Home Care For You Limited

Homecare For You Limited

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

Homecare For You Limited is a care agency situated near the centre of Blackburn. Homecare For You provides personal care for children and adults in their own homes. The service operates mainly during the day with management running an on call system for out of hours and emergencies.

We last inspected this service in May 2014 when the service met all the regulations we inspected. This unannounced inspection took place on the 04 and 05 August 2015.

The service had 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.

Staff were aware of and had been trained in safeguarding procedures to help protect the health and welfare of people who used the service. All the people who used the service said they felt safe.

Staff were recruited using current guidelines to help minimise the risk of abuse to people who used the service.

Summary of findings

There was a modern office with all the necessary equipment to provide a functional service for people who used the service and for the staff. There was a dedicated training room with equipment such as a hoist and slings and information about many aspects of care for staff to follow good practice.

People who used the service helped develop their plans of care to ensure their wishes were taken into account. Plans of care were updated regularly.

Risk assessments were conducted to help keep people who used the service and staff safe.

The registered manager and senior members of staff updated policies and procedures and conducted audits to help ensure the service maintained standards.

Staff received the training they needed and regular supervision to check they were performing well. Staff were encouraged to come into the office to talk to management if they wished. New staff had to complete an induction before they worked with vulnerable people.

Although people who used the service lived in their own houses and choose what they ate staff were trained in nutrition and safe food handling to give advice to people about their meals.

The agency asked for people's views around how the service was performing and we saw evidence that the registered manager responded to their views.

There was a suitable complaints procedure for people to voice their concerns. The people we spoke with said they did not have any concerns but knew how to contact the office if they did.

Staff received infection control training and were supplied with protective equipment when it was required.

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?

Good

The service was safe. There were systems, policies and procedures in place for staff to protect people. Staff had been trained in safeguarding issues and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration although people were encouraged to self-medicate or families undertook the task. Staff either prompted or administered medicines to help people remain well.

Staff had been recruited robustly and there were sufficient staff to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective. This was because staff were suitably trained and supported to provide effective care. People were able to access professionals and specialists to ensure their general and mental health needs were met. Care plans were amended regularly if there were any changes to a person's medical conditions.

Senior staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People who used the service were supported to follow a healthy eating lifestyle because staff received nutrition training. People were assisted to store and prepare food by staff who had been trained in food safety.

Is the service caring?

Good

The service was caring. People who used the service and their family members told us staff were helpful, flexible and kind.

We saw that people who used the service had been involved in developing their plans of care. Their wishes and preferences were taken into account.

Is the service responsive?

Good

The service was responsive. There was a suitable complaints procedure for people to voice their concerns. The manager responded to any concerns or incidents in a timely manner and analysed them to try to improve the service.

People were asked their opinions in surveys, management reviews and spot checks. This gave people the opportunity to say how they wanted their care and support. Family members told us staff kept them informed of any changes to a person's care or condition.

Is the service well-led?

Good

The service was well-led. There were systems in place to monitor the quality of care and service provision at this care agency.

There was a recognised management structure that staff were aware of and on call staff to contact out of normal office hours.

Summary of findings

Healthwatch Blackburn with Darwen and the local authority contracts and safeguarding team did not have any concerns about this service. The registered manager liaised well with other organisations.

Homecare For You Limited

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 checked 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.

In accordance with our guidance we told the provider we were undertaking this inspection. This announced inspection took place on the 4/5 August 2015 and was conducted by one inspector.

This service supports people who live in their own homes. We looked at the care records for four people who used the service. We also looked at a range of records relating to how the service was managed; these included training records, recruitment, quality assurance audits and policies and procedures. We spoke with three people who used the service in their homes with permission (with family members present), the registered provider, the person responsible for training, a staff member about policies and the registered manager.

Before this inspection we reviewed previous inspection reports and notifications that we had received from the service. We requested and received 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 any improvements they plan to make. As part of the process we looked at the responses of the Care Quality Commissions survey forms we sent out to people who used the service, family members, staff and professionals. We used this information to help plan the inspection.

We also asked Blackburn with Darwen Healthwatch and the local authority safeguarding and contracts departments for their views of the service. No major concerns were raised.

Good

Is the service safe?

Our findings

One person who used the service told us she felt safe and staff were trustworthy. Two family members both said they thought their family member was safe. Comments included, "The staff can be trusted", and "They were very trustworthy. My family member liked and trusted them all."

We saw from the training matrix and staff files that staff had been trained in safeguarding issues. Staff had policies and procedures to report safeguarding issues and also used the local social services department's adult abuse procedures to follow local protocols. There is now a wide alliance of local authorities for one point of reference. The policies and procedures we looked at told staff about the types of abuse, how to report abuse and what to do to keep people safe. The service also provided a whistle blowing policy. This policy makes a commitment by the organisation to protect staff who report safeguarding incidents in good faith. There was also a copy of the 'No Secrets' document for staff to follow good practice. The service had reported any safeguarding issues in a timely manner to the local authority and the Care Quality Commission.

There were sufficient staff employed by the agency to meet people's needs. There were no concerns raised around unreliability or staff not showing up. The service used bank staff to fill in any gaps to ensure people who used the service received the care they needed. We were told at times of emergency the registered manager or training co-ordinator would attend to a person's needs. Two family members and a person who used the service told us they received staff people knew and therefore knew how to care for them.

We looked at three staff records and found recruitment was robust. The staff files contained a criminal records check called a disclosure and barring service check. This check also examines if prospective staff have at any time been regarded as unsuitable to work with vulnerable adults. The files also contained two written references, an application form (where any gaps in employment could be investigated) and proof of address and identity. The robust checks should ensure staff were safe to work with vulnerable people.

There were policies and procedures for the administration of medicines for staff to follow good practice. The registered manager said the service mainly prompted people to take their medicines although some staff administered medicines as part of a person's care package. However, most staff had undertaken medicines administration training. If staff were to administer medicines we saw from the records that people signed their agreement for them to do this task in the care plans. If staff were responsible for prompting or administering medicines this was recorded on a medicines administration record. We saw that there were no gaps or omissions which meant people were taking their medicines as prescribed.

We examined four plans of care during the inspection. In the plans of care we saw that risk assessments had been developed with people who used the service. The risk assessments we inspected included the safety of the environment, keeping people's property secure by the use of a key safe and any health related issues. The risk assessments for people's homes were also for the safety of staff. We saw that the risk assessments were to keep people safe and not to impose rigid conditions or restrict their activities.

There were policies and procedures in place for the prevention and control of infection. We saw from the training matrix that staff had been trained in safe infection control. Staff had access to personal protective clothing such as gloves and aprons should they be required to prevent the spread of cross infection.

Equipment in the office had been tested to ensure it was safe. This included a portable appliance test for computers and other electrical equipment. There was a fire alarm and extinguishers to use in the event of a fire and the alarms were tested frequently to ensure they were in good working order. Extinguishers were serviced regularly by a suitable company. The building was owned by a property company. The registered manager told us any faults or repairs were quickly attended to.

Good

Is the service effective?

Our findings

One person who used the service told us, “The staff come on time and are reliable. They seem to know what they are doing especially my main carer who is excellent.” Two family members said, “The staff were very reliable and kept us up to date with her condition” and “The staff are reliable and flexible. They have changed the times they visit to suit us.”

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. Some staff had been trained in the MCA and DoL’s and should be aware of the need to protect people’s rights. However, the act does not normally cover people living in their own homes. The registered manager told us any suspected deprivation of liberties would be reported to social services as a safeguarding issue.

New staff were given a week’s induction prior to starting to work with people who used the service. Staff were taught many of the subjects they would need to know to safely look after people such as moving and handling and safeguarding. New staff were shadowed until it was thought they were competent in their work.

We looked at the training matrix, three staff files and talked to the training officer. Staff completed training in subjects such as infection control, food safety, moving and handling, safeguarding, health and safety, fire prevention, medicines administration and were encouraged to undertake a health and social care qualification such as a diploma. We talked with the training officer about the new care certificate, which the service had looked at and was commencing to adapt the paperwork and to see how this would work for domiciliary care. New staff were to be enrolled upon this course when it was finalised and showed the service were going to use the latest good practice guidance around training.

We saw from the staff files that supervision was held regularly and gave staff the opportunity to discuss their careers and any training needs they may have.

Prior to using the service each person had a needs assessment completed by a member of staff from the agency. Social services also supplied details about a person’s needs. The assessment covered all aspects of a person’s care and had been developed to help form the plans of care. We looked at three assessment records. The assessment process ensured agency staff could meet people’s needs.

We inspected three plans of care at the office and one plan in a person’s home, with their permission. Care plans were developed with people who used the service to ensure their wishes were taken into account and the support they required would then be provided. People had signed their agreement to the plans. Plans of care were reviewed regularly with the person who used the service during management ‘spot checks’ and they were asked for their views about care and support at this time. We saw that the plans of care contained sufficient information for staff to deliver effective care. Each need was highlighted separately, a goal was set and staff then were told what actions they must take to achieve the goal. One person who used the service and two family members said the care was good.

There was a system to check if staff were punctual arriving at people’s houses. Some people did not allow the use of it because it used their personal telephones and they may incur a charge. Any person who did not want this service signed their agreement not to receive it. The office was manned during the day and ‘on call’ staff provided support in the evenings. This gave people who did not wish to use the tracking service the opportunity to report any late or missed visits.

The registered manager told us that there were people from different ethnic minority backgrounds who they cared for and they employed staff who knew how to care for their spiritual and cultural needs. One family member told us, “The staff members they sent to us spoke the same language, which helped put my [relative] at ease. They always sent someone who could communicate with her.” One person who used the service said, “Our main carer is a very good communicator. I am very satisfied with her.” The service tried to match staff with people from the same background to help meet people’s needs.

Good

Is the service effective?

People had their own GP and the registered manager said if needed people would be supported to attend appointments at hospitals or professionals such as dentist or opticians.

Staff were trained in safe food hygiene and nutrition. People lived in their own homes and could eat what they wanted. The registered manager told us staff would contact the office or a social worker if a person's nutrition was poor but if they had mental capacity it was each individual's choice what they ate. Likewise staff could only advise people about safe food hygiene. Some staff prepared meals or snacks. Families provided meals for the three people we visited.

The service worked out of an office near the centre of Blackburn. There were computers with internet access, a fax machine, telephones and all the equipment usually found in a working office. There were separate rooms for office staff, private rooms for personal meetings and a training room with teaching equipment, for example, a hoist. There were lots of posters and documents on the walls to remind staff about good practice such as effective hand washing.

Good

Is the service caring?

Our findings

One person who used the service said, “The staff member we usually get is very friendly. They all treat me with privacy and dignity. I would hate to lose this service.” Two family members told us, “When we needed it we got more help from the agency than hospital staff or anyone else. They told me all that I needed to know and the registered manager helped me get the equipment we needed. They sent care staff round in an emergency and went the extra mile” and “The staff are all caring people.”

There were policies and procedures for treating people with privacy and dignity. Two of the three people we spoke with said care was given privately and they were treated with dignity. There was a policy on confidentiality to help staff understand how to retain care notes safely and not speak about people’s care in public places.

Management conducted spot checks. This was to check on staff efficiency but also to talk to people who used the service to see if their care package was working.

Care plans contained details about a person’s individual needs such as their family history and background. This gave staff an insight into what people liked and disliked.

Good

Is the service responsive?

Our findings

One person who used the service told us, “I have never had to complain or call the service in an emergency but the numbers are on the care plan. I have read the complaints procedure.” One family member said, “They had better listen to me if I had any concerns.”

Each person was issued with the complaints procedure. This told people who to complain to, how to complain and the time it would take for any response. The procedure also gave people the contact details of other organisations they could take any concerns further if they wished including the Care Quality Commission. None of the people we spoke with had any concerns and from concerns raised in the past we saw that the registered manager took action to help people.

The service had a good rapport with other organisations and arranged meetings to respond to any health or social issues with the involvement of GP’s, specialist nurses or social workers.

We saw from people’s files that the agency was contactable at their office during normal working hours and a person was on call for emergencies. All the people we spoke with confirmed they had the relevant numbers and would use the emergency contact if they had to.

Staff completed a record each day to say what they had done on their visits. They reported any changes to people’s care and condition to the office for any changes to be recorded and professional help sought if needed. Most staff called into the office during the week and were brought up to date with any changes. This included all the details staff required for any new person. Managers went out to conduct spot checks to ensure staff were carrying out their roles to a satisfactory level and to talk to people who used the service to see if any changes needed to be made. All the people we spoke with told us staff altered their normal times of visits if they needed them to.

In each person’s care plan there was the latest copy of the services quality assurance questionnaire. The results were positive. People were asked questions around the times of visits, respect and dignity, reliability, notification of any changes made and did they know how to complain. The service reviewed the care package following the questionnaire. Comments included, ‘Staff look after me like they would their own families, staff are patient and I do not feel rushed’. We saw that the service responded to what the person would like to change. They arranged for staff to stay longer on the morning visit. From another questionnaire staff changed the visit times to accommodate the person who used the service.

Good

Is the service well-led?

Our findings

One person who used the service and two family members expressed their satisfaction with the service and the attitude of staff and management. One person in particular told how well the service had responded to an emergency and come to help in the night. He also said staff supported family members as well as the person being cared for.

The service had 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were supported in their roles by supervision and spot checks. Members of staff came into the office during the inspection to talk to the manager, discuss care issues and socialise with each other.

There was a management team based in the office with designated roles. The service employed a person to deliver training and another staff member updated policies, procedures and other documentation. There was a recognised management system which staff understood and meant there was always someone senior to take charge. Staff meetings were held regularly to discuss care and other issues.

The service had achieved recognition with Investors in People, which is a benchmark of good quality mainly around the training of staff. The service was also a preferred provider for several local authorities in the area.

From evidence we saw in the plans of care the service liaised with other organisations such as social services to ensure people's needs were met.

The registered manager or a senior member of staff conducted audits which included results from surveys, care plan accuracy, incidents, daily diaries and checking the times and punctuality of staff visits. The registered manager undertook such audits as were necessary to check that systems were working satisfactorily.

There were policies and procedures which a staff member updated on a regular or as needed basis. We looked at many policies and procedures including health and safety, accident and incident reporting, moving and handling, food hygiene, whistle blowing, diet and nutrition, infection control, medication, safeguarding, MCA and DoL's, privacy and dignity, challenging behaviour, whistle blowing and complaints. The policies and procedures we looked at were fit for their purpose.

We asked the registered manager what the service did well. She told us by breaking barriers in cultural and ethnical community needs. This was by introducing a service to people with ethnic minority needs and employing ethnic minority staff which was appreciated.by the people they looked after.