

Home Care For You Limited

Homecare For You Bolton

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

The Care Quality Commission (CQC) carried out this unannounced inspection on 14 October 2015. Homecare For You is an established agency providing care for 138 adults in the Bolton area enabling people to remain in their own homes.

This was the first inspection since the agency had recently moved into their new offices on Halliwell Road, Bolton. We last inspected the agency on 23 May 2013. At that inspection we found the service was meeting all the regulations we reviewed.

There was a registered manager at the service. 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.

Summary of findings

As part of the inspection we visited the office and spoke with the provider, the office manager, the training and development officer and the care coordinator. We also contacted by telephone four members of staff and five people who used the service and a relative.

People who used the service spoke positively about the care, kindness and support they received from the care staff who visited them.

Staff spoken with told us the registered manager was mainly based at the agency's other office and hardly spent any time at the Bolton office. Four of the care staff we spoke with told us they thought the office manager was the registered manager. They were unaware of the registered manager's name. This was also confirmed by three people who used the service. Care staff told us they found the office manager and the care coordinator approachable and they felt well supported by them.

We saw that care records were in process of being reviewed and updated by the office manager, these included information about people's likes, dislikes, interests and personal preferences. We saw that risk assessments were in place to help keep people who used the service safe. These were also being reviewed.

The provider had up to date policies and procedures in place, these were kept electronically.

Recruitment procedures including an application form, references and other forms of identification were in the staff files we looked at. Checks from the Disclosure and Barring Service (DBS) were in place to help ensure people employed were suitable to work with vulnerable adults. On checking some staff files we saw that some staff emergency contact details were missing. In case any staff emergencies that may occur contact details should be documented. The office manager agreed to address this.

An annual satisfaction survey had been undertaken to ascertain people's opinions of their care delivery. We saw the results of the most recent survey which demonstrated that people were positive about their experience of the service delivery.

The service user guide (information for people who used the service) was out of date. This was dated 23/11/2012 and referred to Essential Standards of Quality and Safety which were no longer in use. Information on how to make a complaint was in the service user guide in each care

plan. The address and telephone number for people to contact the CQC were incorrect. We saw four complaints had been made about the service. These had been followed up appropriately by the office manager and resolved.

Providers are required by law to notify CQC of certain events in the service such as serious injuries, deaths and any allegations of abuse. Records we looked at and discussion with the local authority, confirmed that CQC had not received notifications of abuse. This is an offence under Regulation 18 (2) (e) of the Care Quality Commission (Registration) Regulations 2009 (Part 4). This matter will be dealt with outside the inspection process.

We found the system for managing medicines was not consistency safe ensuring that people received their medicines in a safe and timely manner. This was a breach of Regulation 12 (2) (g) of the Health and Social Care 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment.

We saw some checks and audits were being undertaken on care plans and medication, however there was no best evidence to show any analysis and what actions were being taken to improve the quality of the service. This was a breach of Regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to good governance.

The office manager held monthly staff meetings, however staff attendance was poor. The registered manager had not been present at any staff meetings since January 2014 to date. Minutes of meetings had been recorded but were not distributed to all the care staff.

We saw that the office manager and the care coordinator had undertaken supervisions with care staff. Care staff spoken with confirmed that they had met with the office staff. We saw for the office staff and the training and development officer that supervision was ad-hoc and not carried out on a regular basis. This was a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in respect of staffing.

All new care staff completed an induction programme on commencing work with the agency. New care staff were receiving training on the day of the inspection. The staff

Summary of findings

training matrix showed us what training staff had undertaken and when refresher training was due. There was evidence of training certificates in the staff files we looked at.

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?

Not all aspects of the service were safe.

Staff had received training relevant to their roles to enable them to do their job effectively and safely including moving and handling and safeguarding.

People who used the service said they felt safe and that the care provided was good.

The administrations of medicine were not always safe and there were gaps in the recording of medicines.

Requires improvement



Is the service effective?

We found that senior staff were not receiving regular supervisions and appraisals.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DOLs).

Requires improvement



Is the service caring?

The service was caring.

People we spoke with were complimentary about the care they received from their carers.

People's wishes and preferences were taken into account.

Good



Is the service responsive?

Not all aspects of the service were responsive.

The service user guide was out of date and contained incorrect information.

The complaints policy was detailed in the service user guide for people to raise any complaints and concerns. However the details of the Care Quality Commission were incorrect.

The service sought the views of people who used the service by the use of satisfaction questionnaires.

All care records were currently being reviewed.

Requires improvement



Is the service well-led?

Not all aspects of the service were well led.

There was no evidence to show that the registered manager had input into the running of the service.

The service and staff were being managed by the office manager.

Requires improvement



Summary of findings

There was no evidence of formal audits such as safeguarding, complaints or missed visits.

Providers are required by law to notify CQC of certain events in the service such as serious injuries, deaths and any allegations of abuse. Records we looked at and discussion with the local authority, confirmed that CQC had not received two notifications of abuse.

Homecare For You Bolton

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.

This inspection took place on 14 October 2015 and was unannounced. The inspection was carried out by one adult social care inspector from the Care Quality Commission. As part of the inspection we spoke with five people who used

the service, a relative and four staff. We spoke with the office staff, the provider and reviewed records, including four care files, four staff personnel files and supervisions and staff meetings.

Prior to our inspection we looked at the information we held on the service, including previous inspection reports. We contacted Bolton local authority commissioning team, who purchase care packages from the service. We were told that they had recently met with the agency due to some concerns regarding medications and care records that had been raised. These were currently being addressed.

Is the service safe?

Our findings

As part of our inspection we spoke with five people who used the service and a relative. All the people spoken with were complimentary about the care staff who visited them. One person told us "They [staff] are marvellous, can't fault them". Another said, "I could not manage without them, I trust them". We were told that care staff treated people with dignity and respect and that they were always polite.

Another person told us that sometimes the care staff forgot to complete the care plans. One person said that communication between the office staff could be better, they said, "Sometimes I have rung down to the office but the messages do not get passed on to the care staff. A relative told us, "I am happy with the care my [relative] gets, they [care staff] keep me informed of what's going on. If there was any problem I would speak with the manager [office manager]".

We were made aware during our inspection there had been two safeguarding referrals to the local authority safeguarding team. One had been investigated by the office manager. The second one was ongoing. CQC had not been notified of these safeguarding issues.

We looked at four staff personnel files. Staff had been recruited and interviewed by the office manager. Information in the staff files included: an application form, written references and other forms of identification for example, a copy of the applicant's driving licence or passport. We saw Disclosure and Barring (DBS) checks had been undertaken. A DBS check helps ensure that people are suitable to work with vulnerable adults and children. We saw in the staff files we looked at that some staff signatures were missing on some of the documentation, not all had evidence of terms and conditions. This was discussed with the office manager who agreed to address this.

We looked at a sample of four care plans. The office manager was in process of reviewing all the care plans and updating them. The updated care plans were to replace the ones in the homes of people who used the service. The office manager told us that some of the information in the care plan was out of date and the whole care plan needed revisiting. We saw that risk assessments were in place including: environmental assessments to help

protect people who used the service and staff working when in people's homes. The risk assessment were also being reviewed. People we spoke confirmed they had a care plan in place and care staff referred to it when needed.

Prior to our inspection we liaised with the commissioning team who purchased care from Homecare For You who informed us that not all the documentation they reviewed in the care plans had been completed accurately. The commissioning team is monitoring the service and is meeting with them on a regular basis.

During our inspection we were provided with a copy of an internal medication audit completed in January 2015 where concerns were highlighted regarding medication. These included that some carers were unaware that medicines in blister packs needed to be recorded and signed when given, that carers cannot sign the Medication Administration Record sheet (MARs) for doses that they have not administered and witnessed for themselves and that medicines given 'as and when required' did not need to be recorded as refused. These errors were noted despite carers receiving medication training at Level 1 and Level 2. We were informed that MAR sheets were not always completed. The agency was currently in the process of reviewing people's medication and revisiting staff competencies and providing further training. Poor documentation and recording could potentially place people at risk of not receiving their medicines in a safe and timely manner.

We were also made aware of an external medication audit completed by the commissioning team which found the agency was still failing in their medication systems and processes. The agency had submitted an action plan to the local authority detailing how they were working to address any issues raised. We were provided with a copy of the action plan at our inspection. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulation 12 (2) (g) in relation to safe care and treatment.

One person we spoke with told us that, "The girls [care staff] just check that I have taken my medication", and another said, "I have a chart which the carer completes when I have my tablets".

We asked the office manager how care staff gained access in to people's home. we were told that some people could let staff in to their homes but for 80% of other people secure systems were in place to enable staff to gain entry.

Is the service safe?

We did not find any issues relating to care staff or staffing levels. People who used the service told us that they always received their visits as arranged. We asked care staff if two people were needed for a visit did two people attend. One member of staff told us, “If a person was on a ‘double up’ (required two care staff to assist) two carers would attend otherwise people could be at risk of harm”.

We saw that care staff had access to protective clothing such as disposable gloves and protective aprons to help protect from and prevent the spread of any infection. Care staff could collect these from the office as and when required.

There were policies and procedures in place and we were provided with an up to date list of all the agencies policies on the day of our visit. Policies were kept electronically and we were shown a sample of these policies. The provider informed us that staff had access to the policies when required. One member of staff told us they had never seen the policies.

Is the service effective?

Our findings

People who used the service told us, “The girls [care staff] always turned up and if they’re running late due to unforeseen circumstances they let me know”. One person said, “Most of the time the same people come, which I like. I understand that sometimes other girls [care staff] have to come when they the others are off”.

We asked the office manager how they monitored the visits to check if care staff had attended their scheduled visits.

We were told there was an electronical call monitoring system in place to check when care staff had arrived at peoples home and what time they left. This helped the office staff to monitor punctuality and whether care staff had stayed for the allocated time.

We spoke with the training and development officer about staff training. On the day of our inspection we saw new care staff were working through their induction programme. The training and development officer provided us with the staff training matrix for 2015. We saw training included: safeguarding, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), dementia, infection control, equality and diversity, moving and handling, first aid, fire safety and medication.

We saw evidence of training certificates in the staff files we looked at. However some of the staff files needed the updated certificates adding to their files to correspond with the training matrix. Staff spoken with confirmed that they had completed training relevant to their role. Staff had an understanding of safeguarding and whistleblowing procedures and knew who to contact if they suspected any abuse had occurred.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure the human rights of people who may

lack the 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.

Staff spoken with were able to demonstrate an understanding of the MCA and DoLS and confirmed that this topic was covered by the training and development officer during training sessions.

We asked about staff supervisions. We saw some care staff supervisions had taken place and this was recorded in staff files. Care staff spoken with said they had received supervision from the office manager or the care coordinator. We asked the provider for the supervision /appraisal records for the last year for the office manager, the care coordinator and the training and development officer. Some records were emailed to us by the provider following the inspection. These showed the officer manager had an appraisal in January 2015, no other supervisions were provided. The care coordinator had no records of appraisals or supervisions and the training and development officer had an appraisal on 15 December 2014, no other supervision records were provided. This was a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in respect of staffing.

The agency provided care for people from ethnic backgrounds, mainly to the Asian community. Staff training included equality and diversity and the agency had several staff that were bilingual and could speak Urdu and Gujarati to people who used the service and their relatives for whom English was not their first language.

Is the service caring?

Our findings

People who used the service and a relative spoke positively about the care staff and said they listened; they were polite and treated them with dignity and respect. One person told us they [care staff] were friendly and they enjoyed their visit from them. They said, "It's nice to have a chat with them". Another person described the care staff as, "Marvellous".

A relative spoken with told us, "I am happy with the care my [relative] receives. Were possible it's the same staff that visit. They [care staff] keep me informed of what's going on".

We asked care staff how they ensured people's dignity was maintained. We were provided with some examples including, "I promote independence where possible. I will away ask people what they require of me and what they can do alone. I ensure that only people needed are present in the room. I ensure that people are always covered up and never feel exposed during personal care. I would never leave the person's side during personal care. I gather all the

things I need prior to assisting with personal care. I do not discuss one person with another. I have received person centred training from the training manager which covered all aspects of privacy and dignity as well as confidentiality".

The service had appropriate policies and procedures in place with regard to confidentiality and privacy and dignity. Staff were aware of the importance of confidentiality regarding people's care and support.

Information was shared with other agencies, after gaining consent of the person who used the service and only shared in the best interests of the person to help ensure they received appropriate care.

We saw that some 'spot checks' had been completed by the office manager. This was to check that care staff were carrying out the tasks required and provided people who used the service and their relatives with an opportunity to speak with the office manager. The 'spot checks' gave the office manager or the care coordinator the opportunity to discuss with the person who used the service and/or their family about the care they received and if any changes to the plan of care were required.

Is the service responsive?

Our findings

We looked at four care plans. Care plans had been developed from the services initial assessment and/or from the local authority support plan. Concerns had been raised by the local authority that it was difficult to ascertain how up to date and accurate the information in the care plans was and this led to the review of all the care plans.

As previously stated the office manager was in the process of reviewing and updating all the care plans and replacing them in people's homes, this was part of the agency's agreed action plan with the local authority.

We saw that the care plans contained information including names and address, emergency contact details, GPs contacts, Medication Administration Records sheets. Staff were expected to complete a daily monitoring sheet following each visit. This was to inform other care staff at their visit of the persons wellbeing and what tasks had been completed. One member of staff spoken with told us, "If I found something not right at my call I would contact the manager (office manager) and report it to them".

The number of visits and tasks to be completed were documented. People who used the service told us they had a care plan in place and all apart from one person told us that staff completed the care plan after each visit.

We saw in the care records that people who used the service had completed a satisfaction survey. Results of the survey from January – June 2015 had been collated and showed 48% were very satisfied that the care staff visited at times that suited them, 84% were very satisfied that they were treated with dignity and respect and 76% were satisfied if they had to contact the office their query was dealt with quickly.

The service user guide (information for people who used the service) was out of date. This was dated 23/11/2012 and referred to Essential Standards of Quality and Safety which were no longer in use. Information on how to make a complaint was in the service user guide in each care plan. We noted the address and telephone number for people to contact the CQC were incorrect.

The office was open Monday to Friday, office hours. When the office was closed an 'on call' system was available. On the front of the new care plans there were contact telephone numbers including the provider's mobile number for people who used the service to contact them in the event of an emergency.

We saw the service had received four complaints. These had been followed up appropriately by the office manager and resolved in a timely manner.

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who is 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager oversees other offices in the Lancashire area. None of the people who used the service nor the relative with whom we spoke knew who the registered manager was. All provided us with the name of the office manager. The staff we telephoned following our inspection also confirmed they thought the office manager was the registered manager. One member of staff told us, "I have never seen the registered manager at the Bolton office. I did not know she was the manager. I always deal with [office manager], who is very supportive and helpful. I don't think the clients [people who used the service] know who the manager is".

We saw that some staff supervisions and staff meetings, recruitment and complaints and updating the care records had been completed by the office manager or the care coordinator.

The registered manager had not attended a team meeting from January 2014 to date. From the minutes of the meetings we looked at these were poorly attended by staff. We asked the provider how people who did not attend meetings were kept up to date with what had been discussed. We were told there was a newsletter that care staff could read. There were no systems in place for the management to check that care staff had read the minutes of what had been discussed at the meeting. We were told by the provider they had a newsletter that contained the information discussed. The newsletter, if freely distributed may breach confidentiality as some topics discussed may be of a sensitive nature.

There was no record or signing in sheet for the office based staff. Therefore we were unable to assess the time spent at the office by the provider or by the registered manager. We discussed with the provider that the registered manager had the responsibility to manage and support staff based at the Bolton office. It was evident from discussions with staff and people who used the service and from the information we looked at the presence of the registered manager was limited.

We asked the provider what other systems were in place to monitor and assess the quality of the service. The provider informed us that the audits were kept electronically and that they would be emailed to the inspector by 21 October 2015. On 20 October 2015 we received the Service User Satisfaction questionnaire results. A second request was made on 23 October 2015 as we had not received all the information requested. The request for the office staff supervisions/appraisals for the last year was not provided. These showed the officer manager had an appraisal in January 2015, no other supervisions were provided. The care coordinator had no records of appraisals or supervisions and the training and development officer had an appraisal on 15 December 2014, no other supervision records were provided for this person.

All the people who used the service were having their medicines reviewed by the Medication supervisor due to concerns raised by the local authority. On 26 October 2015 we received a spreadsheet for call monitoring. We did not receive information to demonstrate that quality audits and checks were regularly completed and any analysis of improvements or actions taken. This was a breach of Regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to good governance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

We found that the registered person had not ensured that staff had received supervision and appraisals as is necessary to enable them to carry out the duties they are employed to perform.

Regulated activity

Personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

We found that the registered person did not have adequate systems in place to monitor and assess the quality of the service.

Regulated activity

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

We found the registered person did not have safe systems in place with regard to medicines.