

Homecare4U Limited

Homecare4u

Worcestershire

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

Homecare4U Worcester is a domiciliary care agency providing personal care to 42 people in their own homes 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

People were supported to remain safe in their home with guidance from care staff who understood how to protect and report suspected abuse. People's risks were known and recorded to enable staff to provide safe care. Staff arrived on time and supported people safely with their medicines. Staff used gloves to prevent the risk of infection. Where incidents or accidents had happened these had been recorded, reviewed and any learning shared within the staff team.

People's needs were assessed. Staff training supported and reflected the care needs of people using the service. People were helped to prepare meals or staff left snacks and drinks which were accessible to people. If needed, people were supported to access other services, such as GP's and social services. 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 received care from familiar staff who were kind and considerate. People were involved in their care which staff provided while retaining people's privacy and dignity. Staff promoted people to remain independent and do as much as they were able on their own.

People's care was regularly reviewed and took account of their personal choice and comments. Communication needs had been assessed and staff knew how best to communicate with people. People knew how to raise a concern or complaint and these had been acted on.

People were involved in their care and had opportunities to give feedback on the service they received. The registered manager and provider reviewed records and completed checks to ensure people received safe care which met their needs.

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 good (published 22 July 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 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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Homecare4u Worcestershire

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

One inspector completed the inspection.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. 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 19 December 2019 and ended on 13 January 2020. We visited the office location on 19 December 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 and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, assistant manager and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service 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 were supported to remain safe in their homes, as staff knew how to recognise, act and report suspected abuse.
- People knew which staff to expect on each call and liked the continuity to further promote safe care from staff they knew. One relative told us, "They don't rush us, they are respectful of us and our home belongings you know."
- There was clear guidance and processes for staff to follow and the management team provided oversight and support if needed.

Assessing risk, safety monitoring and management

- Where people required support to reduce the risk of avoidable harm, staff understood how best to provide their care. Care plans contained information for staff to follow to keep people safe.
- Where a new risk or a change to a person's care happened this was reviewed and updated in the care plans. Staff were also notified of any changes to a person's care needs.

Staffing and recruitment

- People told us the staff arrived on time, and on the odd occasion they would be notified if they were running late.
- The recruitment practice showed checks had been made to check the suitability of staff to work with vulnerable adults.

Using medicines safely

- People received their medicines as needed and staff had ensured repeat prescriptions were ordered, to minimise the risk of people not having their medicines.
- Staff completed records to show the medicines people had taken and when.

Preventing and controlling infection

- Staff had the tools needed to prevent the spread of infections such as gloves and aprons.

Learning lessons when things go wrong

- Where there had been an accident or incident these had been recorded and reviewed to ensure any learning could be shared with the staff.

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's needs were looked at before they received care from Homecare4U Worcester to ensure these could be met by the staff.
- The provider considered people's physical and emotional needs and used these to complete the person's care plan based on best practice guidelines, for example, in relation to moving and handling.

Staff support: induction, training, skills and experience

- Staff had been supported with training, guidance and support so they were able to develop and maintain their skills and experience. One staff member told us, "Good support, annual refresher for manual handling and I am confident with first aid."
- Systems were in place to ensure staff training was regularly reviewed and updated to ensure the content of courses reflected current national guidelines.

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

- People told us they received support to prepare or have access to meals and drinks. One person told us, "They [staff] leave snacks as I'm a snacky kind of eater."
- Staff knew people's nutritional needs and where needed promoted food and fluids during their visits.
- Any concerns about a person's nutrition were recorded and reviewed by the management team to see if further external assistance could be used, such as a dietician.

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 staff would prompt or on request arrange for them to see health and social care professionals, such as GP's and social workers.

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

- People had signed and agreed to their package of care. People told us staff were always considerate of their choices and decisions. One staff member told us, "I am an easy person to talk to and do not make assumptions."
- The provider used staff meetings to review issues or concerns about capacity, and supported staff with any questions about people they cared for.

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 told us they got to know the staff and saw the same staff, which made it easier to develop relationships. One person told us, "Fantastic I couldn't fault them in any way."
- Staff told us they spent time to get to know people and recognised the importance of respecting people. One staff member told us, "With new service users I tend to wait for them to open up and build a relationship and get to know their dislikes."
- Staff ensured people felt valued and one person told us, "Everybody, all the staff are friendly happy go lucky. Go out of their way to do things for you and a joy to have them, I look forward to them coming I really do."
- The registered manager ensured people were not treated unfairly because of any protected characteristics and people were not discriminated against. People's cultural, religious and spiritual needs were respected.

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

- People were encouraged and included in the care and staff promoted this, one staff member told us, "I try and include people as it is social, [person name] loved it when I gave her the polish and cloth."
- Relatives told us the staff were inclusive and knew how much their family member liked to be involved. One relative told us, "They [staff] are able to just get on with it which is nice."
- Staff were considerate to ask people about the care they wanted on the day, whilst the care plans provided clear routines, people were able to make changes if required. One person told us, "I understand their job and they understand me."

Respecting and promoting people's privacy, dignity and independence

- People received care where staff were careful to reduce their anxiety or feelings of uncomfortableness. One staff member told us "Privacy and offering some comfort, let them know what we are going to do, and we use towels."
- People said staff were nice and one person told us, "They have been no trouble and are respectful of my home."
- One staff member told us they would not want to take away people's independence and said, "You do as much as you can until you can't, that's where we come in."

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's care had been planned and recorded to include their preferences. One person told us, "They queried everything from my health to medication and cater for all my needs."
- Staff understood people and their needs and ensured they read people's care plans, in addition they saw the same people regularly. On relative told us, "They [staff] all know [person's name] now and that is good for them as they suffer from short term memory loss."
- Staff told us their views were considered where they noted and report a change to care needs. The information would then be reflected in their care plans and risk assessments updated.

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.

- People's communication needs had been assessed and details of how best to communicate with people had been recorded.
- Staff told us how they used this information when they were visiting people, such as using safe ways to access a property or how to be inclusive. One staff member told us, "I use signs and will speak very slow so [person] can pick up, be patience and really listen."

Improving care quality in response to complaints or concerns

- People knew how to raise any concerns or complaints and provided examples of how the provider had listened and made changes, such as certain staff not returning and these wishes being adhered too. One person told us, "Kept us in the loop, don't feel uncomfortable as just say and it no longer happens."
- Complaints were recorded and responded to and details of any actions or learning were shared with the staff team to continually improve practice.

End of life care and support

- Staff provided examples of how they provided end of life care. The registered manager was reviewing the end of life care planning, so they could be further assured people's preferences were known. This would include people's wishes in the event of a sudden death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were happy with the care they received. People felt able to provide feedback and were asked every six months to be involved in a review. This included what had worked well and if any changes were needed. One relative told us, "[Registered manager or assistant manager] are quite good we are really happy."
- Relatives told us the agency was managed well, and senior staff were easy to contact and talk with about their family member's individual care. One relative told us, "We are happy overall with the care."
- Staff told us they had made suggestions for improving care to people and their views were listened to.
- The management team empowered people to lead their care and support needs and the staff promoted person centred care.

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

- There was a clear management structure in place, each staff understood their roles and responsibilities.
- Staff told us they were supported with supervision and staff meetings. One staff member told us, "There was a staff meeting just the other day, where carers can raise their concerns, receive reminders, like the uniforms and to report any concerns."
- The registered manager understood what information needed to be notified to CQC and their responsibilities to be open in the event of something going wrong with people's care. The rating of the last inspection was clearly displayed in the office.
- The registered manager checked to ensure people received good quality care and risks were managed appropriately. The registered manager checked people's medicines monthly to ensure they had been administered as prescribed.

Continuous learning and improving care; Working in partnership with others

- The registered manager and provider checked the quality of the care provided and people's experience. Learning was taken from reviewing accidents and incidents to develop people's care further.
- The provider and registered manager undertook visits to people's home to regularly monitor information about the safety and quality of the care provided. Where any actions were identified, these were addressed.
- The provider supported staff to access best practice standards and the registered manager also worked alongside staff to review how best practice was implemented. The provider was also working with the local

authority to continually improve people's care experiences.

- The registered manager and staff gave us examples of how they worked with other health and social care professionals, such as referring to the district nursing teams.