

Home Care For You Limited

Homecare For You Bolton

Inspection report

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10 February 2017

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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

This inspection took place on 06 and 10 February 2017 and was announced. The last inspection took place on 14 October 2015 with an overall rating of Requires Improvement. At the last inspection we found three breaches of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014 in relation to: staffing in that staff were not receiving supervisions and appraisals; governance in relation to a lack of monitoring systems; and in the safe handling of medicines. At this inspection we found that the breaches had been met.

Homecare For You provides personal care and daily living tasks to people that enables them to remain in their own homes.

The service had a registered manager in post who was also the nominated individual. The nominated individual took over the responsibility of the registered manager's role following our last inspection. 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 and associated Regulations about how the service is run. The registered manager was supported by an experienced branch manager.

We saw that appropriate policies were in place with regard to safeguarding and whistle-blowing. Staff spoken with were able to demonstrate an understanding of safeguarding issues and knew what to do if they suspected any poor practice or allegations of abuse. Staff were aware of the whistle-blowing policy and told us they would not hesitate to whistle-blow if they felt their concerns were not being listened to or any actions taken. The service had made safeguarding referrals to the local authority safeguarding team as required.

We found the recruitment processes was robust, this helped to ensure that people were suitable to work with vulnerable people.

All new staff completed a comprehensive induction on starting work at the service. This covered both practical and classroom training as well as shadowing of experienced staff. Training covered the fundamental standards linked to the Care Standards Certificate. The training matrix showed that staff training was on-going.

Appropriate risk assessments were in place and had been reviewed and updated as required. Accidents and incidents and follow up actions were recorded.

People spoken with told us that the care staff were reliable and kind. People were treated with dignity and respect. Equality and diversity was respected and the service supported people, where appropriate with their individual needs and culture.

The care records we looked at were person centred and contained sufficient information to guide staff on the care and support people required.

There was a complaints policy and procedure in place. People we spoke with knew how to make a complaint and felt that their complaints/concerns would be dealt with by the registered manager or the branch manager in an appropriately manner.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA). Consideration was given to people's ability to make decisions, best interests decisions were made appropriately and consent was sought for all interventions.

A recent medication audit completed by Bolton local authority showed that medications were administered safely. The service also carried out medication checks and other audits.

Records showed that the CQC had been notified as required of any significant incidents or safeguarding's.

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.

Suitable trained staff, who had been safely recruited were available at all times to meet people's needs.

The service had appropriate safeguarding arrangements in place which helped to protect vulnerable people from abuse and the risk of abuse.

People we spoke with told us they felt safe with their carers and felt their possessions were safe.

People received safe administration or prompting with their medicines.

Is the service effective?

Good ●

The service was effective.

Care records showed that before any care was provided, the service obtained written consent from the person or their representative.

New staff undertook an induction programme which involved both practical and classroom based learning. New staff shadowed experienced staff until they were confident in working on their own.

People spoke with thought the staff were well trained and knew how to undertake personal care tasks and provided unhurried care.

Is the service caring?

Good ●

The service was caring.

People told us that care staff were kind and caring and that they respected their dignity and privacy.

People's wishes and preferences were taken into account.

Is the service responsive?

Good ●

The service was responsive.

We found the service had systems in place to routinely listen to people's experiences, concerns and complaints.

The care records contained sufficient information to guide staff on the care and support required.

The service provided information to people on the services and faculties they could expect to receive.

Is the service well-led?

Good ●

The service was well led.

We found that the service undertook a comprehensive range of checks to monitor the quality of the service.

Staff spoken with told us they were well supported by the registered manager and by the branch manager. There were regular team meetings, supervisions and appraisals undertaken.

The management linked into to partnership meeting in order to share good practice and issues and concerns.

Providers are required by law to notify CQC of certain events in the service such as serious injuries, deaths and safeguarding concerns. Records we looked at confirmed that CQC had received the required notifications in a timely way from the service.

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.

Before the inspection we reviewed information we held about the service. We reviewed statutory notifications and safeguarding referrals. We liaised with external professionals including the local authority commissioning team. We reviewed previous inspection reports and other information we held about the service. The inspection team comprised of one adult social care inspector who was accompanied by an inspection manager for part of the inspection.

This inspection took place on 6 and 10 February 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we provided notice to ensure that the management would be available to facilitate our inspection. We also conducted 10 telephone interviews with people who used the service and visited three people at home and spoke with 10 staff.

The service employed 63 staff who were supporting 164 people who used the service. As part of the inspection we also spoke with the registered manager, the branch manager and the training and development officer.

We spent time at the office and looked at various documentation including care records, medication administration records, staff personnel file, supervision records and service policies and procedures.

Is the service safe?

Our findings

People who used the service told us they felt safe with their carers and also felt their possessions were safe. Comments included, "My carers are lovely, they have become part of the family. I do feel safe and comfortable when they are in my home." Another said, "We have become good friends, they are smashing" another said, "Obviously I prefer my regulars carers but I appreciate that they can be off sick or on holiday but everyone that comes is very good and kind."

At our last inspection we found there was a breach of the Health and Social Care 2008 (Regulated Activities) Regulations 2014 with regard to medication. At this inspection we found improvements had been made. We spoke with people who used the service about how they received their medication. Some people were supported or prompted by staff to check if they had taken their medication. Other people told us that they self administered their medication and did not require assistance.

From the training matrix provided, all staff completed medication training as part of their induction and received regular refresher training to ensure they had up to date knowledge. A pharmacy audit from January 2017 showed that the provider had achieved a pass score of 80%. The audit found that people's medicines had been administered correctly and was safely stored away. Medicines were in date and stock levels were adequate. This meant that people received their medication in a safe and timely manner.

We found people were protected against the risks of abuse, this was because the service had robust recruitment procedures in place. We reviewed a sample of staff personnel files which demonstrated that staff had been safely and effectively recruited. Files included applications forms, references, interview assessments and suitable means of identification. We found appropriate Disclosure and Barring Service (DBS) checks had been undertaken. The DBS check identifies people who are barred from working with vulnerable people and informs the service provider of any criminal convictions noted against the applicant.

The service had suitable safeguarding procedures in place which were designed to protect people from abuse and the risk of abuse. We looked at the safeguarding process used to manage any concerns and the whistleblowing policy. This provided guidance to staff on how to report any concern and what action the service would take in responding to such matters. Staff spoken with were able to tell about the signs of abuse and the reporting systems in place for reporting any concerns. The service had devised their own safeguarding alert forms which were sent to the local authority safeguarding team and to CQC following any issues of concerns. The forms recorded the alert, actions taken and the outcome of the investigation.

As part of the inspection, we looked at how the service managed risk. The care records we looked at identified risk assessments had been completed, which included falls, mobilising, nutrition, personal care and the environment. We saw these had been regularly reviewed to ensure they reflected people's current need. These provided staff guidance in what action to take to address such risks.

We saw that any accidents or incidents were recorded and actions taken to help prevent any reoccurrences.

We looked at how the service ensured there were sufficient staff to meet people's needs and keep them safe. People who used the service told us, "They [carers] do their best to arrive on time, sometimes they are a bit late but they can't help that if the traffic is really busy." Another said, "The service has definitely improved since the arrival of [branch manager], the service is more reliable now." People who required two carers to attend told us that two carers always came. Staff spoken with knew that in the interest of safety to themselves and to the person who used the service that if two carers were required for certain tasks they must not undertake these duties of their own.

All staff were supplied with personal protective equipment (PPE) in order to help prevent cross infection when providing personal care. Staff spoken with confirmed PPE was readily available and they came in to the office to collect what equipment they needed.

We asked the registered manager and the branch manager about how people who used the service and staff about out of hours contact and support. We were told that a senior member of staff was 'on call' after office hours and weekends. People who used the service confirmed they had emergency contact telephone numbers. One person spoken with told us they had to ring out of office hours and their call was taken immediately. Staff spoken with also confirmed that the 'on call' system was much better now and they were confident that if needed, the support and advice would be available.

Is the service effective?

Our findings

People who used the service told us they thought their carers were well trained, knew how to undertake personal care tasks and provide unhurried care. People told us, "They [staff] know what care and support [relative] needs. It's sometimes difficult when new staff come as they are not sure what to do." Another said, "The girls are very good, they do their work with a pleasant manner and are very efficient."

We looked at supervisions and annual appraisals. At our last inspection we found that staff were not receiving regular supervisions. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made. The branch manager had implemented a supervision matrix and staff were now receiving regular supervisions and 'spot checks' on the care they delivered. Supervision meetings provided staff with the opportunity to discuss any worries or concerns they may have and any training and development they may wish to undertake. Staff spoken with confirmed they had received supervision and found these meetings to be useful.

The service provided regional trainers who undertook both practical and classroom based learning. The office had a designated training room, which had equipment to demonstrate safe moving and handling for example a bed and a hoist for carers to practice safe transfers. All new staff completed a comprehensive induction programme in line with the fundamental standards of the Care Certificate programme. This involved further training and completion of work books. New staff also shadowed experienced staff until they were confident to work alone.

Staff spoken with confirmed they had received training on induction and refresher training and their development was on-going. One member of staff told us, "There's loads of training and if you wanted to do anything different this could be discussed during supervisions." Another said, "Plenty of training and regular updates."

We looked at three care files during our time in the office. The registered manager told us a file that mirrored the office copy was kept in people's homes. We looked at three care files during our visits to people's home. They contained detailed information to guide staff on the care to be provided and the tasks to be completed at each visit. We saw that staff had completed a visit monitoring sheet after each visit to inform people of the task completed. People spoken with during our telephone interviews also confirmed that staff always completed the care record before leaving.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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 decisions, any made on their behalf must be in their best interest and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. There was an appropriate policy in place with regard to MCA. Staff had undertaken MCA training within their induction and had received refresher training. Staff spoken with had a good understanding of MCA and knew how to assist people who used the service to make decisions as required.

We found that before any care was provided, the service obtained written consent from the person who used the service or their representative. We were able to verify this by speaking with people and from reviewing care files.

We looked how the service supported people with their nutrition and hydration. Care plans detailed people's choices and preferences if staff were to provide meals or snacks. Staff recorded if meals and drinks had been offered. Staff confirmed if they had any concerns about people not eating or drinking this would be recorded on the daily monitoring and reported back to the branch manager.

Is the service caring?

Our findings

People who used the service were complimentary about their regular carers. Comments included, "They are very good, they are caring and kind", "This agency is much better than the other one we had, at least I know they are going to turn up", "Sometimes they come a bit early for night call but I'm hoping to sort this out", "They are super, lovely girls, I couldn't manage without them". We found that where possible the service was flexible with visits times depending on people's appointments and other commitments. During a visit to a person's home, the branch manager took with them a timetable for the relative as requested. This had revised times of visits supporting the relative and the person who used the service with extra help.

People told us that staff respected their dignity and privacy. One person told us, "I need help with washing and dressing, I am quite comfortable with my carers helping me." Staff spoken with told us they knew that respecting dignity and privacy was very important to people. One member of staff said, "I treat people how I would want to be treated if I ever need care in the future."

The registered manager and the branch manager told us people's choices with regard to gender, communication, culture and skills of the staff undertaking visits was always taken into account when planning visits for people. For example some people's first language was Hindi, Punjabi and Polish. The service ensured that carers were matched to people with the same language skills. Staff also supported people with a range of outreach visits for example, one carer assisted a person in preparing to attend their local mosque for religious prayer. Another person was supported to undertake their religious prayer at their local temple. This helped to fulfil their religious needs and also provided the opportunity to access their community and meet friends and family.

We looked to see how the service promoted independence. We saw staff supported one person who liked to shop at places where they were able to food buy from their country of origin. Staff also supported them to visit local shops, the town centre and the post office. This would promote and support their independence in undertaking tasks that were important to them.

There was a service user guide which provided information to people about the service and facilities offered, the complaint procedure, emergency contact details and the staffing structure.

Customer satisfaction surveys and feedback were sought from people who used the service and their families to help ensure their views and opinions were taken into account when looking at development and improvement to the service. Feedback was positive and comments included, "Happy with the care provided", "[Carer] provides a high standard of work and I hope [carer] visits again "and, "Since the new manager has taken over things have been going very well. Any problems are dealt with in a timely manner."

Is the service responsive?

Our findings

The care files we looked at both at the office and in people's homes contained detailed information about the care to be delivered. Information included background information, contact details, social history, medication, interest and hobbies. People's preferences were recorded, such as preferred times of calls and the way care and support was to be delivered. There was also a section on 'What works well' ; comments from one person in this section stated, "Having a regular carer, carers always in uniform, lovely girls that meet all my needs. No issues with the team."

People who used the service confirmed they had been involved in initial discussions about their care and the level of support required. People said that someone from the company came to speak with them before the service started providing any care and support to them.

People spoken with felt the service had greatly improved since the arrival of the branch manager. They had confidence that if they had any concerns they would be responded to quickly and efficiently. We found the branch manager also supported people with other issues. For example on one home visit a person who used the service raised a problem with their dustbins and the branch manager told this person they would speak to the correct department and sort the problem out.

We spoke with staff about their work allocation. All the staff spoken with said they did not feel that they were under pressure, they had enough time to complete their calls. Staff told us the rotas were now being planned with consideration given to staff that had to walk to calls and that the office staff tried to keep calls together in one area. Double up calls were often allocated to a driver who would pick up another carer to attend to the call. Staff confirmed this was working much better and they were arriving at the allocated time to their visits.

People spoken with felt the service had greatly improved since the arrival of the branch manager. They had confidence that if they had any concerns they would be responded to quickly and efficiently. We found that the service had systems in place to routinely listen to people's experiences, concerns and complaints. People with whom we spoke knew how to make a complaint or raise any issues they may have. We looked at the complaints log and found that complaints had been responded to in a timely manner and any actions required had been addressed.

There was a service user guide which provided information to people about the service and facilities offered, the complaints procedure, emergency contact details and the staffing structure.

We saw the service had received a number of compliment cards and letters. Comment included, "On behalf of the family we would like to say thank you for all that you have done for our [relative]. I know it's not an easy job but it meant a lot to us to know he was in capable and caring hands. It brings us peace of mind to know that he was well taken care of." And to a named carer "Just to say thank you for looking after [name] during the past few months. I know she looks forward to your visits with tea and biscuits and a chat. Your cheerful attitude brought life and humour into our home and enjoyed starting her day by talking to you."

A healthcare professional emailed the agency thanking them for the care the staff had provided to their client. This person had been very reluctant in accepting care and support and they thanked Homecare For You staff for the excellent care provided.

We asked staff how the service managed transition between services. Staff told us this was well managed and commented that communication with other professionals was much better since the arrival of the branch manager. This enabled carers to know if changes had been made to the care plan and if any extra support was required.

Is the service well-led?

Our findings

People who used the service told us they felt the office was well managed and if they had to contact the office for any reason the staff were helpful, friendly and polite.

Staff told us it was a pleasure to come in to the office for their rotas and to catch up with other staff. They told us the office was now a welcoming and friendly place to come in to.

There was a registered manager at the service. The registered manager was also the nominated individual. The registered manager was supported by an experienced branch manager and an office team of administrators and coordinators.

At our last inspection we found there was a breach of the Health and Social Care 2008 (Regulated Activities) Regulations 2014 with regard to governance. At this inspection we found that this had been addressed and quality monitoring and systems were now in place. For example medication audits, all the care plans and staff files had been reviewed and updated if required. Accidents and incidents had been audited and any trends or patterns identified and actioned had been noted.

The service had policies and procedures in place, which covered all aspects of the service delivery. The policies included safeguarding, whistleblowing, medication and recruitment. All the policies were available for staff to refer to if needed.

A healthcare professional emailed the agency thanking them for the care the staff had provided to their client. This person had been very reluctant in accepting care and support and they thanked Homecare For You staff for the excellent care provided.

We asked staff members if they felt supported by the management. Comments included, "Definitely, a 100%, I feel I could go to either of them [registered manager and branch manager] with any worries or concerns I have", "There has been a massive turn around since [branch manager] arrived, it's much better." Another member of staff told us, "I have done this job for 14 years working for another company, not once did I receive any thanks. Since working here I have received the employee of the month award. It felt really good to be valued and appreciated." The employee of the month had been introduced since our last inspection and staff received a financial enhancement if selected.

The registered manager told us they were keen to maintain a happy and consistent work force. They told us on one occasion they had offered temporary financial support to a member of staff to purchase a car for work purposes so they could continue to work for the agency.

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office for any reason the staff were helpful, friendly and polite.

Providers are required by law to notify CQC of certain events in the service such as serious incidents, deaths and safeguarding concerns, Records we looked at confirmed CQC had received notifications in a timely manner from the service.