

Homecare4U Limited

Homecare4u Kidderminster

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Homecare4U Kidderminster is a domiciliary care agency that was providing personal care to 32 people at the time of the inspection. Homecare4U Limited is registered to provide personal care to people in their own homes.

People's experience of using this service:

People were supported by staff who had the skills and knowledge to meet their needs safely and effectively and followed best practice. Views of people were valued and used to make improvements to their care and support.

Staff members felt they were valued and respected by the management team, who sought their involvement to improve and develop the service.

People had built positive relationships with the staff that supported them. People were supported by staff who were caring, kind, respected their dignity and privacy, and promoted their independence.

People's care and support needs were being met in line with their personal preferences. People were actively involved in making decisions about their care. The service responded promptly when people's needs changed.

The service was well managed, by a registered manager who was visible and 'hands on'. Governance systems to check the quality and safety of the service were robust and used to drive improvement.

Rating at last inspection: This was Homecare4u Kidderminster's first inspection.

Why we inspected: This was a planned inspection. The service was rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Homecare4u Kidderminster

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out the inspection.

Service and service type:

Homecare4u Kidderminster is a domiciliary care agency. People receive a personal care service in their own home.

Not everyone using Homecare4u 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.

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

Notice of inspection:

The inspection site visit was announced and started on 3 May 2019 and ended on this date. We gave short notice of the inspection because we wanted to be sure a senior member of staff was available to support the inspection.

What we did:

We reviewed information we had received about the service. This included the initial registration documents that we held and details about incidents the provider must notify us about, such as allegations of abuse.

We assessed the 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 used all this information to plan and conduct our inspection.

During the site visit, we spoke with the registered manager, the care co-ordinator, a field care supervisor and the area manager. We reviewed a range of records. These included five people's care and medication records, two staff files to check recruitment, training and supervision. We reviewed records relating to the management of the service and, training and supervision for all the staff. We reviewed how the provider and the registered manager completed their own internal quality checks on the care delivery.

After the inspection we telephoned five people who used the service, three relatives and four members of staff to gain their view on how the service was managed and care was delivered. You can see what they told us in the main body of the report.

We provided telephone feedback about our findings of this visit to the registered manager on the 8 May 2019.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- There were policies and procedures to guide staff on what they must do if they suspected a person was at risk of abuse. Staff had received training, and this was updated annually.
- The registered manager had followed the multi-agency safeguarding procedures to report any safeguarding incidents and had worked with external agencies to investigate.
- Concerns and allegations were acted on to make sure people were protected from harm.
- Staff were supported to discuss any concerns about person's safety during the monthly team meetings. They clearly described to us how they kept the management of the service updated with any concerns or allegations of abuse.
- People and their relatives told us they felt safe when receiving care from the staff working for the agency. This included knowing the name of staff that would be visiting.

Assessing risk, safety monitoring and management

- People received a safe service because risks to their health and safety were well managed. Care records included risk assessments about keeping people safe. These had been kept under review and amended as people's needs had changed.
- Where people required assistance with moving and handling, the equipment to be used was clearly described, along with how many staff should support the person to ensure their safety. Staff confirmed that where a second member of staff was required this was always in place. With both staff arriving either together or shortly after.
- Staff confirmed they received training in safe moving and handling procedures. Staff were regularly observed by the senior management team in respect of their competence in moving people safely.
- Risks associated with the safety of the environment and equipment were identified, assessed and managed to ensure that people remained safe in their home.
- The service had a lone working policy and required care workers to log in and out during visits using an electronic monitoring system. An on-call service was in place for staff guidance and help if required.
- Emergency contingency plans were in place to cover office closure, IT issues, extreme weather conditions and staffing. This ensured continuity of service for people.
- Each person had been assessed to ensure people received the care they needed in the event of an emergency. For example, where a person needed time critical medication, relied on staff for their meals and had no family, they would be a high priority to receive care. Staff told us most of their calls were within walking distance of each other.

Staffing and recruitment

- Safe recruitment processes were in place to ensure suitable staff were employed.

- The registered manager ensured staffing levels were sufficient and people told us their needs were met. It was evident the senior management supported people at short notice to cover any absences, ensuring continuity of care.
- New packages of care for people were only agreed if there was sufficient care staff to support them. Recruitment was ongoing.
- People told us staff generally arrived on time and stayed for the full duration of the visit. One relative said recently staff had been late but felt this was due to road works around Kidderminster rather than the management of staff. One relative said a visit had been cancelled on one occasion. This was because staff were running late, and they had a personal appointment and the later time was not convenient. They said this was manageable.
- People were supported by a consistent group of staff, which meant they had got to trust and know them well. People told us they knew the staff that would be visiting in advance and were informed of any short notice changes.
- Staff told us they had time to travel between calls. One staff member said, "Travel time is fine, if we feel there is a problem we just let the office know. They would put more travel time on if needed". People told us the office staff would inform them if they were running late.

Using medicines safely

- Risks relating to medicines were assessed by the provider and were suitably managed. The support people needed was clearly recorded in each person's plan of care.
- Staff received regular training in the safe management of medicines and the provider assessed their competency with additional training and assessment if they made a medicines error.
- The registered manager checked the medicine records monthly to be sure people received their medicines safely. These audits had picked up that not all staff were signing for people's prescribed medicines and their topical creams. Assurances were given these were recording errors and people had received their medicines when they needed them. A robust plan of action had been developed to address these concerns. This included working with staff that had repeatedly not signed the records and further training being planned. A checklist had also been introduced for each person's file reminding staff to check medicines had been signed for once given.
- People and their relatives told us they were happy with the support that was in place especially with medicines and the application of creams. A relative commended the staff on taking over the responsibility of ensuring medicines were ordered. They also told us staff had also noted that a medicine was missing and instantly called the GP and organised for the medicines to be delivered.

Preventing and controlling infection

- Staff received training to give them the skills and knowledge to maintain good infection control standards. Routine observations of staff were completed as part of a spot check to ensure they were following these standards.
- Personal protective equipment was available, and people told us that staff used this appropriately in their work.
- People and their relatives confirmed that the staff left their home clean and tidy after each visit.

Learning lessons when things go wrong

- The service completed accident and incident reporting forms. These were reviewed by the registered manager to determine the root cause and any proactive action required to limit the chance of a reoccurrence. Learning was shared with staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started to use the service. The registered manager and the care co-ordinator completed an assessment to ensure the agency could meet the care and support needs of people. This included gathering information about their medical conditions such as diabetes, dietary requirements and their daily lives.
- Assessments were used to develop care plans that were person centred and took account of people's diverse needs, including their religion, ethnicity, sexuality, disabilities and aspects of their life that were important to them.
- People's care was reviewed with them after the first six weeks, then six monthly and then annually. Meetings were held with the person, their relative and where relevant the placing authority. People confirmed they were consulted and involved in the planning of their care.

Staff support: induction, training, skills and experience

- People were supported by staff who had an induction that included shadowing more experienced staff and formal competency checks. Staff confirmed they had received a comprehensive induction appropriate to their roles.
- Staff completed training annually to ensure they were kept up to date. There was a wide range of topics that were covered including health and safety, food hygiene, first aid, safeguarding and record keeping.
- In addition, staff completed training on supporting people living with dementia, diabetes and catheter care. Staff were positive about the training they had completed. They told us the management team were supportive in respect of staff attending training relevant to their roles. One member of staff said, "I was completing my NVQ before starting with Homecare4u. The manager I know will support me to finish it".
- Staff competence was checked through regular spot checks and supervisions. Staff also received an annual appraisal after 12 months of working for the agency.

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

- People were encouraged to eat and drink sufficiently to maintain their well-being and support was given where this was required. The support people needed was clearly recorded in their care plan.
- Staff were aware of people's dietary needs, allergies or intolerance to certain foods and their preferences.
- People told us staff always offered them a choice of food and drink. A relative said there had been some concerns about checking food was in date. They said this had been discussed with staff and improvements had been made. Family were now recording dates on food to assist with this. Care plans included information about rotating food and checks to be completed to ensure food was in date and safe to eat.

Supporting people to live healthier lives, access healthcare services and support

- People or their relatives generally made their own arrangements to see healthcare professionals involved in their care. However, care staff liaised with people's GPs and the district nurse team if there were any concerns about a person's wellbeing. This was done with their consent.
- A relative said recently the staff had been concerned about their loved ones skin breaking down. They had spoken with the family and the staff promptly contacted the district nurse for advice. Another example was where a person was unwell, and staff contacted the person's GP and the paramedics. They also organised for the registered manager to sit with the person whilst they continued with their care calls.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decision and are helped to do so when needed. When they lack mental capacity to make decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- Staff had an awareness of the MCA and how this impacted on the people they supported. This ensured people's rights in relation to decision making was protected.
- Care plans were developed with people and we saw that people had consented to their care where possible. Staff confirmed they always asked people's consent before delivering care. People confirmed they were consulted about their care and provided with choices.
- The registered manager as part of the assessment process had discussed with people whether they had any lasting power of attorneys. For some people this was not clearly recorded on whether the nominated person had responsibility for care and welfare or finances or both. In response the assessment form was updated so this could be recorded more clearly.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People consistently told us they experienced good continuity of care from regular staff.
- Relatives spoke positively about the care and support their loved ones were receiving. One relative said, "It had been a difficult decision to accept help". They said they were very grateful for the care and support that was being provided. Another relative said, "Never seen a team that work so well together to deliver a well thought out service".
- Staff spoke with fondness about people they supported. Comments included, "I love working for this agency, everyone we support is lovely, and there is a real good team spirit". Another member of staff said, "I support a small group of people but would not have any worries in helping out" and "I really love my job, I am lucky it is so rewarding supporting people".
- People told us they looked forward to their visits from staff. Comments included, "The girls are lovely, we have a laugh and they treat me so well. Nothing is too much trouble" and, "I am so lucky to have such lovely carers, it is much better with this agency than the last. Cannot fault it".
- There were many compliments recorded in the office from people and their relatives. These included, "Staff give out happy vibes", "Carers are amazing", "look forward to them visiting", and "Nothing is too much trouble, go above and beyond".
- Care documentation included information about the protected characteristics including expressing religion and cultural needs. Staff promoted care that was tailored to the individual taking into account their preferences.

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

- People and their representatives were fully involved in decisions about all aspects of their care and support.

Respecting and promoting people's privacy, dignity and independence

- Staff were able to give us examples of how to maintain people's privacy and dignity. For example, keeping people covered as much as possible and ensuring their property was secure on leaving.
- People received care and support from a stable staff team. People told us they had a small number of consistent staff that supported them. One person said, "I look forward to the girls visiting, we have a laugh and a joke".
- People said they generally knew who was supporting them prior to the visit. People had a weekly rota. This meant they knew who was coming into their home.
- People were matched with staff that they would get on well with. Where concerns (may be due to personality) had been raised then changes had been made to the staff that supported them. This was important as people had to be comfortable with the staff that were entering into their home.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans explained in sufficient detail the things people could do, and the things they needed staff to support them with. These were kept under review in consultation with people.
- Care was provided in a timely manner and staff stayed the full duration. People's preferences were taken into consideration in respect of the time they wanted care delivered. For example, one person wanted an early call during the week but later at the weekend, so they could have a lay in.
- Care plans included information to support people to maintain good skin integrity and the assistance they required to take medicine safely. There was information to guide staff about how to support people with their physical and mental wellbeing. A relative said the staff were very good at monitoring their loved one and liaised with their GP or district nurse if they were concerned.
- People told us the staff always asked if there was anything else they needed before they left. Staff told us they always checked with the person if they needed a drink before leaving.
- Staff said they did not feel rushed and there was always sufficient time to complete what was needed for people. A member of care staff said the office staff were really good at keeping this under review.
- Staff understood and applied the Accessible Information Standard. This standard requires service providers to ensure those people with disability, impairment or sensory loss have information provided in a format accessible to them and they are supported with communication.
- Relatives spoke positively about the responsiveness of the service from contacting health professionals, to going over and above to ensure medication was in place (sometimes in their own time) and how they adapted the care to meet the care of their loved one. For example, if a person was unwell/in pain because of a medical condition offering a wash instead of a shower.
- A relative told us all the staff without exception were supportive. They said that their loved one was building up relationships with staff and due to the continuity will now expect help with eating. Previously only family could support in this area.
- Communication between the office and the care staff was prompt to ensure the care plan reflected the changing needs of the person. This included ensuring the length of the visit was suitable.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure. The policy outlined how people could make a complaint with a timescale of when people could expect their complaint to be addressed.
- Complaints were recorded, investigated and responses provided in a timely manner. Action was taken to resolve issues raised.
- Relatives told us they could always speak with the staff or the management. A relative said they had raised concerns about some unwashed dishes in the kitchen on one occasion. The member of staff was apologetic,

and improvements had been made in response. The relative said it was minor concerns but was more than happy with the response and the action taken.

- People told us they would speak with staff if they had any concerns but generally had no concerns.

End of life care and support

- At the time of our inspection, the service was not supporting any person to receive end of life care.
- People were supported to make decisions about their preferences for end of life care where appropriate and these were retained in care plans for reference. If a person had a 'do not resuscitate' directive, then there was clear information on where this could be found in the person's home.
- The registered manager told us they had been commissioned to provide care to support and enable people to die in their own home. Compliments had been received from relatives speaking positively about the care and support that had been put in place. Staff worked closely with end of life specialists, health professionals such as the person's GP, district nurses to ensure good outcomes for people.

Is the service well-led?

Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The management were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- The registered manager informed us that the majority of care calls were monitored by a call monitoring system to ensure staff had attended at the required time and for the full duration. This identified if staff were running late or required extra support. The system would send an alert direct to the management team to enable them to investigate if the care call had not been completed and whether the care worker was safe. If the care worker was running late then the management team could organise for another care staff to attend. Often the management team would respond in these situations.
- The management team were committed and passionate about providing care that was person centred to people in their own homes. They were knowledgeable about the people they supported.
- There was an open and transparent management approach between the registered manager, care co-ordinator, field supervisor and the area manager. Telephone calls received and made to people, staff and relatives were conducted in a professional and friendly manner. The area manager was observed helping in the office including answering the telephone and supporting the management team.
- Everyone we spoke with knew who the registered manager was and spoke extremely highly of her approach. Comments included, "Fab, listens and is always available", "Fantastic, X sorted out mum's meds" and "Great, very helpful". The registered manager had a 'hands on' approach and helped with providing care. The registered manager said this was positive as they got to know the people, the staff team and could lead by example. Staff were appreciative of this support. One member of staff said, "There is no divide between management and staff. We are all one team working together to support people".
- On call support was provided to ensure staff always had a senior available to support with any emergencies or to provide information if necessary.

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

- The agency had an experienced registered manager in post, a care co-ordinator, field supervisor who were all supported by an area manager. They knew the service well and were aware of their registration requirements with CQC. They knew the different forms of statutory notifications they were required to send the CQC by law and had completed their CQC Provider Information Return, as required.

- The management completed quality audits on a monthly basis and actions were identified and addressed to bring about improvements. Audit results were monitored by the provider. The provider visited regularly to check on the quality of the care and support the staff and the management team.
- People's daily and medication records were returned to the office at the end of each month. These were checked to ensure care had been delivered according to the plan of care and staff had completed all the appropriate records that were required of them.
- The registered manager had a weekly meeting with the area manager to discuss any risks such as staffing, health and safety and safeguarding. It was evident there was good communication and joint work to ensure a quality service was maintained.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and staff were encouraged to contribute their views on an ongoing basis informally and through regular feedback surveys. The recent surveys completed by staff and people indicated a high level of satisfaction with the care and support and the working arrangements. People and staff were informed about the results through a newsletter.
- Staff confirmed there was good communication and support in place. This included monthly meetings, spot checks of their performance and supervisions. Staff that were unable to attend the monthly meeting received a copy of the minutes. There were also regular text updates to staff.

Continuous learning and improving care

- The registered manager regularly reviewed the service provided to people. There was learning from reviews, meetings and feedback from other stakeholders. This was fed back to staff and incorporated wherever possible in to people's care plans, policies and procedures.
- Staff were supported to continuously learn and improve the care to people. Staff had competency checks to ensure they were supporting people effectively.
- As already discussed under the safe domain staff were not always signing the medication records. The management team had discussed this in group sessions and moving forward were calling in individual staff to discuss further and provide additional training. During the inspection a checklist had been developed to remind staff to ensure they had signed the medication record. There was also a reminder for staff to call the on-call if there were any gaps.
- New technology was being implemented through the use of a new app. This helped ensure all staff had up to date information about the rotas and important aspects of each person's care needs.
- There was a positive staff culture and staff spoken with were motivated and enthusiastic. There was a real commitment to providing care that was right for the person.

Working in partnership with others

- The registered manager and staff described to us how they worked in partnership with other health and social care professionals to ensure positive outcomes for people.
- The area manager attended provider forums and fed this back to the registered manager on a regular basis. This enabled them to keep up to date on what was going on within the local area and share ideas.