

Homecare4U Limited

Homecare4u Dudley

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

This inspection took place on 5 December 2016 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because we wanted to make sure staff would be available to answer any questions we had or provide information that we needed. We also wanted the provider to ask people who used the service if we could contact them. The service was registered in July 2015 and this was their first inspection.

The service is registered to provide personal care and support to people in their own homes. At the time of the inspection the service was providing support and personal care to 89 people in their own homes.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by staff who were aware of the risks to them on a daily basis. Staff had received training in how to recognise signs of abuse and were aware of their responsibilities with regard to reporting and concerns and maintaining people's safety.

For those people who were supported to take their medication, systems were in place to ensure this was done safely. People were supported by sufficient numbers of staff who had been recruited safely.

Staff felt well supported in their role and benefitted from an induction and training that provided them with skills they required to meet people's needs effectively. Specialist training was sought to meet people's particular healthcare needs. Staff routinely obtained people's consent prior to supporting them and demonstrated a good working knowledge of the Mental Capacity Act 2005.

Staff were aware of people's healthcare needs and the registered manager ensured people had access to healthcare services that would help them maintain good health and wellbeing.

People spoke positively about the staff who supported them and described them as kind and caring. Staff supported people in a way that maintained their privacy and dignity and encouraged them to maintain their independence. People were involved in the planning of their care and were supported to make their own decisions.

People's care needs were regularly assessed and reviewed. People felt listened to and their views were regularly sought on the quality of the care they received. People were confident that if they did raise concerns, they would be dealt with appropriately.

People were complimentary about the registered manager and considered the service to be well led. Staff

felt supported in their role, listened to and were aware of their roles and responsibilities. People were given opportunity to feedback on their experience of the service and there were a number of audits in place to assess the quality of the care and support people received.

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.

People were supported by staff who were aware of the risks to people on a daily basis and understood their responsibilities to keep people safe from harm. Systems were in place to recruit suitable staff. There were systems in place to support people safely with their medication.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who felt supported and well trained in their role. Staff understood the principles of the Mental Capacity Act 2005 and obtained people's consent prior to supporting them. People were supported to have sufficient to eat and drink and access healthcare services.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who they described as kind and caring. Staff supported people to retain their independence and treated them with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People were supported by staff who were aware of their likes, dislikes and preferences. People's care needs were regularly reviewed and their views gathered on the quality of the service provided. People were confident that if they did raise any concerns, they would be dealt with appropriately.

Is the service well-led?

Good ●

The service was well led.

People considered the service to be well led and were complimentary about the registered manager and the staff who

supported them. Staff felt supported and listened to and there were systems were in place to monitor the quality of the service.

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Detailed findings

Background to this 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 was planned to check 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.

This inspection took place on 5 December 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, 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.

We reviewed information we held about the provider, in particular, any notifications about accidents, incidents, safeguarding matters or deaths. We asked the local authority for their views about the service provided. We used the information that we had gathered to plan what areas we were going to focus on during our inspection. We spoke with four people who used the service and 12 relatives on the telephone. We spoke with the registered manager, the care co-ordinator, and four members of care staff.

We reviewed a range of documents and records including the care records of four people using the service, three medication administration records, two staff files, staff induction records, accident and incident records, compliments and complaints and quality audits.

Is the service safe?

Our findings

People told us they felt safe in their own home, when supported by staff from the service. One person said, "Yes, they're perfect" and a relative told us, "Yes it's wonderful, I cannot speak highly enough about them". Another relative said, "Yes [person] does feel safe, the people she's got have got to know her and they've got a good relationship".

People were supported by staff who knew how to support them safely and were aware of the risks to them on a daily basis. For example, one person told us they had assistance with a hoist and that the staff were appropriately trained and knew how to use it effectively. A relative confirmed this to us. A member of staff told us, "When hoisting, we make sure there is room for everything and check the equipment. With one person we thought the sling wasn't the right size so we called the occupational therapist and kept the person safe in bed". The registered manager told us, "From the start we go through with people what they want from care and encourage people safely. We involve the occupational therapists and include this in the care plan" and we saw evidence of this.

People were supported by staff who were aware of their responsibilities when it came to raising any safeguarding concerns. Staff had received training in safeguarding and were aware of the signs to look out for that may indicate a person was at risk of, or had been harmed. A member of staff told us, "If a person is acting a bit different, it may indicate something is wrong". The registered manager told us, "From the very first moment staff come on board, I tell them how to raise any concerns and encourage staff to contact me". We saw where safeguarding concerns had been raised, they had been dealt with in a timely manner, investigated and responded to appropriately.

There was a system in place for the reporting and recording of any accidents and incidents and staff were aware of their responsibilities regarding acting on them. For example, a member of staff described an incident where a person had fallen in their own home, they told us, "I called the ambulance. They didn't want me to but I had to. I rang the family and let them know where [person] was going and what had happened".

People told us they had not experienced any missed calls. One person told us, "The time keeping's fine and new staff are introduced to me, I've had no problems". A relative said, "Yes it's very good. It's usually the same person" and another relative commented, "The timekeeping's fine. There have been a number of changes [in staff] but we've now got four regular carers and we've been happy with them all". We saw there was a system in place which monitored the time and length of calls made. The care co-ordinator told us, "The system lets you see live what's happening. If a carer is running late, we can see and contact the client". We saw that packages of care were given to staff in geographical areas. A member of care staff told us, "Calls are all quite close together, they try and put you with clients in one area. There are days when traffic may be a problem and when they do the rotas they try and make sure you have enough travel time between each call". We saw that staff absences were covered by the existing staff group. The registered manager told us, "My biggest challenge is making sure I'm not pressured into taking on extra clients. I will not take on extra packages of care at the risk of my existing clients".

We saw that recruitment processes were in place to help minimise the risks of employing unsuitable staff. Staff spoken with confirmed that reference checks and checks with the Disclosure and Barring Service (which provides information about people's criminal records) had been undertaken before they had started work with the service, and we saw evidence of this.

For those people who were supported with their medication, they told us it was done safely and that they had no concerns. A relative commented, "Yes, it works fine". Staff had received training in how to support people with their medication and were aware of their responsibilities with regard to supporting people, documenting on MAR [Medication Administration Record] sheets and what to do if someone had refused to take their medication. A member of staff told us, "We've had a couple of people refuse medication. I sit down and talk to them and try to persuade them to have it, but it's their decision. If someone did refuse, I would ring the office and let them know so that whoever goes in next monitors things".

Is the service effective?

Our findings

People told us they considered staff to be well trained in their role. A relative told us, "Yes, they [staff] do appear to be well trained" and another relative said, "Yes, I do think so. They [staff] do a lot more than I expect them to". People told us that staff knew them well and how to support them effectively. A relative commented, "It's going very well. We're ever so pleased".

People were supported by staff who had benefitted from an induction that prepared them for their role and provided them with the training and experience they needed in order to meet people's needs. The service had implemented the Care Certificate, which is the national set of induction standards in the care sector, which all newly appointed staff are required to evidence they have met as part of their induction. We saw that staff were provided with an induction booklet and their learning was regularly checked to ensure they understood what was required of them. Induction also included shadowing experienced members of staff on calls until they were ready to work on their own. One member of staff told us, "I did shadowing with [staff name] and then the following two weeks I worked on double up calls with other staff. They checked I was happy and ok to carry on before I worked single calls. Even then I still had additional support available". We saw that regular spot checks of staff practice took place and that staff received regular supervision. The registered manager told us, "I like to spot check people and I like to do all the supervisions".

Staff told us they felt well supported in their role and they benefitted from regular supervision which provided them with the opportunity to discuss any concerns or training requirements they may have. One member of staff told us, "Everything I have ever spoken to [registered manager's name] about, she's followed it up".

Staff told us they benefitted from training that provided them with the skills to do their job effectively. We saw that refresher training was completed annually and where specialist training was required to support people, this was put in place. For example where a person was unable to eat and drink by mouth and received their nutritional intake via a tube, specialist training was put in place prior to staff supporting the person and additional guidance made available for staff to follow. We saw that there was a training matrix in place which enabled the registered manager to keep tabs on staff training and ensure it was up to date and relevant to meet the needs of the people staff supported.

There were systems in place to ensure communication was effective and that staff were always provided with the most up to date information about the people they supported. One member of staff told us, "The day I came back off holiday [registered manager's name] was on the phone and updated me straight away. I tend to read through what's in the communication book, but if anything major, you get a phone call". Another member of staff said, "Communication is really good".

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. People told us that staff obtained their consent prior to supporting them. One person told us, "Yes, they [staff] always ask me and check things out [before supporting]" and another person said, "Yes they [staff] do, even with the time they've got". We saw that staff had received training on the subject and were able to provide us with examples of how they obtained people's consent prior to supporting them. Staff told us they understood the need to gain people's consent and support them to make informed choices by providing the information they needed and ensuring that they were able to clearly understand it.

For those people who were supported with food and drink, they told us they were happy with the arrangements that were in place. A relative told us, "Yes, it works well" and another said, "They always make [person] a drink and leave her one before they go". Staff we spoke with were aware of people's dietary requirements. A member of staff told us, "If you're supporting people with their meals, I'll always ask, what would you like for dinner?"

We saw that people were supported to maintain good health and access different healthcare services. For example, we saw that on picking up a new package of care, the registered manager had identified the person required additional support from a variety of services including district nurses and their GP. We saw that the registered manager ensured these services were immediately sourced for the person which resulted in them receiving the appropriate care and attention they required. This prompted praise from the person's family and the local authority for the timely response to the person's needs and a representative from the local authority subsequently emailed the service to acknowledge this support. They commented, "[Manager's name] has been brilliant in all the things she has done for this client within the first call". The registered manager told us, "If I think there is anything [we can do] I will always get in touch with family and will support people and refer them to healthcare services".

Is the service caring?

Our findings

People told us the staff who supported them were kind and displayed a caring attitude towards them. One person said, "Yes I do [think staff are caring]. Definitely". A relative commented, "Yes they do [care], as far as I can say. I have confidence in them and my parents have accepted them" and another said, "Yes, they are caring, they have an attention to detail and they don't rush". A relative described how staff took their time and looked directly at their loved one when speaking to them, as they were hard of hearing.

Staff displayed a caring nature when talking about the people they supported. They spoke warmly and described people in detail, what was important to them and how they liked to be supported. . One relative told us, "They [staff] always talk nicely to [person]" and another said, "They [staff] have a warmth and are pleasant".

People told us they were usually supported by the same group of staff who listened to them and asked their opinion on how they wished to be supported. A relative commented, "My mom loves them [staff] coming". The registered manager told us that she was confident that care staff supported people the way they wished, she told us, "I always monitor staff and ask people afterwards how things are. You can pick up on any concerns". People confirmed this to be the case. We saw there were systems in place to gather as much information about people at the beginning of the package of care. The registered manager told us, "We will put more experienced staff in first to get to know people and get them to tell us everything. It's important to get it right from the off".

People told us they were offered a choice when being provided with support and that staff helped them to retain their independence. One person told us, "They [staff] enable me to try and do as much as I can" and relatives commented, "They [staff] know not to step in [where it's not required]" and "They [staff] always ask [person] what she wants". Care staff recognised the need to help people maintain their independence and provided us with a number of examples to evidence this. One member of staff told us, "Most people are pretty independent and will say, 'I don't need help', so you'll say 'what would you like to me to do?'"

People told us staff treated them with dignity and respect whilst providing support . Staff were able to describe to us how they maintained people's privacy and dignity whilst providing personal care, for example, by shutting curtains and ensuring people were covered with a towel. A member of care staff said, "I always ask when washing, 'do you want me to help or would you prefer to do it yourself?'"

We were told that no one at the service currently used advocacy services. The registered manager told us, "If I thought anyone needed it I would get in touch with access to care and ask them to source it".

Is the service responsive?

Our findings

People told us they were involved in the pre assessment process of their care prior to being supported by the service and we saw evidence of this. One person told us, "These people have been caring for me since I came out of hospital. I'm very happy with it. I couldn't have wished for a nicer group of girls if I picked them myself" and a relative commented, "Very happy with the service, it feels personalised". We saw for those people whose first language was not English, the registered manager had arranged for an interpreter to be present at the pre-assessment process to ensure they obtained the views of the person who required support.

We saw that the registered manager had a system in place to gather as much information about people prior to handing the package of care over to a member of staff. The registered manager or one of the management team spent time supporting people initially and building up knowledge of them in order to pass this onto the care staff who would be supporting the person. She told us, "One of us will do the calls initially and build up a picture of people, people aren't always as confident when they are in their own home as they were in hospital, so we may have to re-write the plan or risk assessments. Also, you need to get to know someone". For example, one person's family requested that staff take off their shoes before entering their home as a sign of respect. This information was passed onto staff to ensure they adhered to it. A representative from the local authority told us, "[Registered manager's name] is very responsive. She rolls her sleeves up and gets stuck in. She goes above and beyond".

We saw that the pre-assessments system ensured people's care plans held detailed information about the care and support they required and how they wished their care to be delivered. Care staff demonstrated detailed knowledge about the people they supported and their likes, dislikes and preferences. A member of care staff said, "The care plan gives all the information you need".

People told us they were supported by regular care workers who had got to know them. A relative said, "Yes, they've got to know [person] and vice versa" another said "Yes, they are starting to get to know them. They are very receptive". A member of staff told us, "You get to know people, how they like things done, like their breakfast, but I'll still ask and check it hasn't changed".

People told us and we saw, that they were involved in reviews of their care on a regular basis. There was a system in place to review people's care needs in the initial six weeks of a package of care and respond to any changes as required. The registered manager told us, "We aim to be flexible to people's changing needs". If there was a change in people's care needs, these were responded to in a timely manner and staff were notified. For example, where a review took place and a person asked for some amendments to their package of care, we saw that this was done and passed onto staff.

People were aware of the complaints system in place and were confident that if they did raise a complaint, they would be listened to. One person provided us with an example of a concern they had raised with the registered manager and told us their contact with her had been positive and they were happy with outcome. We saw that the service had also received a number of compliments from representatives of the local

authority, people who used the service and their families. A member of care staff told us, "We don't really get a lot of complaints but they are dealt with quite quickly".

We saw there was a system in place to gather the views of the people using the service. People confirmed that they had plenty of opportunities to provide feedback of the service via reviews, phone calls and provider visits. We saw regular telephone monitoring took place and questionnaires were sent out to people using the service, every 12 months. We saw the responses to the last questionnaire received, which were positive and included the following quotes, "Very happy with the service to date" and "Staff are very competent". Everyone spoken with told us they felt their opinion had been sought regardless of how long or short their time with the service either via a phone call or a visit.

Is the service well-led?

Our findings

People told us they were happy with the service they received and considered it to be well led. One person told us, "Yes, definitely [happy with the service]. Because of the people that come, in terms of their attitude and that the fact that we can laugh and I don't feel like I'm a poorly person". A relative commented, "I am happy with the service, I trust them and they are reliable" and another relative said, "I have confidence in them and trust them in the house".

People were complimentary about the registered manager and the service as a whole. We received a number of positive comments such as, "The manager is very helpful and approachable", "The service always go out of their way for [relative]" and, "They are good as anything I would expect and I would recommend them".

The registered manager had a well organised office and was clear of her role and responsibilities, as were her staff. We saw that weekly meetings took place with office staff which addressed any ongoing concerns and a weekly action plan was put in place for all to follow. There were clear lines of management and accountability and systems in place to ensure staff always had access to a senior member of staff out of hours. A relative commented, "The office is efficient and if there have been any problems, it's been dealt with". Another relative said, "I've got a good relationship with [registered manager's name] and the service is very flexible".

The registered manager told us she was well supported by the provider and we saw she was keen to develop her learning and that of her staff. We saw that the service had recently successfully bid to provide short term support to people who were discharged from hospital. The registered manager had already identified a group of staff who would be supporting these packages of care. She told us, "I have some very experienced staff who have done enablement work". A representative from the local authority was complimentary about the manager and the service and told us, "[Registered manager's name] is very co-operative and supportive and I can't praise her enough".

The registered manager told us, "My plans for the next 12 months are to make sure everyone is kept safe and well, everything is running as good as it can. I worry about people and staff alike. I want to maintain the standards of what we are doing. I'm very passionate about what I do".

Staff told us they felt supported and listened to and were encouraged to raise any concerns they may have. One member of staff told us, "[Registered manager's name] is very approachable, I've had long conversations with her". Another member of staff described to us concerns she had raised with the registered manager regarding their rota, she told us, "I came into the office the next day to raise it but saw that the manager was already aware and was sorting it out. It was done the same day".

We saw that staff received regular supervision and were invited to regular team meetings in order receive information, be thanked for their hard work, to voice their opinion and share any concerns they may have. Where feedback had been received regarding staff, this was passed onto them. One member of staff told us,

"At my last supervision I was told I was liked by all my clients and that I was popular. It was nice to hear". Staff told us they had access to all the resources and training they needed in order to support people. We saw that staff were motivated and they told us they enjoyed their work. One member of staff commented, "All the carers are good, I've recommended the service to others. It was a small service when I first started, it has grown, but it's been done well".

The provider told us in their PIR how their quality assurance programme would be used during the year to assess and improve the quality of the service provided. This included a programme regular telephone monitoring with people who used the service, spot checks of staff practice, and annual questionnaires for both staff and people who used the service and we saw evidence of this. We saw that there were a number of systems in place to monitor the quality of the service. Annual staff surveys were completed and analysed and action plans put in place to address any areas of concern. Monthly audits were in place to look at medication charts and care plan logs. Where issues were identified, action plans were in place and we saw evidence of actions taken in order to address any concerns raised. For example, where a MAR chart had not been signed correctly this was brought to the attention of staff at the next team meeting, reminding them of their responsibilities to record the administration of medication appropriately.

The provider completed and returned a provider Information Return (PIR) we requested within the timescales given. We used the information provided in the PIR to form part of our planning and where the provider had informed us of their plans for improving the delivery of the service, we found evidence of this.

The service had a history of notifying us of events that they are required to by law.