

Homecare4U Limited

# Homecare 4u NorthWest

## 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 

### Overall summary

This was an announced inspection which took place on 7 April 2015. We made telephone calls to speak with people using the service on 10 April 2015. This was the first inspection of this service.

Homecare 4u North West is registered to provide personal care to people living in their own homes. At the time of our inspection there were 73 people using the service.

A manager was in place. Although this manager was not yet registered with the Care Quality Commission (CQC), evidence was available to demonstrate that an appropriate application had been made and an

acknowledgement of the application had been received from the Commission. A registered manager is a person who has registered with the CQC 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 who used the service were very complimentary and positive about the attitude and support of the staff.

# Summary of findings

Staff we spoke with told us that plenty of appropriate training was made available and all new staff had completed a full induction to the service.

The provider had systems in place to monitor the quality of the service and to check that people were happy and satisfied with the service they were receiving.

# Summary of findings

## 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.

Staff recruitment processes were in place, and the required pre-employment checks were undertaken prior to staff starting work. These checks help to make sure staff employed by the agency were safe to work with vulnerable adults.

Staff were appropriately trained and all people who used the service who we asked believed they were kept safe and free from potential harm.

Good



### Is the service effective?

The service was effective.

Staff had the knowledge and skills to support people who used the service and regular and appropriate training and supervision meant they could update their skills.

The registered provider and staff had an awareness of the Mental Capacity Act (MCA) 2005.

Good



### Is the service caring?

The service was caring.

People using the service who we asked spoke positively and enthusiastically about the attitude and support from staff.

All the people we spoke with said they felt 'total inclusion' with all aspects of the care provided to them and were aware they had a care plan which was reviewed annually or sooner if necessary.

Good



### Is the service responsive?

The service was responsive.

People who used the service told us that they were involved in the assessment and care planning process.

A complaints procedure was in place and people who used the service told us that they were confident if they had to raise a concern or complaint it would be dealt with.

Good



### Is the service well-led?

The service was well led.

The registered provider was providing direct support to the manager whilst their application for registration with the Care Quality Commission was being processed.

Staff who we asked said the provider and manager were supportive and approachable.

There were effective and appropriate systems in place to monitor the quality of the service provided.

Good



# Homecare 4u NorthWest

## 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.

We contacted the provider two working days before our visit and told them of our plans to carry out a comprehensive inspection of the service. This was to ensure the manager and any relevant staff would be available to answer our questions during the inspection process.

During our visit to the office of the service, we spoke with the registered provider, the manager and one care coordinator. We contacted people who used the service and four members of staff by telephone after our visit to the office.

The inspection team consisted of one adult social care inspector. We were supported by an expert by experience

who telephoned and spoke with people using the service following our visit to the office. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service. The expert had particular knowledge about people using domiciliary care services and was also trained in speaking with people over the telephone.

We were provided with a copy of a completed provider information return (PIR); this is a document that asked the provider to give us some key information about the service, what the service does well and any improvements they are planning to make.

Before our inspection we reviewed the information we held about the service including information provided by the local commissioning group. No concerns had been raised about the service from this group.

We looked at a sample of records which included four people's care plans, five staff personnel files, individual staff training records, and a sample of quality monitoring records.

# Is the service safe?

## Our findings

The people we spoke with who used the service told us they felt “safe and extremely happy” with the care they received and felt they were in “safe hands.” We also asked people if they were supported to take any medicines by the staff working for Homecare 4u. All the people we spoke with said they were assisted with their medicines by a family member or managed themselves.

Staff who we asked confirmed they had received safeguarding training and individual records indicated that all staff had received such training. Staff we spoke with felt that the service they provided was safe and were aware of their responsibility to maintain the safety of people using the service. Staff spoken with also said they had confidence that members of the management team would respond appropriately and in a timely manner to any concerns that may be raised.

Those staff we asked, understood what whistleblowing meant and were aware of their responsibility to whistleblow if necessary. One said, “Yes, I wouldn’t think twice about it.” Another said, “I have done this at a previous place of employment.”

We saw that policies and procedures were in place relating to the recruitment of staff. We looked at four staff personnel files to make sure recruitment processes, including evidence that appropriate and legally required pre-employment checks, had been satisfactorily completed prior to someone starting work for the agency. We saw evidence that full employment history checks had been completed and that Disclosure and Barring Service (DBS) disclosures had been carried out. Such checks help the provider to make informed decisions about a person’s suitability to be employed in any role working with vulnerable people.

Each person using the service had a full assessment of their needs carried out before any service was delivered to them. We looked at the assessment and care / support plan for four people who used the service. These documents indicated that risk assessments had been completed for a range of identified risks including the home environment, moving and handling and use of equipment. Evidence was also available to show that these assessments had been reviewed on a regular basis. The provider told us that these reviews would be completed face to face with the person who used the service or via a telephone call to enable feedback opportunities for people to report anything they were unhappy about or discuss their particular package of support.

We looked at how people who used the service were supported if they needed to take medicines as part of the agreed care / support plan. We saw there was a policy in place to support staff with the safe administration of medicines. Each member of staff received a copy of this information in the staff handbook provided as part of the staff induction process.

The registered provider told us that each person requiring support with their medicines had a Medication Administration Record (MAR) in their care files. Each medicine was listed separately and staff signed to confirm if medicines had been administered. The same information was also recorded in the daily log to inform other staff that medicines had been administered according to the care / support plan. Information in staff files indicated that all staff received medication administration training and that the manager carried out regular competency checks to make sure staff remained proficient in handling and administering medicines. Staff who we asked confirmed they had received appropriate training in medicines administration.

# Is the service effective?

## Our findings

We asked some of the people using the service if they were happy with the staff who visited them. Comments included, "I am extremely happy with the staff", "You couldn't want for more", "Fantastic staff" and "The staff are very caring and respectful."

We spoke with the registered provider and the manager of the service about the availability of staff training and how staff accessed training. Each member of the staff team had an individual training record on their personnel file and these records indicated that staff had completed a range of appropriate training including induction training for all newly employed staff. Each new employee received a staff handbook which contained lots of relevant information to support and guide the person through their initial induction period to the service.

Staff we spoke with told us that plenty of appropriate training was made available and all new staff had completed a full induction to the service.

The registered provider and the manager told us they were aware of the Mental Capacity Act 2005 (MCA) and staff training records indicated that all staff had completed MCA training as part of their induction process. The MCA protects the human rights of people who may lack capacity to make decisions for themselves.

Care / support plans included details if the person using the service had capacity to make decisions for themselves. We saw that consent documentation had been signed by the person using the service. Staff who we asked told us that they only carried out tasks according to the individually agreed care plan and where the person using the service was happy for them to do so. If any concerns arose around refusal to consent then the member of staff said they would contact the office and speak with a member of the management team to discuss what further action may be needed.

We reviewed the information contained in four staff personnel files and found that each contained records of regular one to one supervision sessions and, where due, an annual appraisal. Staff we spoke with confirmed they received regular one to one supervision and could contact the manager or one of the care coordinators if they needed to discuss anything at any other time. One person told us, "There is always someone in the office who is available to listen and help."

The provider told us that reviews were held regularly to make sure the person using the service was happy with the support being delivered and any concerns actioned effectively. Any changes in care needs such as mobility, nutritional requirements and preferred outcomes would be recorded and the care plan amended with the information being communicated to the staff team.

# Is the service caring?

## Our findings

People who used the service, who we asked told us that they were very happy with the caring nature of the staff that visited them. Comments received included, “great communications”, “carers provide great care and on time”, “care is provided with respect and great decency” and “you can’t fault the service.”

All the people we spoke with said they felt ‘total inclusion’ with all aspects of the care provided to them and were aware they had a care plan which was reviewed annually or sooner if necessary.

The registered provider told us that wherever possible, the same staff member(s) visited the same people to provide consistency in their care and support. The manager told us that she had recently reviewed the geographic areas in which staff were allocated to work. Following the review, staff were allocated more localised areas in which to work. This helped staff to provide a more consistent approach by

visiting the same people in that localised area on a regular basis. Staff who we asked told us this enabled them to develop a good, consistent working relationship with the people using the service.

We asked staff how they provided person centred care and what this meant. Staff told us they treated people respectfully and tried to make sure that people’s independence was maintained wherever possible. One member of staff told us, “You listen to what the person wants and, wherever possible, go with their wishes, as long as it is the right thing to do and is safe.”

Discussion with the registered provider and manager indicated that there was a strong expectation on staff to make sure that people using the service be considered at all times, treating them as individuals with the right to expect their privacy and dignity to be maintained without compromising the care and support that has been agreed. The manager told us, “New staff receive a full induction on starting work and this is followed by senior staff carrying out spot checks and supervision to ensure that the service is being delivered in a suitable and caring manner.” Evidence seen on staff personnel files confirmed this.

# Is the service responsive?

## Our findings

People who used the service told us they were confident that if they had to raise a concern or complaint they could tell any of the staff and it would be dealt with. Comments from those people we spoke with included, “I have never had to complain”, “If I had to [complain] I know who to tell” and “I would call head office.”

The service had a written complaints procedure and a copy of this was provided to each person using the service in the form of a Service User Guide. Details included how to make a complaint, timescales for a response and investigation into a complaint and contact details for other relevant agencies such as the Care Quality Commission, Local Authority Quality Assurance Officer and the Local Government Ombudsman.

We looked at the records of complaints that had been received by the service. All had been dealt with appropriately and to the satisfaction of the complainant. Staff who we spoke with were also confident that any complaint or concerns raised would be dealt with appropriately and in a timely manner.

We looked at four care files which included information relating to people’s individual assessment of needs and their personal care / support plans. Each plan was up to date and provided evidence that the plans had been regularly reviewed. We saw information in care files where staff had reported to the office a change(s) in a person’s support needs and following this, a reassessment of the person’s needs had been carried out. One member of staff

we spoke with told us, “On one occasion I reported to the office that one person’s mobility appeared to have greatly decreased and was causing them problems. A reassessment was quickly carried out and contact made with social services and the hours increased to allow more time with this person.”

Many of the people using the service had been referred to Homecare 4u North West by health and social care professionals from local authorities who had also provided their own assessment of the person and their immediate care and support needs. The registered provider told us that the service always undertook their own in-depth assessment of the individual before agreeing to deliver a package of care. Evidence of these assessments were seen on the files we looked at.

We saw evidence to demonstrate that either the person who used the service or their relative / representative had signed to confirm their agreement with the initial assessment and care / support plan. Staff who we asked, confirmed that each person received an assessment of needs before any visits took place and that care plans were available in people’s homes for them to refer to if necessary.

Daily communication records seen on files indicated that staff reported back to a senior member of staff if they found a person they were visiting to be unwell. These records also indicated that staff had communicated with relevant health care professionals such as a Doctor if they felt it was necessary.



# Is the service well-led?

## Our findings

The manager of the service had made application to the Care Quality Commission (CQC) to become the registered manager of the service and had received acknowledgement from CQC that her application was receiving attention. The previous registered manager left the service at the end of January 2015 and a new manager was appointed soon after. During the interim period, the manager was receiving support and guidance from the registered provider of the service.

Those people in charge of managing the service who we spoke with clearly understood their roles and responsibilities.

The registered provider had systems in place to monitor and review the service being provided by Homecare 4u North West and to check that people using the service were happy with the service they received. These included spot checks conducted whilst a service was being delivered in a person's home, telephone contact and regular reviews with people using the service.

At the time of our visit to the service, 28 care workers were supporting 73 people.

We saw evidence that the provider conducted annual satisfaction surveys of people using the service and their

relatives. Returned surveys were analysed by the provider to make sure people were experiencing a positive service, or if not, any action needed to be taken to rectify concerns or improve the service was implemented.

A copy of a report from the local authority was made available to us. This report followed their last Annual Observation Review of the service conducted in January 2015. No concerns had been raised following this visit.

An electronic system was used to monitor staff's arrival and departure from people's homes. This system 'flagged up' if a person did not receive a scheduled visit or their visit was outside agreed timescales allowing management staff to take immediate action to rectify such a situation should it arise.

We saw evidence that regular team meetings had taken place and staff had the opportunity to participate in open discussions about how the service was managed and their roles and responsibilities with regard to service delivery.

Staff who we asked said the provider and manager were supportive and approachable. One member of staff said, "You can always call in the office and speak with someone about your concerns and they will listen."