

Homecare4U Limited

Homecare4u

Worcestershire

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

This inspection took place on 7 June 2017 and was announced. We gave the registered manager 48 hours' notice of our intention to undertake an inspection. This was because Homecare4u provides personal care for people who live in their own homes and we needed to be sure that someone would be available at the office.

At the time of our inspection 44 people received personal care in their own homes.

There was a registered manager in place at the time of our 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 2008 and associated Regulations about how the service is run.

Staff we spoke with knew how to protect people from harm. We found staff recognised the signs of abuse and knew how to report this. Staff made sure risk assessments were in place and took actions to minimise risks without taking away people's right to make decisions.

People told us there were enough staff to help them when needed. Staff told us there were enough staff to provide safe care and support to people. Advanced planning meant that staffing levels were reviewed and reflected the needs of people who used the service. People's medicines were checked and managed in a safe way.

People received care and support which met their needs and preferences and in line with their consent and agreement. Staff understood and recognised the importance of this. We found people were supported to eat a healthy balanced diet and were supported with enough drinks to keep them healthy. We found staff supported people with access to healthcare professionals, such as their doctor or hospital appointments.

People told us they were involved in planning their care. People's views and decisions they had made about their care were listened to and acted upon. People told us that staff treated them kindly, with dignity and their privacy was respected.

We found people knew how to make a complaint and felt comfortable to do this should they feel they needed to. Where the provider had received complaints, these had been responded to. Learning had been taken from complaints received and actions were put into place to address these.

Staff felt supported by the registered manager to carry out their roles and responsibilities effectively, through training and staff meetings. We found checks the registered manager completed on the service provided focused upon the experiences of people. Where areas for improvement were identified, systems were in place to ensure lessons were learnt and used to improve staff practice.

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 cared for by staff who had the knowledge to protect people from the risk of harm. People were supported by sufficient numbers of staff to keep them safe and meet their needs. People received their medicines in a safe way.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the knowledge and skills to do so. People received care they had consented to and staff understood the importance of this. People were supported with their individual dietary requirements.

Is the service caring?

Good ●

The service was caring.

People were treated respectfully. People's privacy and dignity were maintained. People's decisions about their care were listened to and followed.

Is the service responsive?

Good ●

The service was responsive.

People received care that was in-line with their individual preferences and needs. People's concerns and complaints were listened and responded to.

Is the service well-led?

Good ●

The service was well-led.

People were included in the way the service was run and were listened too. Staff were supported by clear and visible leadership so people received quality care to a good standard.

Homecare4u Worcestershire

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 7 June 2017 and was announced. We made telephone calls to people who used the service and relatives on 8 June 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection team consisted of one inspector.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority to understand if they had any relevant information to share with us.

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. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed the questionnaire feedback that the CQC had sent to people who used the service prior to our inspection. We spoke also spoke with the local authority about information that may be relevant prior to our inspection of the service.

We spoke with five people who used the service. We also spoke with three care staff, a care supervisor, the deputy manager, the registered manager and the head of operations. We looked at aspects of six people's care records and medication records. We also looked at staff schedules, complaints and compliments, satisfaction survey, two staff recruitment records and audits of records completed by management.

Is the service safe?

Our findings

All the people we spoke with said they felt safe because the staff who supported them knew their needs well. They told us this gave them confidence that their care and support would be provided in the safest and best way for them. One person said, "I feel safe, they [staff] stay with me all the time when I am in the shower." Another person told us, "I know they are there for me." A further person told us how staff supported them to stay safe when using the shower, they said, "They are always very patient and let me go at my pace".

Staff told us how they supported people to feel safe. For example, two staff members told us they received updates from staff who worked in the office if there was any change to a person's wellbeing. Another staff member said, "I make sure the person has what they need to hand, such as their phone or lifeline pendant before I leave". Staff told us that if they had been concerned for people's safety in the past they had raised this with senior staff so senior staff could review the person's needs and take action to ensure the person's safety.

Staff who we spoke with showed a good awareness of how they would protect people from harm. They shared examples of what they would report to management or other external agencies if required. Staff told us about safeguarding training they had received and how it had made them more aware about the different types of abuse. Staff told us they had access to safeguarding information should they need this and went on to say they would contact staff in the office or the registered manager without hesitation.

People's individual risks had been assessed in ways which protected people and promoted their independence. For example, one person had been assessed to have two staff members to mobilise them safely while they received personal care. Staff we spoke with confirmed their schedules were planned so that two staff attended together to provide personal care for the person. Staff continued to say that two staff would work together for a shift and supported all the people who required two staff to support them. One staff member said, "Working together, works well. It means we are not waiting for the other [member of staff] to arrive if they are running late".

People told us they had regular staff who supported them at a time that suited them. One person said, "They are always the same [staff]". Another person told us, "I don't know who is always coming, but it's usually the same staff. Although I don't mind having different people, as I like chatting with different [staff]". People told us that if there was a new member of staff, they worked alongside a more experienced staff member before they worked alone. All people we spoke with raised no concerns about staffing levels.

Staff told us that they had the opportunity to raise any concerns about travel time, or length of time at a call. They told us that the care co-ordinators listened to them should changes to the rota be required. Staff we spoke with confirmed they had suitable travel time between their calls and did not feel rushed while they were supporting people. One staff member said, "I do not need to rush, if the time wasn't working for the person, I would let the manager know, to see if we could have more time with the person".

The registered manager told us they managed staffing levels by ensuring they had the time to support

people. They told us that they did not accept new people if they did not have the staff to support them. The registered manager told us that they were recruiting more staff, and once the staff had received their full training they were counted in the staffing numbers.

We looked at two staff recruitment records and saw checks were completed by the provider to ensure staff were suitable to deliver care and support before they started work. Staff we spoke with told us that they had completed application forms and were interviewed to assess their abilities. The provider had made reference checks with staffs previous employers and with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people. The provider used this information to ensure that suitable people were employed, so people using the service were not placed at risk through recruitment practices.

All the people we spoke with managed their own medicines. People who did require prescribed creams told us staff applied these and did not raise any concerns about this. Staff we spoke with told us they had received medication training and their practices were checked before they begun working alone and on a regular basis to support their continued competency in supporting people with their medicines. Staff had a good understanding about the medication they gave people and the possible side effects. Staff told us if they arrived to a person's home and saw the medication chart had not been completed properly this would be reported to the registered manager. Staff we spoke with had not had this scenario happen to them; however staff felt confident that the registered manager would take action to address shortfalls.

Medication chart audits were completed monthly; the monthly checks looked at areas such as missed signatures. From the checks we reviewed there were shortfalls that had been identified by the provider, which had been followed up with individual staff for their learning. For example, where there was a missed signature, checks were made to ensure the person had received their medicine and the incident was reported back to the staff member for future learning.

Is the service effective?

Our findings

All the people we spoke with felt that staff knew how to look after them well and in the right way. One person said, "They never let me down". Another person said, "I wouldn't be able to cope without them". All people we spoke with felt staff were competent in their role and listened to them.

Staff told us they had received training that was appropriate for the people they cared for, such as supporting people to move with equipment and safeguarding. All staff member we spoke with told us the training they received before they began their role was in-depth. One staff member told us, "I have read about different types of dementia. It's important to understand the dementia care that you give so you can provide it in the right way". Staff told us the training period had given them enough time to understand topics and ask further questions before they began working alongside a more experienced member of staff. Staff told us that this shadowing experience enabled them to spend time talking with people they would care for and get to know their care needs. Staff gave examples of how learning and sharing experiences amongst their peers helped them to understand how to provide the right care for people.

A care supervisor, who was also a staff trainer, told us how they supported staff into their role and how they developed their knowledge. They told us that staff received mandatory training initially before shadowing an experienced staff member. They said the staff member would only work alone when they and the staff member felt they were confident to do so. They explained how they were aware of people's learning requirements before they began the training and gave examples of the different ways they may support a staff member. They told us the training was also tailored to the needs of the people they supported; ensuring people had the right skills in food hygiene and manual handling, for example. They continued to tell us that training was adapted to reflect their learning through complaints. For example there had been concerns raised about bed making. The care supervisor told us that they now went through practical training with staff so they could learn how to make a bed.

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 we spoke with told us that staff sought their agreement before carrying out any personal care and staff respected their wishes. People told us they felt listened to about all aspects of their care. Staff we spoke with understood their roles and responsibilities in regards to gaining consent and what this meant and how it affected the way the person was to be cared for. Staff told us they always ensured that people consented to their care. One staff member told us that they always sought consent from the person first and would only provide the support the person wanted. Staff told us that if a person declined their support they would respect their choice.

People can only be deprived of their liberty to 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. Any applications to deprive someone of their liberty for this service must be made through the court of protection. The registered manager had not made any applications to the Court of Protection for approval to restrict the freedom of people who used the service. They were aware of this legislation and were happy to seek advice if they needed to.

People we spoke with had different levels of need for support with meal preparation and cooking. People said they were supported according to their individual needs. People told us that staff checked to make sure they had enough food and fluids and confirmed that staff would provide them with a drink before they left if people had wanted one. One member of staff said, "If I felt someone wasn't eating or drinking I would report this up".

People we spoke with felt confident that staff would support them with their health care when they needed it. People told us that staff ensured they provided them with their personal care needs so they were ready in time for their appointments.

Is the service caring?

Our findings

People we spoke with told us staff were kind and caring towards them. One person talking about a regular staff member who supported them said, "[Staff member's name] is very lovely and very caring. They have the understanding to know how to care for elderly people". Another person told us, "They [staff] are kind and respectful, I know they are there for me".

Staff spoke about people with compassion and felt they knew people well because they had time to get to know them. Staff told us caring for the same people on a regular basis meant they got to know people and their families well. One person we spoke with told us, "[Staff] are sympathetic towards me".

Staff spoke about people as individuals and told us about how people's independence was promoted. One person said, "They try to get me to do things, which helps keep me fit". One staff member said, "We support people with certain things that they cannot do, but we encourage them to keep as much independence as possible". Staff gave examples of supporting people's independence, such as meal preparation, or supporting a person with aspects of their personal care.

People told us staff supported them to make their own decisions about their care and support and that they felt involved and listened to. People shared examples where they had raised with the registered manager their preference for certain staff to support them. We saw that this had been respected by the registered manager and people received care from the staff they preferred. People we spoke with continued to tell us how the staff were flexible and worked with them to ensure they received support when they required it. One person spoke about how staff supported them and told us, "I couldn't manage without them".

Staff told us they were not only there to provide personal care, but to also provide a social aspect for people, to help maintain a positive well-being. They told us that they wanted to make their time with people meaningful and would spend any extra time talking with them. One staff member told us how they always made time at the end of their call to sit and have a chat with them. People we spoke with confirmed that once their care needs had been met, staff would stay and chat with them if they wanted them to.

All people we spoke with told us that staff respected their privacy and dignity. One person told us, "They treat me with dignity when helping me shower". All people we spoke with told us that staff never rushed or hurried them and always took their time. People told us that staff maintained their dignity and ensured the doors and curtains were closed when providing them with personal care. Staff told us about the dignity day that was held for staff to attend. Staff we spoke with felt this was a useful day with one staff member saying, "It was good to be able to reflect on how we provide support and an opportunity to discuss techniques to prompt people's dignity". Staff spoke respectfully at all times about people when they were talking to us or when talking with other staff members.

Is the service responsive?

Our findings

People told us they were involved in the development and review of their care from the start. All people we spoke with told us how they spoke with a staff member before their care started to decide how they would like their care provided. People confirmed that once they had been receiving care for a few weeks, a senior member of staff would contact them to see if they were happy with their care or needed any changes. One person told us how they could talk to staff at any time, or ring staff in the office if they needed to. People told us they felt staff understood their needs and provided appropriate support in response to them.

People we spoke with told us staff always respected their decisions about their care and their individual needs were met. One person said, "They [staff] come in at a time that suits me". Another person told us, "The time they spend with me is enough, I know I can request more time if I need it, but I think I have enough time". Staff we spoke with knew about the needs of the people they cared for. Staff told us they would always speak with the person to ensure they were providing care to them the way in which they preferred. Staff were aware of people's changing needs and ensured other staff were informed of any changes. For example, one person was being treated for an infection and some aspects of their care had changed to support the person during the period of time they were unwell. Staff told us any changes in people's care was promptly communicated and care plans were updated to support people in receiving consistently responsive care.

The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. We found that the provider had given information to people about how to raise a complaint. People we spoke with confirmed they had this information available to them and felt that if they had any concerns they could raise them. One person told us, "I have no complaints, everything is super". People and staff felt confident that something would be done about their concerns if they raised a complaint. One person we spoke with said, "I haven't needed to complain, but I do have a number I could call if I needed to".

We looked at the provider's complaints over the last twelve months. We saw that three complaints had been received and that written and verbal complaints were recorded with patterns of complaints considered. We found all of the complaints had been responded to with satisfactory outcomes for the person who had raised the complaint. We saw lessons were learnt through these complaints and this information was shared with staff members to improve practice. For example, we found one concern regarding supporting a person with meal preparation. We found that training had been adapted to better support staff with the knowledge around meal preparation so the person's needs could be responded to.

Is the service well-led?

Our findings

The registered manager knew people who used the service and staff well. All people who we spoke with told us they had met staff who worked in a management role. For example the registered manager and deputy manager, however people had not realised that they were in a management role. People told us this was because the registered manager and deputy manager had provided care for them and had not expected them to be doing this. The registered manager and deputy manager told us that providing care for people meant they stayed in touch with people, to ensure they were happy with the service provision.

All people we spoke with told us that all management staff were approachable and responsive to their requests. All people we spoke with felt confident that any questions they may have would be responded to with a satisfactory outcome.

People we spoke with felt involved in the service. One person said, "I get on well with all the staff, I see [the registered managers name] and they ask me how I am". Staff we spoke with told us that the registered manager and deputy manager were approachable if they needed them. One staff member said, "[The head of operations name] is excellent, very supportive". Another staff member said, "We have staff meetings which are useful for sharing information and ideas".

Staff told us that staff in a management role knew people's needs well and listened and helped should they have any questions. One staff member said, "I can talk to them (management), they are very approachable and practical in dealing with anything". A further staff member said, "Management are really down to earth, nothing is a problem for them".

We spoke with the registered manager about the checks they made to ensure the service was delivering high quality care. Checks were made on people's care records, where shortfalls had been identified these were worked through with the staff member who had completed the records for future learning. For example, where there had been errors written in a person's care record, the individual staff member were informed so they could improve their future record keeping. We spoke with the registered manager about the care plans and the detail held within them. The registered manager told us that this was an area they recognised needed further work. And while staff were knowledgeable of people's care needs as they knew people well, it was recognised that further development on the details of people's care was needed.

There were other checks in place which continually assessed and monitored the performance of the service. These checks looked at areas such as, medication records, training and staff development. Where these checks identified areas where action was needed to ensure shortfalls were being met these were at team meetings so that learning could be shared.

The provider had sent surveys to people and their family members and staff to gain their views about the service provision and the results were back in May 2017. We saw that overall the responses were positive from both people and staff.