

Homecare4U Limited

Homecare4u South Birmingham

Inspection report

809 Bristol Road South
Northfield
Birmingham
West Midlands
B31 2NQ

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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

Homecare4u South Birmingham is a care at home service providing personal care to 34 people living with physical and mental health disabilities.

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

People were supported to remain safe by staff who were knowledgeable about the different types of abuse and how to report concerns. People had risk assessments in place which enabled staff to reduce the potential risk of harm.

People were supported to receive their medicines safely. People were supported to maintain a balanced diet and had access to health professionals when they needed them. People were involved in decisions regarding their care and their independence was encouraged by staff, this allowed people to have greater control over their lives.

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 were supported by staff who knew them well and understood their backgrounds and preferences. This enabled people to develop strong relationships with the people who supported them. People were involved in planning and reviewing their care along with those who were important to them. This ensured care was person centred and needs led.

People were supported by safely recruited staff. Staff had training which enabled them to support people effectively. People felt able to speak to staff and management and knew how to complain. The service acted on feedback to continuously improve the care they provided.

Accidents and incidents were monitored by the management team and actions were taken to reduce any future risks to people. This enabled the service to learn lessons where things went wrong.

The registered manager regularly reviewed the quality of the service addressed any inconsistencies they identified, this included checks on people's care and support plans and medicine records.

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

Why we inspected

This service was registered with us on 03/10/2018 and this is the first inspection.

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 ●

Homecare4u South 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

The inspection 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.

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.

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 five people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff including the operations manager, registered manager and care workers.

We reviewed a range of records. This included four people's care records and two 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. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

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 good.

Good: 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. One person told us, "I feel safe and at ease with [staff]."
- People felt able to raise concerns with staff. One relative told us, "I've only had to raise concerns once but they took it seriously and we resolved it together."
- People were supported by trained staff who were knowledgeable about the different types of abuse and how to report concerns. One staff member told us, "If I had any concerns I would contact my manager who would deal with it."

Assessing risk, safety monitoring and management

- People had personalised risk assessments which included guidance to help guide staff support people safely. For example, people had risk assessments for moving and handling.
- The management team reviewed all accidents and incidents to identify areas of future risk and took action, where required to reduce reoccurrence.

Staffing and recruitment

- There were enough staff to meet people's needs. One person told us, "[Staff] are generally on time they've not missed a visit. They will ring me if they are running late and they keep me informed."
- Staff were recruited safely. Systems were in place to ensure suitable staff were employed and the relevant checks were completed. Staff files included proof of the person's identity, references and Disclosure and Barring Service (DBS) checks to ensure staff were suitable for employment in the care sector.

Using medicines safely

- Medicines were managed safely by trained staff. There was a medicines policy in place and people were supported to manage their own medicines where they were able to do so.
- Records relating to medicines were accurate and up to date and people's medicines were reviewed by professionals where required.
- We saw where medicines errors had been made, the management team had taken the appropriate action and supported the staff involved to have further training to improve their knowledge and skills.

Preventing and controlling infection

- Staff had access to disposable gloves and aprons. Staff were knowledgeable about protecting people from the risk of infection.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. Incident reports were detailed and staff had clear guidance on reporting accidents and incidents.

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 good.

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 prior to and during them receiving a service.
- People, those important to them and professionals were involved in the assessment and planning of people's care. One relative told us, "[The registered manager] came out and agreed the times of the calls and talked about [person's name] care needs."
- Care plans reflected people's needs and preferences and included clear guidance for staff. For example, one person's care plan guided staff on how to provide colostomy care.

Staff support: induction, training, skills and experience

- Staff received an induction and the opportunity to shadow more experienced staff to allow them to get to know the people they supported better. One staff member told us, "I had an induction and it was very useful. I learnt some new things."
- Staff completed mandatory training such as health and safety. One relative told us, "Staff seem very well trained."
- Training enabled staff to do their jobs more effectively. One staff member told us, "The training is really good."
- Staff had supervisions where they could discuss their progress and any concerns. The management team completed appraisals to monitor staff's competency and offer further support where required.

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

- People were supported maintain a balanced diet. One relative told us, "[My relative] needs some encouragement to drink and [staff] will do more to get them to drink enough."
- Staff knew people's preferences in relation to food well. One person told us, "Staff do my meals. They are prepared and done nicely, it's my choice."

Staff working with other agencies to provide consistent, effective, timely care

- Professionals we spoke with were positive about Homecare4u South Birmingham.
- People were supported by a consistent staff team who knew them well. One person told us, "I know most of the staff. Always at least one is a regular." Another person told us, "It's mainly staff I know but new ones are introduced by shadowing experienced staff."

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services including district nurses and speech and language therapists. People had comprehensive health care plans in place which discussed their individual needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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 had training on the MCA and had a good understanding of capacity. One staff member told us, "When someone isn't able to make decisions for themselves we would speak to their family."
- Records showed people had consented to their care and staff sought consent prior to delivering care.
- People's capacity had been explored and incorporated into their care and support plans.

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 good.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We received mixed feedback about communication at the service. One person told us, "[Staff] keep me informed. They have good timekeeping, have not missed any calls and they are reliable." Another person told us, "[Staff] are fine, one problem though is that they don't really notify us if they run late, I've had to chase it up." Despite this, overall people told us the registered manager communicated key changes with them and offered emotional support.
- People were encouraged to be involved in making decisions about their care. For example, people were regularly contacted by the management team to review any changes in their needs.
- The manager told us their door was always open for people to speak to them.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness. One relative told us, "[Staff] chat with [person's name] and help them gently, they have a laugh and [person's name] likes them being here and looks forward to them calling."
- People we spoke to were consistently positive about the staff who cared for them. One person told us, "[Staff] are polite and chatty. I'm very much at ease with them and they are considerate in the house. They are more like friends but professional, not cheeky but we have a good banter." One relative told us, "[Staff] have got to know [person's name]. Staff will chat with [person's name] and encourage them to have a wash, eat or drink."
- Relatives we spoke with told us staff were caring. One relative told us, "[Staff] are very good, they really care."
- Staff had received equality and diversity training and people's religious, cultural and social needs were considered during care planning and delivery.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and staff promoted people's independence. For example, people were encouraged to do as much for themselves as they were able to.
- People told us staff ensured their privacy. One person told us, "Staff care for me with dignity and privacy and I get on with them nicely. I said I preferred lady carers and they've respected that."
- People had built trusting relationships with staff and their families. Staff knew people's preferences and offered people choices around how they were cared for.
- People's right to confidentiality was respected.

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 good.

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 needs and preferences were included in personalised care plans and staff knew people well. One person told us, "The care plan is excellent. It was all agreeable to me, and yes it was discussed with me. [The registered manager] completed a home visit. They are an excellent firm."
- People's care plans explored their strengths and abilities.
- People were involved in regular reviews of their care. For example, the registered manager completed regular telephone calls and face to face reviews to ensure people continued to be happy with their care.

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 provider met the Accessible Information Standard. For example, information was available in large print.

Improving care quality in response to complaints or concerns

- People knew how to give feedback about their care and support. One person told us, "Staff do constant reviewing and checking up with me."
- Complaints were responded to in line with the provider's policy and procedure. We saw investigations were completed in full and involved people and their families.

End of life care and support

- No one was receiving end of life care at the time of our inspection. Despite this, the management team were aware of the importance of people being involved in planning their end of life care.

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 good.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We received positive feedback about the provider. One relative told us, "They are excellent for [person's name] and for me."
- The provider was passionate about providing a high-quality service and worked alongside staff to better understand the needs of people they supported.
- Staff meetings took place and were used as an opportunity to share concerns and revisit current guidance.
- Staff had positive attitudes about providing care which was person centred. They told us the support they received from managers enabled them to provide the best care they could.

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. They told us, "We would apologise and be open and honest about what went wrong and what we would do differently next time."

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

- The registered manager regularly reviewed the quality of the service and had an 'open door' policy. We saw quality checks were completed on care files and actions taken when people's care needs changed.
- The registered manager was clear about their responsibilities and was meeting their regulatory requirements.

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

- The service involved people and those important to them in planning their care. One relative told us, "[The registered manager] came to do an assessment and [my relative] was able to get involved. They made sure [my relative] could hear, they were marvellous and took the time to explain things."
- The provider engaged people in feedback about the service. People and their relatives felt their opinion mattered and they were listened to by staff and managers.

Continuous learning and improving care

- The registered manager completed in-depth investigations when things went wrong to ensure risks to people were reduced. The registered manager told us, "We can always do better on everything. There is always room for improvement and learning."

Working in partnership with others

- The service worked collaboratively with other agencies to ensure people received the care they needed.