

Homecare4U Limited

Homecare4u Midlands

Inspection report

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Tel: 01212387146

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

Homecare4u Midlands is a domiciliary care service providing care to 52 people at the time of the inspection. 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.

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

Systems around medicines management required improvement. We identified there had been instances where medicine administration records (MAR) had not been signed. We found failings in the provider's quality assurance systems around medicines management to ensure action taken on identified shortfalls resulted in improvement. For one person we identified an increased risk regarding pressure and skin care arrangements and formal assessment of these risks were needed. People told us that care staff always turned up for their visits however we did receive some comments that indicated call times could be improved.

People told us that they felt safe using the service and staff were confident that any concerns would be dealt with appropriately. Where safeguarding concerns had been raised, they had been responded to and acted on appropriately. The provider had an electronic call monitoring system where staff logged in and out of their calls, which enabled care staff visits and punctuality to be monitored. Staff followed infection control guidance and had access to personal protective equipment.

Staff were knowledgeable about their role and told us they received sufficient training. Staff felt supported in their role. People who used the service told us that staff were kind and caring and treated them with dignity and respect. We saw the provider had contacted the necessary health and social care professionals when people's health deteriorated.

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.

Where complaints had been received, they had been responded to appropriately and analysed for any lessons to be learnt. Accidents and incidents were routinely recorded and acted upon. Information was analysed for any trends and actions were taken to reduce the risk of reoccurrence. A number of quality audits were in place to drive improvement in the service.

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

Rating at last inspection

The last rating for this service was requires improvement. Since this rating was awarded the services has

moved premises. This service was registered with us on 28/09/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service was registered with us.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 ●

Homecare4u Midlands

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 team consisted of 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.

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. At the time of the inspection the registered manager had applied to cancel their registration as they were moving to one of the provider's other locations.

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 and ended on 30 July 2019. We visited the office location on 30 July 2019.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. 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 took this into account when we inspected the service

and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and seven relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, the deputy manager, the area manager and four care staff.

We reviewed a range of records. This included four 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated as Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Systems around medicines management required improvement. We identified there had been instances where medicine administration records (MAR) had not been signed. MAR charts are a tool used to record all the medicines people are taking and for staff to sign these once they have supported a person to receive their medicines. This improves the safety of medicine administration.
- Staff had received training in how to administer medication safely and effectively and had their competencies observed.

Assessing risk, safety monitoring and management

- Systems were in place to ensure prior to offering people support, risk assessments had been completed. For example, risks to people's environment and using a hoist if needed.
- One relative told us, "The carers do use the hoist and are well trained and [person] is safe with them, they know what they are doing."
- For one person we identified an increased risk regarding pressure and skin care arrangements. Whilst the registered manager was able to tell us some of the actions in place to reduce risk these had not been included in the risk assessment. Following our inspection, the registered manager told us they had liaised with the local authority to arrange a care review for this person.

Staffing and recruitment

- People told us that more regular, consistent staff would improve the care and knowing in advance which care staff would be coming out. People told us care staff always turned up for their visits however we did receive some comments that indicated call times could be improved. One relative told us, "The times vary a lot – it doesn't matter too much but they seem to find it hard to stick to selected times."
- People were supported by sufficient numbers of care staff. All the staff we spoke with told us they had enough time to spend with people to ensure they were safe and got the care they required.
- The provider had an electronic call monitoring system where staff logged in and out of their calls, which enabled visits and punctuality to be monitored.
- The provider followed safe recruitment procedures to ensure care staff were suitable to work with people who used the service.

Systems and processes to safeguard people from the risk of abuse

- The provider had robust safeguarding systems in place and all the care staff we spoke with had a good understanding of their responsibilities to ensure people were protected from harm and abuse. Staff received

safeguarding training.

- People told us that they felt safe using the service and when care staff were in their home. One person told us, "I do like the carers coming in – sometimes I am in so much pain and them just being here makes me feel safe and it makes me feel better." Another commented, "The carers are good – they make [person's name] feel safe."

Preventing and controlling infection

- The provider had effective infection prevention and control systems and practices in place.
- The use of personal protective equipment was included in the spot check observations of care staff to ensure they were demonstrating good infection control processes.

Learning lessons when things go wrong

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence.

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.

This is the first inspection for this newly registered service. This key question has been rated as good. 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's needs were assessed before the service began to provide care and support. We found all the protected characteristics under the Equality Act had been considered when planning people's care.
- One relative told us, "They did the first assessment and then they came back to check everything is ok and we have what we need – very good."

Staff support: induction, training, skills and experience

- Staff were knowledgeable about their role and told us they received sufficient training. One new care staff told us, "It has been brilliant, there is always someone to help me."
- There was a training matrix in place so that management were clear on who had attended training and which training was due. Staff had completed a wide range of training that also included training specific to individual's needs, for example on catheter care and diabetes.
- One relative told us, "I heard the carer speaking to [person] recently and [person] was in a panic over the hair wash and the carer said, 'now take a breath, we can take this slowly' so I know she can manage the condition well."
- One person had a Percutaneous Endoscopic Gastronomy (PEG) and whilst care worker tasks in relation to this were limited we discussed with the registered manager and area manager that training should be provided in this area. The registered manager took steps during our visit to action this.
- Staff received regular supervision and spoke positively about the support they received.

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

- People's dietary needs and the level of support they needed was recorded in their care plans, including the support that relatives provided. Many people lived with their relatives who were responsible for food preparation.
- Staff were aware of people's dietary needs. One care staff told us, "[Person] forgets if she has eaten or not. We have to encourage them to eat and always leave a sandwich if they refuse a meal."
- One relative told us, "I leave a microwave meal out for when I am going out and they will sort that and a drink but [person] can get his own drinks too."

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

- People were supported by staff who were aware of their healthcare needs and how to access healthcare services on people's behalf.

- One person told us, "They [care staff] are really good I have cellulitis and they cream it and if there is a problem they will call the office who will call a doctor out for me." A relative commented, "They will phone me and tell me if they think [person] needs a doctor – they are very helpful."
- Staff were aware of what to do in emergency situations and told us if they noticed that people's health had deteriorated they should call the GP or dial 999.
- The registered manager was able to provide examples of working with other healthcare professionals such as district nurses to ensure people received the correct specialist support when they needed it.

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 we spoke with could describe how they ensured they gained peoples consent before supporting them and gave people daily choices around their care. One relative told us, "They [care staff] never insist [person] does anything, they just encourage it and most of them are lovely carers."
- Where relatives had indicated they had Lasting Power of Attorney in place the service had sought evidence of this to ensure the relative had authority to act on the person's behalf.

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.

This is the first inspection for this newly registered service. This key question has been rated as Good. 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 positively about the kind and caring nature of staff that supported them. One person told us, "I have a nice lot of girls coming in, my girls are like part of the family, the regular ones. My sister died, and I was really upset because I didn't think I would be able to go and one of my carers took a day off and took me."
- One relative told us, "[Person} gets on famously with her favourites – they are really lovely chatty, friendly girls."
- Care staff spoke kindly about the people they supported and told us about the importance of building a relationship and working closely with them.

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

- We saw records that showed people using the service were involved in making decisions about their care and support.
- One relative told us, "We had a plan and they review it – in fact they came recently to review it and went through it with the family, it's good."

Respecting and promoting people's privacy, dignity and independence

- Care records seen demonstrated there was an emphasis on supporting people to maintain their independence and this was reflected in conversations held with staff. One care staff told us, "I always ask what the person wants, I give options to help maintain their independence."
- Staff we spoke with described how they promoted people's dignity. For example, curtains were closed and towels used to discreetly maintain people's dignity. One person told us, "I have personal care and they are very respectful, they always draw the curtains and they give me privacy if I need it and anyway I would tell them if they weren't doing it right."
- 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 we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated as Good. 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's care records reflected the person as a whole, not just their care needs and included information such as communication needs, personal preferences and who was important to the person.
- Staff knew people's likes, dislikes and preferences and told us how people liked to be supported. One care worker told us, "If I get a new person the first thing I do is read the care plan. Can see a lot about the person from reading the plan."

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.

- Information about people's communication needs was included in their care plan.
- The registered manager told us that where needed, information was always verbally explained to people. Information was also available in large print or alternative languages if required.
- One relative told us, "The staff have been told to talk to [person] and they do – [person] is non-verbal but they chat away, and they give [person] hi-fives which is good too."

Improving care quality in response to complaints or concerns

- People were given information about how to use the provider's complaints procedure when they started with the service.
- Complaint records showed that six formal complaints had been received in 2019. Sampled records showed these were investigated, and where needed action taken to improve care.

End of life care and support

- No one was currently receiving end of life support from the service.

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.

This is the first inspection for this newly registered service. This key question has been rated as 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

- We found failings in the provider's quality assurance systems around medicines management to ensure action taken on identified shortfalls resulted in improvement. Provider audits of medicine records had established instances where staff had not signed medicine records. Whilst some actions had been taken these had not been effective in ensuring incidents had reduced.
- Monthly audits of paperwork completed in people's homes provided management with an oversight of the care and support people were receiving and any areas for immediate action. Weekly meetings took place with the area manager to report on any areas of concern and provide support for any immediate areas that required action.
- At the time of our inspection there was a registered manager in post, but they had recently moved to work at another of the provider's locations. They were present for the inspection but we were informed a manager from another location would be applying for registration. A team leader had recently been promoted to deputy manager to help strengthen the current arrangements.

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 had usually submitted the necessary notifications for any incidents that occurred across the service. During our inspection we identified one incident that should have been notified to us. Discussion with the registered manager indicated they had not understood their responsibility to send this. They told us they had thought a notification was not needed as the local authority had previously made us aware of the concern. A notification was sent following our inspection.
- Staff spoken with were aware of their responsibility to report and act on any concerns and we saw evidence of this.

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

- The provider sought people's and their relative's views about the service, the care they received and what improvements could be made. People had been involved in care reviews and feedback was also sought by telephone.
- Relatives informed us the registered manager and office were usually responsive to requests they had made. However, we received some comments that concerns were not always adequately responded to. One relative told us, "A month ago they came out and [person] told them how he felt and explained everything,

but nothing has changed."

- One care worker told us, "The managers are all approachable and there is always someone on call if needed." Another care worker told us, "The management are very open, you can say if you have any grumbles."

Continuous learning and improving care

- We saw that spot checks took place to check that people were happy with their care. In addition, these were used to monitor staff performance whilst they were supporting people.

Working in partnership with others

- The service worked with other healthcare professionals such as district nurses to ensure people received consistent care. Staff told us how they worked with relatives to update them as to the person's wellbeing.