

Homecare4U Limited

Homecare4u

Wolverhampton South

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Our inspection of Homecare4U Wolverhampton South took place on 01 November 2017. This was the first inspection of the service since registering with us in July 2017.

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

Not everyone using Homecare4U Wolverhampton South receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection, 27 people were supported with their personal care by the service.

There was a registered manager in post. 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.

People were supported by staff who knew how to report concerns of abuse and had the knowledge to manage risks and keep them safe. However records completed with regards to risks were not always accurate or detailed. There were sufficient numbers of staff available to support people and staff had been recruited safely. Medication records checked evidenced that medications had been given in a safe way.

Assessments completed did not always include information about people's needs in relation to characteristics under the Equality Act and care records with regards to people's dietary requirements were not always detailed. Staff received training and support in order to support people effectively and people were supported to access healthcare services where required.

People were supported by staff who were kind and caring. Staff promoted people's independence and respected their privacy and dignity. People had support with their communication needs and felt involved in decisions about their care.

People were involved in the planning and review of their care. The provider was responsive in making changing to people's planned care to ensure that people's social / religious needs could be met. People knew how to make complaints and where a complaint had been made, this had been investigated and resolved.

Records kept in relation to people's care needs were not always clear or detailed. Audits completed had failed to identify these issues. People spoke positively about the management of the service and had been supported to provide feedback on their experiences.

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.

People were supported by staff who knew how to report concerns and manage risks to keep people safe.

There were sufficient numbers of staff available to support people and staff had been safely recruited.

People were supported with their medications in a safe way.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Assessments completed did not take in account people's needs in relation to protected characteristics and were not always detailed with regards to people's dietary needs.

People were supported by staff who had been appropriately trained.

People were supported to access health care services where required.

Is the service caring?

Good ●

The service was caring.

People told us that staff were kind and caring to them.

Staff respected people's privacy and dignity and encouraged people to maintain their independence where possible.

People were involved in their care and supported to make their own choices.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the planning and review of their care.

The provider had been responsive in adapting to meet the social needs of people.

People knew how to complain and complaints had been investigated fully.

The provider had plans in place to support people who may have end of life care needs.

Is the service well-led?

The Service was not always well led.

Records kept regarding peoples care needs were not always clear and detailed and records completed did not identify these issues.

People spoke positively about the registered manager and staff felt supported in their role.

People were given opportunity to feedback on their experience of the service.

Requires Improvement 

Homecare4u Wolverhampton South

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.'

This inspection took place on 01 November 2017 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the management team may be out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by an inspector and telephone calls were made to people and their relatives by an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service, this included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority who commission services to gather their feedback. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually 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 visited the office location on 01 November 2017 to see the manager and office staff; and to review care records and policies and procedures. Telephone calls were made to people, their relatives and staff on 03 November 2017 and 06 November 2017. We spoke with three people who receive care from the service and

three relatives. We also spoke with two members of staff, the registered manager and the regional manager.

Is the service safe?

Our findings

All of the people we spoke with told us they felt staff when staff visited them in their home. One person told us, "I feel the care is safe, I can trust the girls [staff]". This was confirmed by relatives who also felt the service provided was safe. One relative said, "They [staff] visit twice a day and I am happy that the care is safe".

All of the staff we spoke with displayed a good understanding of the different types of abuse and the signs they needed to look out for. Staff had received training in how to keep people safe from abuse and knew the procedure to follow if they had any concerns that a person could be at risk. One member of staff told us, "I would report [concerns] to my line manager and they would then pass it on to the relevant authorities". As the provider had only been providing care to people for four months, they had not yet had any incidents that would require them to report concerns. However, we found that the registered manager had a good understanding of where concerns of abuse should be reported and knew how to make referrals to external organisations such as the local authority safeguarding team.

People told us that staff managed risks in order to keep them safe. One person who required the use of a hoist to help them transfer told us, "I am hoisted and I never worry". Staff we spoke with were able to explain how they use equipment to support people with their mobility safely. Staff displayed a good understanding of how they should use equipment to keep people safe. We saw that where people required the use of equipment, risk assessments had been completed to inform staff of how to support people safely. However, we found that these risk assessments did not always contain the information needed. For example, one person's risk assessment contained conflicting information about the equipment that was needed to support the person in moving safely. For another person, the list of equipment to support a person with their mobility was included in the risk assessment, but no further information given to inform staff when to use each different aid. We spoke with staff who informed us they knew what equipment to use and when but the records being unclear meant there was a risk that people would not be supported in a consistently safe way. We discussed this with the registered manager who informed us they would address the risk assessments to ensure these were clear and detailed.

Staff we spoke with understood the actions they should take if an emergency occurred such as not being able to gain entry to someone or finding a person on the floor. One member of staff told us, "If I couldn't gain access, I would call the office who would try to contact the person and their family. I would stay there until I had further information about if they were ok." Another staff member said, "If I went in to someone and they were not breathing [for example], I would call 999 straightaway". We were informed of an incident where an emergency occurred and a person being cared for by staff needed emergency medical attention. We saw that the provider responded appropriately and relieved the care staff of their future visits that day to ensure they were free to stay with the person until help arrived. This meant that systems were in place to ensure people were kept safe in case of emergency.

People told us that they had a regular team of care staff visit them. One person told us, "We have a core of staff who come to us so we have got to know them". Another person said, "I have the same staff and they really are like family to me". This was confirmed by staff and records we looked at showed that people were

supported by regular staff to ensure consistency.

All of the people spoken with said that staff were always on time to provide their care but that if they were delayed, they were notified of this. One person told us, "They [care staff] aren't late very often but they always phone if they are going to be late". Staff told us that they did not feel rushed at work and that the provider had ensured they have sufficient travelling time to get to each person. One staff member said, "I do think there is sufficient time [to spend with people] and if not, we could call the office and they would do a reassessment. I have done this before and they [registered manager] sorted it and increased the visit time". Records we looked at showed that people had received care at the correct times and that staff had stayed with people for the assessed length of time.

There were safe recruitment systems in place to prevent unsuitable people being employed by the service. All of the staff spoken with confirmed that they were required to provide references from previous employers, a full work history and complete a check with the Disclosure and Barring Service (DBS). The DBS would show if a person had a criminal history or had been barred from working with vulnerable adults. Records we looked at confirmed that these checks had taken place.

Some people required support to take their medication and we looked to see if systems were in place to support with this safely. Where people required support, we saw that Medication Administration Records (MAR) had been completed. The records did not contain any gaps and showed that medication had been administered as prescribed. We spoke with staff who could explain how they supported people to take their medication. Staff descriptions of this showed they understood how to give medication safely. One staff member told us, "We will go through the care plan and MAR, check the times that medication is due and will only give what has been prescribed by a GP. I will pop the medication into a pot and stay with the person while they take these". The registered manager informed us and records confirmed that staff were observed giving medication by their line manager to ensure they remained competent in this.

We saw that the provider had taken steps to ensure that infection prevention and control measures were in place and followed by staff. Records we looked at showed that staff had received training in this area and care records provided prompts to remind staff of how to follow Infection control guidelines. These prompts included notes such as 'All PPE [Personal Protective Equipment] to be worn throughout this task'. Policies and procedures in relation to infection control had been provided to staff in their staff handbook.

Although no accidents, incidents or safeguarding concerns had occurred at the service, the registered manager had an understanding and willingness to analyse and learn from incidents that may occur in order to improve on the service provided. The registered manager said, "Any incidents will be analysed for patterns or trends monthly once these start to come in. We aim to learn in everything we do."

Is the service effective?

Our findings

People told us that before they began to receive support, an assessment of their needs took place. This assessment looked at their care needs and preferences with regards to their care. We looked at people's care records and saw that initial assessments took place and addressed a number of areas including; Medical History, Communication needs, Personal care needs and dietary needs. We could see evidence from the assessments that people had been asked about their religious needs but that consideration had not been given to any needs in relation to other protected characteristics such as sexuality. We spoke with the registered manager and regional manager about this who informed us that it is not something they had discussed with people as part of assessments before, but would consider people's needs in relation to any protected characteristics when assessing people's needs in future.

People we spoke with who received support with their meals were happy with how this support was provided. One person told us, "They [staff] make sure I have a sandwich and drinks and that makes me feel safe". A relative told us, "They [staff] help with meals which is done reliably". Staff we spoke with knew people's dietary needs and where this information was recorded. One member of staff told us, "I know people's dietary needs as it is in their care plan. If I had a query about it I could always call the office". We saw that records with information about people's dietary needs were in place however these were not robust and lacked detail. For example, one person's care records stated they were diabetic. However, the records only informed staff to monitor and report any concerns. There was no guidance for staff on foods that the person could and couldn't eat and any specific support the person needed with their meals. The risk assessment also failed to provide information on what signs of illness staff should be monitoring for with regards to this person's diabetes. We raised this with the registered manager and the regional manager who were not aware that the assessments were required to include such detail and provided assurances that these would be updated.

People told us that they felt staff were well trained and had the skills needed to support them effectively. One person told us, "We have all the help that we need within the limits of their [staff] role. They are adequately trained". Staff we spoke with felt they were provided with the induction and training they required to support people. One member of staff told us, "After my interview, I had to do a workbook alongside practical training sessions in the office and then I shadowed for two days. They [the registered manager] said I could keep shadowing until I felt comfortable but I felt ready to start". We looked at the training provided to staff and saw that this covered areas specific to the needs of the people they would be supporting. The training also covered areas such as Equality and Diversity and human rights and staff were provided with handbooks that gave further information and guidance in this area should it be required. As the service had only been providing care for four months, all staff had received training as part of their induction but the registered manager informed us of their intentions to refresh people's training regularly. Systems were in place to provide further training and support as the registered manager was also the provider's care trainer.

Staff told us they felt that communication within the service was good. Staff told us they were given the information they required prior to visiting a person for the first time and that as people's needs changed, this was communicated to them in a timely way. One member of staff told us, "The office inform me beforehand

of any changes [to people's needs]. I have never once been to someone where I didn't know what was going on. They [the management team] will call and bring us updated paperwork".

People had been supported to access healthcare services where required. One person told us, "They [staff] are supportive and signpost us to other services that we need". Staff gave examples of times they had supported people to get emergency medical attention and could confidently explain the procedure to follow where someone needed medical help. We could not see any instances where staff or the registered manager had referred people to healthcare services but the registered manager knew how they should do this if required.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. People told us that staff always sought their consent before providing their support. One person told us, "[Staff] will always ask my permission before they do anything". A relative we spoke with said, "They [staff] always seek permission and are very good with [person's name]". Staff told us they had received training in MCA and understood the importance of gaining consent. One member of staff said, "I gain consent by asking the person first. If they [the person] refuses, I won't force them to do anything they don't want to do". All the staff spoken with displayed a good understanding of the principles of the MCA and what actions should be taken where a person lacks capacity. We saw that capacity assessments had been completed as part of the initial assessment and this information was available for staff to review when supporting people.

Is the service caring?

Our findings

All of the people and relatives spoken with were positive about the kind, caring nature of staff. One person told us, "The ladies [staff] are all kind, friendly and caring. They make time, there is never any rush and we get on very well". Another person said, "They really are like family to me. My family of carers". A relative we spoke with added, "We have a chatty warm relationship [with staff] and they always have a friendly smile". People were keen to tell us of the positive impact the staff had on them and one relative told us how the staff teams caring nature has had a positive effect on their family member. The relative said, "They [staff] are caring, friendly and have had an impact. With [person's name] Dementia, he doesn't remember people but he always remembers them". All of the staff we spoke with displayed warmth and compassion when talking to us about the people they supported. Staff explained how they had developed kind relationships with people and the feedback we received evidenced this.

Some people receiving support from the service had specific communication needs as English was not their first language. The relatives of this person informed us that the registered manager had always ensured that a staff member who spoke the same language as them attended to their needs. The relative said, "There is always one and sometimes two [staff] who speak Punjabi". One staff member who was unable to speak this person's language was being supported by the registered manager to attend classes to learn the language and aid their communication with the person. The staff member had an interest in learning this second language and told us, "I know a little of the language now so I will speak to [person's name] in that". This showed that both staff and the provider had been proactive in ensuring they were able to meet people's communication needs.

People told us they felt involved in their care and were actively involved in decisions. One person told us, "They [staff] offer me a choice in things" and a relative added, "They [staff] give him and his opinion, despite his Dementia, great respect which is very important to me". Another family member said, "They [staff] listen whenever I ask for anything". We spoke with staff who displayed an understanding of promoting choices and ensuring people were involved in their care.

People were supported by staff who knew how to promote their privacy and dignity. One relative said, "He can be challenging and protective of his personal care but they [staff] handle him with real respect for his privacy and dignity". Staff gave examples of how they ensured people's privacy and dignity was promoted that included covering people, and closing doors and curtains while supporting with personal care. People also felt that staff were mindful and respected that they were in someone's home. One person told us, "They [staff] treat our home with respect". A relative added, "They [staff] are unobtrusive and seem to slide in and out without us feeling a sense of invasion of our home. We feel comfortable with them".

People were supported to maintain their independence where possible. One person told us, "They [staff] support me to be independent and let me do what I can for myself. They never rush me". A relative we spoke with said, "They [staff] help [person's name] stay independent and never try to rush". This was confirmed by a staff member we spoke with who said, "The care plans advise what a person can do for themselves but we get to know them and we will encourage them to do things for themselves". Records we looked at showed

that consideration had been given to what people were able to do independently and made note of these to ensure their independence was maintained by staff.

Is the service responsive?

Our findings

People told us that they felt involved in the planning of their care and had been assessed to find out their care needs and what support was required. One person told us, "We have a care plan that was drawn up with us and them [the management team]". A relative we spoke with said, "The care plan and initial assessment were very involved and extremely thorough". Care records we looked at showed that these assessments took place.

People told us that the provider was responsive in making changes to their care where requested in order for them to continue with their hobbies and interests. One relative told us, "They have been very good with allowing us flexibility as [person's name] goes to a day centre and they have adjusted to accommodate our requests". We saw from records that the provider had been responsive in making changes to care to support people taking part in religious celebrations. The registered manager informed us how they had adjusted the times they supported one person to ensure they could take part in religious events while still receiving the care and support that they needed. This evidenced that the provider took people's religious and cultural needs into account when planning for their care.

People told us that staff knew them well. One person told us, "The ladies are all kind, friendly and caring. They know me and we chat about things". A relative felt that staff knew their family member well and that this knowledge had a positive effect on their loved one. The relative said, "They [staff] got to know him in a matter of days and have shown sensitivity in their approach. They know how to handle him and that can make the world of difference to the entire day". Records we looked at held personalised information about people. We saw that people had been asked for their preferences with regards to their care and what they like and dislike. For example, we saw that records noted what people were able to do for themselves and how they would like their personal care delivered. Staff knowledge reflected what was held in the care records. This meant that people were receiving personalised care by staff who knew their individual preferences.

We saw that the provider used online computer systems in order to respond promptly to any issues that arise. A system called CM2000 was in place that required staff to 'log in' when they arrive at someone's home. This ensured that the registered manager could monitor that staff had arrived to people on time. If staff were late to a person's call, an alert would be sent to office staff so that this could be looked into and the person could be informed of when to expect staff to arrive. The registered manager was actively looking into how technology could be used to further improve the level of care provided to people. She informed us that staff were currently undertaking training in 'single-handed care' which utilised equipment to lessen the need for staff support. This training was ongoing and the registered manager had plans to implement this in the future.

People knew how to make a complaint if needed and felt confident enough to do this. One person told us, "We haven't had cause to complain but we know the procedure should we need too". Another person said, "I have no complaints but if I did then I could ring the office about it I am sure". The registered manager informed us that the contact details for the office were left with people before their care begins to ensure

they are able to complain if needed. The registered manager said, "I always go to meet new people. We do a meet and greet and I leave contact numbers so that they can call me if needed". We saw that one complaint had been made, that was not related to care, and that this had been investigated by the registered manager and a response provided to the complainant.

The provider did not provide support to anyone who was at the end of life. However we asked how this would be addressed if required and the registered manager had plans in place to provide End of Life training to staff prior to supporting people who had this level of need. This meant that should people require end of life support in future, the registered manager had plans in place to provide this level of care.

Is the service well-led?

Our findings

We found that the providers systems to monitor the quality and safety of the service had not identified issues within care records and identify when these needed updating to provide staff with current guidance about how to meet people's needs. For example, we saw in one person's daily notes that staff had been supporting with their catheter care. There was no mention of this in the person's care plan and we could see no guidance advising staff on what support should be provided with this. We raised this with the registered manager who spoke with her team and informed us that the person's catheter had been removed in the previous days and the care plan had been updated to reflect this. However, we could see no evidence of this update or any signatures / dates to show that the care plan had been updated and why. It was not clear from the records we were provided with what this persons care needs were in relation to catheter care as conflicting information was given. This meant that an accurate record had not always been kept. We also found that some people's risk assessments required further detail. One person who required support with their dietary needs did not have a risk assessment in place that provided sufficient detail about the level of support required with this and the signs and symptoms to look out for in case of ill health. Records we looked at did not provide information about a person's whole needs; particularly in relation to any protected characteristics. This meant that records kept were not always clear, detailed or accurate.

The registered manager had completed audits of the daily records completed by staff. Where issues were identified in these, we saw that action had been taken. For example, one audit found that where two staff had visited a person, only one had signed the care records. The registered manager took action to address this and we could see it was raised with staff in the following team meeting. This meant that where areas for improvement had been identified, action was taken. The registered manager also told us that weekly telephone calls were held with the regional manager where visits were reviewed on their computer system to review any late, missed or shortened calls. The provider sent us records of these conversations to show that they had analysed the care provided each week.

People spoke positively about the registered manager and told us that the service was well led. One person told us, "The company is really good and I see nothing which needs to be improved upon". Another person said, "I know the [registered] manager and she is approachable". A relative added, "I know who the [registered] manager is and the company is a good one. We would happily recommend them".

The registered manager was described as 'hands on' by people we spoke with. One person told us, "They [the registered manager] does spot checks and is very hands on so knows us well". Another person added, "[Registered manager's name] calls regularly to check that everything is ok. She always keeps us informed of any changes too. It is very good".

All of the staff we spoke with felt supported by the registered manager. One member of staff told us, "They have been really, really supportive. I can call and they always offer me advice". Another staff member added, "I am supported. It is always said to us that if there is a problem or we are unsure of something to call the office so they can help". We saw that the registered manager completed supervisions with staff to give them

opportunity to gain extra support if required. Staff were invited to staff meetings where they could make suggestions and give feedback to the management team. One member of staff told us, "We have staff meetings where we can discuss changes, ask questions and raise any concerns". All of the staff we spoke with had been informed how to whistle blow and were confident in doing this as needed.

We saw that the registered manager had systems in place to gather feedback from people who use the service. People told us that the manager would call them and ask for their experience of the service. One person told us, "They [the registered manager] ring sometimes to check that I am happy with everything and they are chatty and friendly". Another person said, "We were asked to feedback once from the head office". We saw that the feedback received from people had been positive and all people spoken with had been happy with the support they were provided with. For example, one feedback form stated, 'We are very happy with all carers and care provided'.