covered people living in Extra care, however, at the time of the inspection the service was not yet providing this service.

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

People were positive about the care they received and about the staff supporting them. Many of the staff had worked there a long time and knew people well.

People were supported by staff that understood how to keep them safe and understood the risks to their health. People were assured staff would arrive on time and who had been through recruitment processes that included background checks. People's care was monitored to that any improvements to their future care could be incorporated.

People's needs were assessed to ensure their needs could be met by the service. People were supported by staff that had training and supervisions. Staff understood how to share any concerns for a person's health with the appropriate people and seek help where appropriate.

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 felt staff were caring and understood their needs. People felt able to communicate day to day needs and were treated with dignity and kindness.

People's care planned around their preferences and needs. People felt able to make changes when necessary. People understood how to complain but had not wished to because they were happy with their care. Staff had received training on End of Life Care and understood how to support people.

People were confident if they contacted the administrative office, someone would look into their query. People told us someone from the administrative office regularly checked with them to ensure they were satisfied with their care. People and staff were encouraged to share feedback. The registered manager was supported by an operations manager and management team to review and update people's care. However, systems for reviewing people's experience of care needed to be improved in order to ensure records represented people's experience of care. Whilst people had a positive experience of care, records were not

accurate in their representation of people's experience.

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

Rating at the last inspection

The last rating for this service was Good (published on 07 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was not always 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Homecare4u Birmingham

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

There was one Inspector in the inspection team.

Service and service type

Domiciliary care

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

Notice of inspection

We gave the service 48 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.

Inspection activity started on 04 September 2019 and ended on 30 September 2019. We visited the office location on 06 September 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 4 people, one relative and a friend of a person who used the service about their experience of

the care provided. We spoke with three members of staff in addition to the registered manager, operations manager and care co-ordinator.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two 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.

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

- People told us they felt safe with staff in their home and because the staff were familiar to them.
- Staff had received training and understood how to recognise the signs of abuse. Staff felt confident in reporting the abuse to the registered manager who they felt would take the appropriate action.

Assessing risk, safety monitoring and management

- Risk assessments were reviewed regularly and were listed in people's care plans for staff to refer to.
- Staff understood the risks to people's health and wellbeing and what action to take to minimise any risk. For example, ensuring people living with diabetes had access to a snack or drink before they left.

Staffing and recruitment

- People told us they were supported by regular staff and the correct number of people attended that were supposed to for each visit? .
- The registered provider told us they had a system for assessing the correct number of staff needed to meet the packages of care they delivered. They told us the office-based staff could deliver care if required and were a contingency if needed.
- The registered manager told us attendance at calls was monitored and they would be alerted if staff failed to attend a call.

Using medicines safely

- People, where appropriate received support with their medicines from staff who had received training in medicine administration? . There were systems in place to monitor staff competencies and to ensure people received their medicines as prescribed?
- Systems were in place to update medical administration records when people's medicines changed.

Preventing and controlling infection

- Staff told us they had received training on preventing the spread of infection. The registered manager told us this was also monitored during spot checks to ensure staff did what they were supposed to.

Learning lessons when things go wrong

- The registered manager reviewed people's care to ensure learning could be shared with staff. For example, a staff member's medication training was repeated when an incident was highlighted a training need.

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 told us they contributed to discussions about their care needs.
- The registered manager told us they assessed people's needs prior to taking on packages of care so they could be sure they had sufficient staff with the correct training to support people. Where additional training was needed, this was arranged.

Staff support: induction, training, skills and experience

- People told us they felt confident around staff who they felt understood how to support them.
- Staff told us they received training and support through regular supervision and team meetings. Where staff required additional support, this was provided. For example, one staff member told us they had received Dementia training because a number of people they supported had dementia. They told us the training helped them improve how they supported people.

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

- People told us they were offered choices in the meals staff prepared for them. One person told us staff knew their preferences, but they always asked to be sure. Another person told us staff always asked them, "What are you going to have today. I always choose."

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

- People told us they were confident staff would access help for them if needed. One person told us staff had called an ambulance for them when they were unwell and stayed with them until it got there.
- Staff we spoke with understood the importance of escalating concerns about a person's help. One staff member told us, "I always call 101 if I'm worried about someone and then I call the office, so they know to tell the next staff member too." Staff told us there was a system for recording and escalating concerns about a person's health.

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.

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

- Staff understood the importance of obtaining a person's consent before supporting them. Staff told us they had received training and told us if they were concerned about a person's capacity, would speak to colleagues in the office for advice.
- The registered manager told us they would speak to the person's family, social worker or GP if they became concerned that a person's capacity to make decisions had changed.

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

- People spoke warmly about the care staff supporting them and were very positive. One person told us about care staff, "They are all wonderful." People told us they received support from regular staff who they felt knew their needs well.
- Some staff we spoke with had worked at the service for a number of years and had got to know people well.

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

- People told us they could tell staff about any support they needed. They told us they always felt staff cared for them. One person told us they were housebound, but they were well supported and that staff always asked them what they needed doing.
- One staff member told us people's needs were listed in care plans for them to refer to but that they sometimes did additional things. For example, one person liked to have their nails painted and the staff member liked to help them.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt respected and cared for with dignity.
- People felt staff respected their home and possessions. For example, one person told staff always tidied up after themselves before they left.
- Care staff told us they received training on supporting people with dignity and that they were encouraged to become dignity champions to help promote the subject amongst other staff.

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

- People told us they could make changes to their care when needed. One person told us they sometimes had family commitments and needed to make changes and staff helped them to do this.
- People told us they had opportunities to discuss their care. One person told us, "The manager came out a couple of weeks ago and checked everything was okay and if I needed anything."
- Staff told they also shared feedback to the registered manager and suggested changes where needed. One staff member told us, a person had had a wet room fitted and suggested more frequent showers, which the person preferred.

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 this requirement and understood how to communicate with people in ways that were appropriate to them. For example, by providing an easy read format or by speaking to the person and explaining things to them, where appropriate.
- Staff understood people may have needs in relation to their communication and amended their communication accordingly. For example, where people had difficulty hearing things, staff told us she spoke closely to the person, so the person could see them or the choices they were offering.

Improving care quality in response to complaints or concerns

- People felt able to complain if they needed to. One person told us they had complained, and their complaint had been resolved.
- The provider had a complaints process in place to investigate and respond to complaints

End of life care and support

- The registered manager told us they would support people with end of life care where appropriate. They told us they would talk through the plans with the person and document it in the person's care plan for staff to refer to.

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 now deteriorated to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager and Operations Manager met regularly to review the care people received. The Operations Manager told us this included sampling some of the care plans. However, during the inspection we found three of the five care plans we sampled detailed that people did not receive care for the time agreed. Daily care logs were also repetitive and listed tasks expected to have been completed for people, which the manager agreed was unrealistic in the time available. The Operations Manager agreed to review their system for checking whether care staff were completing all of the care they stated.

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

- People we spoke with were very positive about their care. One person told us they had a period of stay in hospital and were relieved when care staff resumed their care calls. People felt confident they could contact the office staff and their query would be resolved.
- Staff described the registered manager as approachable and felt able to speak with them if they had a query or needed guidance.

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 operations manager told us they had a Duty of Candour Policy and understood their legal responsibilities in ensuring all information was appropriately shared with the CQC and other bodies. For example, investigating and responding to any complaints that may arise.

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

- People felt the feedback they gave was valuable and appreciated. One person told us, "They [the registered manager] call about once a month to check everything is ok."
- Staff valued staff meetings and felt they were a good way of raising any questions they needed advice on.

Continuous learning and improving care; Working in partnership with others

- The registered manager worked in partnership with managers from the providers other locations. Weekly

team phone calls enabled the manager to discuss progress and shared best practice. The Operations Manager told us they had oversight over a number of locations and used weekly telephone meetings to identify issues and actions for progress.