

Homecare4U Limited

Homecare4U 8 Cavendish Court

Inspection report

8 Cavendish Court
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Ratings

Overall rating for this service

Good 

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?

Good 

Overall summary

The inspection took place on 19 October 2015 with the provider being given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. The service was previously inspected on 8 May 2014, when no breaches of legal requirements were identified.

Homecare4U 8 Cavendish Court is situated on the outskirts of Doncaster town centre. The agency provides

personal care to people in their own home. At the time of our inspection the service was supporting people with a variety of care needs including older people, people living with dementia, and younger people with physical disabilities.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to

Summary of findings

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.

At the time of our inspection there were 75 people receiving personal care from the service. We spoke with nine people who used the service, and thirteen relatives, about their experiences using the agency. The majority of people we spoke with told us they were entirely happy with the service provided.

People's needs had been assessed before their care package commenced and they told us they had been involved in formulating and updating their care plans. We found the information contained in the care records we sampled was individualised and identified people's needs and preferences, as well as any risks associated with their care and the environment they lived in.

Changes in people's needs had been quickly identified and their care package amended to meet their changing needs. Where people needed assistance taking their medication this was administered in a timely way by staff who had been trained to carry out this role. However, we found information about prescribed medication sometimes lacked detail.

The requirements of the Mental Capacity Act 2005 (MCA) were in place to protect people who may not have the capacity to make decisions for themselves. The Mental Capacity Act 2005 sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

Overall we found the service employed enough staff to meet the needs of the people being supported. Most people we spoke with raised no concerns about how the service was staffed, but some said they would prefer a more consistent staff team. Most staff we spoke with also felt additional staff would be beneficial.

There was a recruitment system in place that helped the employer make safer recruitment decisions when employing new staff. We found most staff had received a structured induction and essential training at the beginning of their employment. This had been followed by regular refresher training to update their knowledge and skills.

Staff told us they felt well supported and received an annual appraisal of their work performance. However, although staff received supervision sessions and spot checks to assess their capabilities and offer support, these had not always happened consistently.

The company had a complaints policy which was provided to each person in the information pack provided at the start of their care package. When concerns had been raised we saw the correct procedure had been used to investigate and resolve issues. The people we spoke with told us they were happy with the service they received.

The provider had a system in place to enable people to share their opinion of the service provided. We also saw an audit system had been used to check if company policies had been followed. Where improvements were needed the provider had put action plans in place to address these.

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?

The service was safe.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people.

We found recruitment processes helped the employer make safer recruitment decisions when employing new staff.

Systems were in place to make sure people received their medication safely, which included staff receiving medication training.

Good



Is the service effective?

The service was effective

Staff had completed training in the Mental Capacity Act and had a basic understanding of how to support people whilst considering their best interest. Records demonstrated people's capacity to make decisions had been considered and staff acted in their best interest.

Most staff had completed a structured induction and a varied training programme was available that helped them meet the needs of the people they supported. Support sessions had not always been consistently provided.

Where people required assistance preparing food staff assisted with this in an appropriate way. The majority of staff had received basic food hygiene training to help make sure food was prepared safely.

Requires improvement



Is the service caring?

The service was caring

Staff demonstrated a good awareness of how they should respect people's choices and ensure their privacy and dignity was maintained. People told us staff respected their opinion and delivered care in an inclusive, caring manner.

People received a good quality of care from staff who understood the level of support they needed and delivered care and support accordingly.

Good



Is the service responsive?

The service was responsive

People had been encouraged to be involved in planning their care. Care plans were individualised so they reflected each person's needs and preferences. Care records had been reviewed and updated in a timely manner.

There was a system in place to tell people how to make a complaint and how it would be managed. Where concerns had been raised the provider had taken appropriate action to resolve the issues.

Good



Summary of findings

Is the service well-led?

The service was well led

There was a system in place to assess if the agency was operating correctly and people were satisfied with the service provided. This included surveys, discussions and regular audits. Action plans had been put in place to address any areas that needed improving.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

Good



Homecare4U 8 Cavendish Court

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 was 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.

The inspection began with a visit to the services office which took place on 19 October 2015. The provider was given short notice of the visit in line with our current methodology for inspecting domiciliary care agencies. The inspection team consisted of an adult social care inspector and 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 spoke with seventeen people who used the service, or their representative, by telephone and visited three people in their home's to discuss the service the agency provided.

When we visited people we also spoke with two relatives. We spoke with the registered manager, the office manager and six staff who were either care workers or employed at the office.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make. We also obtained the views of service commissioners and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We looked at documentation relating to people who used the service and staff, as well as the management of the service. This included reviewing five people's care files, staff rotas, staff training and support records, four staff recruitment files, medication records, audits, policies and procedures.

Is the service safe?

Our findings

People who used the service, and the relatives we spoke with, said they felt care was delivered in a safe way and staff treat people well. One person said, "I've got three carers that come. I feel safe with them." A relative told us, "The carers do vary, but she feels safe with the ones that come." The people we visited described how staff used key safes correctly, where appropriate, and wore identity badges so they could check they were who they said they were.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The registered manager was aware of the local authority's safeguarding adult's procedures which aimed to make sure incidents were reported and investigated appropriately. Records showed that overall safeguarding concerns had been reported to the local authority safeguarding team and the Care Quality Commission (CQC) in a timely manner. A relative told us, "She [the person using the service] would have told me if they weren't nice to her."

Staff we spoke with demonstrated a satisfactory knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns. They told us they had received initial training in this subject during their induction period, followed by periodic updates. This was confirmed in the training records we sampled. There was also a whistleblowing policy which told staff how they could raise concerns about any unsafe practice.

We saw care and support was planned and delivered in a way that ensured people's safety and welfare. We looked at five people's care files either at the agency's office or at people's homes. Records were in place to monitor any specific areas where people were more at risk, such as how to move them safely, and explained what action staff needed to take to protect people. We saw these had been reviewed and updated in a timely manner to reflect any changes in people's needs.

As part of the services initial assessment process we saw an environmental safety risk assessment had been completed. This helped senior staff to identify any potential risks in the person's home that might either affect the person using the service or staff.

Staff we spoke with demonstrated a satisfactory understanding of people's needs and how to keep them safe and told us how they ensured risk assessments were adhered to. They also described the arrangements in place for them to access people's homes while maintaining a good level of security.

The majority of people we spoke with confirmed they had the same group of care staff providing care, they were reliable and mainly came at the times arranged. However, some people said these arrangements could be more consistent. For example, one person said, "I do not like the fact that I do not know who is going to walk through the door. I like to know that they know what I require. I get 14 different people every week. There is no continuation." A relative commented, "The carers are not always the same but my mother doesn't complain about it. She feels safe and the carers use the key safe to get in the house." Another family member told us, "They come on time. We have a selection of carers. She knows them all. If a new carer comes another carer, who she knows, comes with her."

Most care staff said there were enough staff employed to meet people's needs and allow for new care packages to be started, but two people we spoke with said more staff was generally needed. For example, one staff member commented, "I'm alright now as my area has some new staff, but other areas are struggling." Another person told us, "We are short of staff, it can be hectic."

The registered manager told us there were enough staff employed to meet the needs of the people being supported by the agency at the time of our inspection. However they said they were actively recruiting more staff. The office manager said they were aiming for everyone using the service to have the same staff team as much as possible.

Recruitment records, and staff comments, indicated that a satisfactory recruitment and selection process was in place. We checked four staff files and found appropriate checks had been undertaken before staff began working for the service. These included written references, and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. The

Is the service safe?

registered manager had found a discrepancy in two staff files prior to our visit, which they had notified us and the local authority about. We found they had taken action to investigate and rectify the issues.

The service had a medication policy which outlined the safe handling of medicines. Where people needed assistance to take their medication we saw the assessment records outlined the medicines the person was taking and staffs role in supporting them to take them safely. Care files also contained information about the level of assistance staff provided and medication administration records [MAR] were used to record the medicines staff had either administered or prompted people to take. We found occasional gaps on two of the MAR we checked where staff had not signed to say the person had taken their medication. The registered manager said MAR were checked monthly when they were returned to the office and was aware of the shortfalls. They described the action they had taken to address the shortfalls, which included initially reminding all staff about completing records correctly. They said further discussions would take place with individual staff, as part of staff supervision, if required.

We asked the management team how medicines that were only taken as and when required (PRN) were recorded and administered. They told us staff administered these medicines as needed, following the doctor's prescription. However, we noted there were no PRN protocols in place to tell staff what the medicine was for, when to give it and how the effects would be monitored. We discussed the reasoning behind this additional recording with the management team who said they would consider further best practice guidance on the administration and recording of PRN medicines.

People told us they felt staff administered their medicines correctly and in a timely manner. A relative told us, "She has a Nomad system for her medication because she gets confused. That's why it was built into her package." Another relative said, "They [staff] make sure she's taken her tablets."

Is the service effective?

Our findings

People we spoke with felt that care workers knew what their role was and undertook the duties that were expected of them to a good standard. They felt their needs were being met with some people saying that often staff found time to have a chat with them, which they said was very much appreciated. One person told us, “They come on time and do what I want them to.” Another person said, “I can’t fault them.” A relative commented, “I have no issues. They do jobs well and if I’m away they do extras, like wash the bedding.”

Records and staff comments demonstrated that overall staff had received satisfactory training to meet the needs of the people they supported. Most of the staff we spoke with told us they had undertaken a structured induction when they joined the agency. This had included completing the company’s mandatory training in subjects such as food hygiene, the principles of care, infection control, first aid and dementia awareness.

Three recently employed staff told us they had completed the company’s three day induction training and shadowed an experienced care worker until they were confident in their role. However, another staff member we spoke with said their induction had been interrupted so they had not completed all the training. They said that although they had completed the induction workbook they had, “Only watched a couple of DVD’s and done the manual handling training.” They said they had shadowed an experienced care worker for two days, which they felt had helped prepare them for their role. The office manager told us records showed the care worker had completed the whole of the induction package, but said they would discuss the subject with the care worker to ensure they had not missed any training.

We found new staff were being enrolled to complete the Care Certificate. The ‘Care Certificate’ looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

We saw all staff had completed the company’s moving people safely training. However, the local authority told us concerns had been raised regarding how some staff moved

someone using the service inappropriately. This had led to the agency being asked to ensure all staff complete further manual handling training. The local authority told us this has been arranged for early November 2015.

We saw the company had produced a training plan which detailed the training required over the following year. We saw a training audit had been completed which showed that apart from the company’s mandatory training, other training had been planned. This included end of life care and percutaneous endoscopic gastrostomy feeding, more usually known as P.E.G feeding.

The majority of staff we spoke with felt they had received the correct level of training they needed for their job roles, this included dementia awareness training, although one person felt more in-depth training would be beneficial. Some staff had completed a nationally recognised qualification in care, while others said they were waiting for the provider to access the course for them.

Records and staff comments indicated that most staff had received supervision sessions and an annual appraisal of the work performance. This included regular ‘spot checks’ which assessed how the staff member provided care and support out in the community. However, one care worker told us they had received one to one sessions at the office, but no spot checks. Another care worker said they had only received one formal support session at the beginning of 2015 and no spot checks had been carried out. They had however received an appraisal of their work performance. The registered manager told us a full audit of staff files was being undertaken and the office manager would be ensuring all staff received support sessions on a regular basis.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. The Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensure that, where someone may be deprived of their liberty, the least restrictive option is taken. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. We saw policies and procedures on these subjects were in place. Care records demonstrated

Is the service effective?

that people's capacity to make decisions was considered and recorded within the assessment and care planning process. We also saw signed consent forms which covered topics such as whether staff had permission to open people's post for them, or not.

Some people we spoke with said care workers were involved with food preparation while other people did not require any assistance. We found that where staff were involved in preparing and serving food people were happy with how this took place. They also said staff left drinks and snacks for them if they could not make their own. Training records indicated staff had completed basic food hygiene training as part of their induction to the agency and this had been updated periodically.

Staff told us when someone using the service was assessed as being at risk of poor nutrition or hydration they would monitor what the person was eating and drinking. We saw

daily records had been completed regarding what people had eaten and drunk and staff described how they would raise issues with the office staff or the person's family if they needed to.

People who used the service said they would feel comfortable discussing healthcare issues with staff as they arose. A relative described to us how care workers either contacted them or called for the GP if their family member was ill. They told us, "Mum was ill while I was away so they called the doctor. I think they called the office first and they sorted out the doctor to visit."

Staff described how they would appropriately support someone if they felt they needed medical attention. For example one care worker told us they would call the doctor, with the person's permission, or a member of their family came.

Is the service caring?

Our findings

Overall the people we spoke with at the visits and on the telephone told us the quality of care provided was good, and staff understood the level of support they needed. They told us staff were friendly, helpful and kind and they offered them choice. One person said, “They ask me what I want even though I always have the same thing for breakfast.” Another person told us, “By and large the individual carers are very good. They go out of their way to do things that I need.” A relative told us, “They ask her what she wants and wait for her to choose.”

People said they could express their views and were involved in making decisions about their care and treatment. They told us they had been involved in developing their care plans and said staff worked to the plans we saw. Care files contained information about people’s needs and preferences, so staff had guidance about what was important to them and how to support them.

The staff we spoke with demonstrated a good knowledge of the people they supported, their care needs and their

wishes. They described how assessments were carried out by the office manager and people’s needs and preferences were then formulated into a care plan, which provided them with information and guidance.

People told us staff respected their wishes and offered privacy when needed. One person said, “They give me a strip wash, I do the front and they do the back and my legs. They do it properly so there is no embarrassment at all.” A relative commented, “They [staff] are very respectful to my wife.” A second relative told us, “They [staff] respect her dignity. They are very, very respectful of our belief. In the older generation our religion is paramount. It is most important with mum’s care. They will always ask about her care before they do anything.”

Staff responses to our questions showed they understood the importance of respecting people’s dignity, privacy and independence. They gave clear examples of how they would promote these values. One care worker told us when washing someone they covered up the parts of the body not being washed to preserve their dignity. Another care worker said, “I would do everything you’d do for yourself, respect their privacy, close curtains etc.”

Is the service responsive?

Our findings

People who used the service, and the relatives we spoke with said they were happy with the care provided and complimented the staff for the way they supported people. They said the care workers and management staff were aware of people's needs and responded well when things went wrong with timings. A relative explained how staff changed visit times to fit in with appointments and changes in their family member's daily routine.

We found a full assessment of people's needs had been carried out prior to them receiving care and the people we spoke with confirmed they had been part of the assessment process.

Staff confirmed that each person had a care file in their home. The care records we sampled at the agency's office and during visits to people's homes contained person centred information about the areas the person needed support with and how they wanted their care delivering. We also saw records were in place to monitor any specific areas where people were more at risk, and told staff what action they needed to take to protect people. People told us their care plans had periodically been reviewed and they had been involved in this process. We saw evidence of this in the files we checked. Staff we spoke with said they felt the care plans provided enough information to enable them to meet people's needs and preferences.

We saw staff had completed a record detailing the care they had provided at each visit and any changes in the person's condition. One person told us, "There's a book that they fill in, every visit, on what they have done."

The company had a complaints procedure which was included in the information pack given to people at the start of their care package. In the complaints file we saw six complaints had been received since our last inspection. The details of each complaint were recorded along with what action had been taken, the outcome and any lessons learned. We saw where possible these had been resolved to people's satisfaction and changes to care packages had been made if required. We also saw there was a compliments file which detailed how happy people were with the service. Where positive feedback had been given about a specific member of staff, we saw a letter had been sent to them to acknowledge their performance.

When we spoke with people who used the service, and their relatives, they told us they would feel comfortable raising concerns with their care workers or the office staff. The majority of people said they were happy with the service provided. A relative told us, "I can honestly say that we had no complaints about the service she received from Homecare." Another person said, "I can't think that I can complain about the way they look after me." Five people told us they had raised minor concerns in the past and these had been addressed in a timely manner. One person said, "I had to make a complaint when they didn't come on time. They apologised, it hasn't happened since." Another person commented, "I've only had to complain once, when they were late, otherwise they have been very good."

The staff we spoke with said they would report any concerns to the office straight away. They told us how they would raise concerns on behalf of people who felt unable to do so themselves.

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission.

The vast majority of people we spoke with were very complementary about Homecare4u and said that they would recommend the service to other people. One person told us, “The girls [care workers] are very good and we are generally very happy with what they do. Long may it continue to work this way.” Another person said, “I’ve no complaints. I’m very happy with the service and I want to stay with this company.” A third person told us, “I’m delighted with the service.”

Relatives were also complimentary about the service provided. One relative commented, “The service is good. We have no problems. She’s happy with them [care workers].” Another relative told us, “Please don’t change anything. It’s brilliant. We have peace of mind.”

When we asked people if there was anything the agency could do better one person told us, “Nothing really, maybe to have the same carers all the time.” Another person said, “There’s nothing I would change to improve it.” A relative commented, “I’m happy with the service he’s getting. There is nothing I would change to make it better.”

We saw the provider had used surveys, phone calls, spot checks and care review meetings to gain people’s views about how the service was operating. This was confirmed by the people we spoke with. One person said, “They come from the office to ask what I think of the service.” Another person told us, “They phone us to ask how things are going and come and talk to us.”

We sampled 10 of the 29 questionnaires returned when the last survey was completed. The forms were not dated, but we were told they had been sent out in 2015. People’s answers indicated they were happy with the service provided. Each person had stated they would recommend the agency to other people. The registered manager told us

returned surveys were checked and if a response was needed this would be done on an individual basis. However, the results of the survey had been summarised and shared with people so they were aware of the outcome. The registered manager told us that in the future the outcome could be shared as part of the agency’s newsletter.

The provider gained staff feedback through periodic meetings and surveys. We were told the last survey had been completed in September 2015, but there was no date on the forms. The summary showed that overall staff were happy working for the agency, but highlighted some areas they felt needing improving. This included incorporating travelling time into rotas. An action plan had been formulated highlighting the areas that needed attention and we saw some action had already been taken to address the comments staff had made.

When we asked staff if there was anything they felt the service could improve they said they enjoyed working for the agency and were happy with most things. However, they highlighted some areas they felt would benefit from improvement. This included communication between care staff and the office, the number of available staff, more training and stabilising the order of visits.

We saw regular company audits had been carried out to make sure the service was operating to expected standards. The registered manager said subjects assessed included how complaints had been handled, care records, staff files and medication practices. Where areas for improvement had been highlighted we saw action plans had been put in place to address them. For example, the registered manager had found gaps in medication administration records [MAR] and we saw staff had been reminded about signing for medication once it had been administered.

Accidents and incidents were recorded in detail with the details of the incident, how it was addressed and actions taken to minimise the risk of a recurrence.