

Homecare4U Limited

# Homecare4u Stoke

## Inspection report

First Floor, Linden House  
95 Trentham Road  
Stoke-on-trent  
ST3 4EG

Tel: 01922334942  
Website: [www.homecare4u.info](http://www.homecare4u.info)

Date of inspection visit:  
25 February 2020  
26 February 2020

Date of publication:  
24 March 2020

### 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 Stoke is a domiciliary care agency. It is registered to provide personal care to people living in their own homes in and around Stoke-on-Trent. CQC only inspects where people receive personal care. This is related to help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection, 42 people were receiving personal care.

### People's experience of using this service and what we found

People felt safe and were protected from the risk of harm by staff who understood their responsibilities to identify and report any signs of potential abuse. Any concerns were taken seriously and investigated in line with local safeguarding procedures.

There were enough suitably recruited staff to meet people's needs. Staff received training and ongoing support to meet people's individual needs. Staff worked closely with other professionals, who were positive about the care and support people received. People were supported by a consistent staff team who knew people well.

People's needs were assessed, and care plans were developed involving people which ensured their care needs were met. People received appropriate support to ensure their dietary needs were being met and staff worked with health professionals to ensure people received consistent care.

People told us the staff always respected their privacy and dignity and provided care in their preferred way. People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was an open culture within the service, where complaints were acted on and improvements made. People could approach the registered manager who acted on concerns raised to make improvements to the way care was delivered.

Governance systems were in place to ensure the quality of the service being delivered was to a good standard.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 05 March 2019 and this was the first inspection.

### Why we inspected

This was a planned inspection as per our inspection programme.

### Follow up

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

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Homecare4u Stoke

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 25 February 2020 and ended on 27 February 2020. We visited the office location on 25 February 2020.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including care workers and the registered manager.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. The registered manager sent us 'as required medicines' protocols and one amended care plan to demonstrate the changes which had been implemented.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Yes, both carers that come are both friendly. They don't rush me and they take their time with you. I feel safe and secure."
- Staff understood their safeguarding responsibilities. They could identify different types of abuse and knew how to report their concerns.
- The provider had effective systems in place to ensure safeguarding concerns were acted on, investigated and referred to the local safeguarding authority.

Assessing risk, safety monitoring and management

- People's risks were assessed, monitored and reviewed. One person said, "They [staff] know what my needs are, and I am confident in their ability."
- Staff had access to people's risk assessments and care plans, which gave guidance to follow, in order to keep people safe. One staff member said, "The quality of the risk assessments is ok; they are fine. Everything that should be on them is. If I thought anything needs adding to a risk assessment, I will inform the office."
- Staff understood the importance of becoming familiar with people's risk assessments and were able to give us examples of the risks to those people they supported.
- The registered manager said, "The staff are consistently risk assessing; they do a visual risk assessment on every call. If we are concerned about people's increased risks and need additional support, we contact the right people such as occupational therapists and the family."

Staffing and recruitment

- People and their relatives told us they were supported by staff who knew them well and had no problems with missed calls. One relative said, "They [staff] are always spot on time. They stay for the full thirty minutes. [Relative] gets on well with all the staff. They have a chat. I think they love [relative] as much as [relative] loves them."
- People told us the staff arrived on time and stayed for the duration of their calls. One person said, "If they [staff] are running late, I get a call from the office and they explain why and at what time they will arrive." The registered manager confirmed this. They said, "If we are running late due to someone having a fall for example, we will ring ahead. If anyone needs time-specific medication either myself or the senior would go out."
- Staff told us they felt they were given enough time to travel between calls and enough time to support people safely.
- The provider had safe recruitment practices in place. This ensured people were supported by suitable staff.

### Using medicines safely

- People did not have protocols in place for medicines required on an 'as needed' basis. We brought this to the registered manager's attention who rectified this. They put documentation in place to guide staff to support people to receive their medicines in a safe way.
- Staff knew how to support people with their medicines. One staff member said, "We follow a Medicine Administration Record (MAR) chart which I had training for. It made me confident and if there was an error, I would report it to the office and contact the pharmacy, 111 or 999 in an emergency."
- People and their relatives told us they received their medication. One person said, "They [staff] apply creams to my legs and arms as recommended by the hospital. They [staff] fill a book in every time."

### Preventing and controlling infection

- People told us staff used gloves and aprons to protect them from infection. One person said, "Yes, staff always wear gloves and aprons and they chuck a pair away when they have finished."
- Staff understood their responsibilities to follow infection control procedures and told us there was an ample supply of equipment for them to access.
- The provider had an infection control policy in place and ensured staff were following the infection control procedures.

### Learning lessons when things go wrong

- The registered manager had systems in place to learn from things that had gone wrong.
- The registered manager told us how they learnt from things that had gone wrong. They said, "If there is an incident we can do additional training with staff."
- Staff told us how lessons were learnt. Comments from staff included, "The managers share incidents when they occur and keep us updated", and "We have staff meetings, updating on any changes, or over the phone when urgent."



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 told us they were involved in the assessment of their needs prior to receiving support. One person said, "I had an assessment done by [registered manager] they asked me about my preferences. They [staff] are all very good and treat me how I want them to treat me."
- Care plans had been developed with people and their relatives and contained details of people's diverse needs and preferences. These included the characteristics under the Equality Act 2010, such as age, disability, sexuality and religion.
- People had daily records in place on which staff appropriately recorded the support that had been provided.
- The registered manager ensured people's daily needs were being met. The registered manager said, "We check all the daily logs, making sure all people's daily needs are being met."

Staff support: induction, training, skills and experience

- People and relatives told us they felt staff were trained to carry out their role. One person said, "I think the staff are well trained." A relative said, "The staff that visit [relative] seem to know what they are doing. I have had no cause for concern in this area."
- Staff told us they had an induction before they started to provide care and received training in order for them to carry out their roles. One member of staff said, "I shadowed another member of staff to meet clients and see their requirements."
- The provider had a training matrix in place. This detailed the training staff had undergone and when training was due to refresh.
- Staff received supervision and had their competency assessed through unannounced spot checks.

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

- People who needed support to eat, drink and prepare meals told us staff supported them. One person said, "They [staff] make me a flask of coffee in the morning. That lasts me until my [relative] comes home from work."
- People had meal preparation plans in place. The plans detailed people's dietary requirements, their preferences and support needs.
- Staff knew of people's dietary needs and preferences and could explain how they supported people to manage their nutritional needs and risks.
- The registered manager told us how they ensured people were effectively supported. They said, "We would document if someone was not eating much and this would be reported to the office and raised with

the families. If there was a continued concern, we would raise this with the GP. In the summer we did send a text to all staff promoting them to support people with fluids."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health professionals such as district nurses in order to maintain their wellbeing.
- Staff were aware of what actions they should take if a person's health should deteriorate, such as contacting the GP or ambulance service.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff told us how important it was to gain people's consent before providing for their care. One staff member said, "I would ask the client before carrying out any personal care needs, [to check] if it was ok for me to do that for them. If someone didn't have the capacity to make a decision and it wasn't outlined in the care plan or risk assessment, I would ask the office for support."
- People confirmed that staff always gained their consent before providing support.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 and relatives told us staff were kind and caring when they supported them. One person said, "The girls [staff] are lovely; they know how I like everything. They are absolutely delightful; I am very pleased."
- Relatives told us staff treated their relatives well. One relative said, "The staff that I have witnessed seem to be kind and caring towards [relative]."
- Staff understood how to ensure people felt important and how to respect their equality and diversity. One staff member said, "I do this by communicating and talking to them [people], asking what their needs are and if there is anything I can do to improve their quality of life. I respect their dignity." Another staff member said, "I always ask if they [people] are happy with the way I have cared that day. I would like to think I know them very well. If someone needed an advocate, I would notice that they were no longer making the right decisions for themselves and ask the office to support them with this."

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

- People told us they felt in control about making decisions about their care. One person said, "Sometimes I need a bit more support and have an extra half an hour. They [the provider] have always accommodated this for me. I also attend a lot of hospital appointments so must call [the office] regularly and change my times. They always do it; they are so lovely."
- Relatives told us they were confident in staff involving their relatives in making decisions. One relative said, "They [staff] seem to listen to [relative] when they make requests of them."
- Staff ensured people were given the autonomy to make decisions for themselves. This included choosing what they would like to eat, what clothing they would like to wear and what they would like to watch on television.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff promoted privacy and maintained their dignity. One person said, "Yes, they [staff] respect my privacy and make me feel comfortable; I have no problem with them at all." A relative said, "The staff try to respect [relative's] privacy when they use the toilet for example, and I am under the impression that staff do try and encourage an amount of independence."
- Staff understood the importance of respecting people's privacy and dignity. One staff member said, "When doing personal care, I ensure curtains and doors are closed and while doing their bottom half I would keep top half covered and vice versa. I would always tell them [people] what I was going to do and [ask] if it was ok."
- People were supported to maintain their independence. One person said, "They [staff] know I want to be independent and they know when I am well, I want to do more for myself."

- People's care plans detailed their level of independence. For example, if someone needed assistance with eating their meals or if they were independent and if people needed support with their oral care.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People felt involved in planning for their care. One person said, "We talked about what support I needed and how I like things done. I'm happy with the care service." A relative said, "[Relative] told staff exactly what they wanted doing at the beginning. They would not let the staff do it any other way than their way of doing things."
- People told us they had regular staff caring for them. They felt they knew staff well and staff knew them well. Comments included, "I get the same staff all the time; I have two nice ladies that come", and "I get the same carers all the time. I like that because I know who is coming."
- People had their care plans reviewed every twelve months or sooner should a change in circumstances occur. One staff member said, "Relatives are involved as we like to keep them in the loop but ultimately it is the client [person] who makes the decisions on how they want their care delivered."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was an AIS and communication policy in place which detailed adjustments could be made if needed.
- The registered manager explained there was no one who was receiving care that needed information given to them in an alternative way at the present time. They said, "We would get this information if needed. We do not have anyone needing this at the moment."

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. People and relatives told us they knew how to make a complaint if needed and felt confident in doing so. One person said, "I have never had to complain. If I had any bother, I would ring [name of registered manager] but I've not had any need to."
- Complaints received were investigated and responded to in line with the provider's policy.
- We sought feedback from a professional who worked alongside the service. They stated, "Each time I have called to address concerns, I have spoken with the care manager directly and they have been accepting of the criticism and eager to act on this, in order to ensure they are providing care with an individual person-centred approach"
- Compliments had been received from people and their relatives. One compliment said, "All the carers are nice and make us feel at ease."

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and their relatives were consistently positive about the approach of staff.
- People received care which was person-centred.
- Staff had a clear understanding of the management structure. Staff consistently felt supported by the registered manager and the coordinator. One staff member told us, "I enjoy working for Homecare4u. The registered manager is very approachable and will always help, so is the coordinator and the seniors if they are on call. The office staff will come out to support me if needed and they also go out to do the calls themselves which I think is really nice so they get to meet the clients." Another staff member said, "I do like working for Homecare4u. [Name of registered manager] is probably one of the best managers I've had. They are very approachable and if I'm struggling with anything they will always help out where possible."
- We received feedback from a professional who stated, 'I have contacted the agency on numerous occasions and feel the approachability and transparency with the agency has been great, particularly with the registered manager [name of person], who is always on hand to support when I have called'.
- The registered manager understood their legal responsibilities in relation to the duty of candour. They were open and responsive to feedback to ensure improvements were made to the service people received.

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

- There were systems in place to effectively monitor the service. This ensured people continued to receive a quality service in line with regulations. Staff were clear about their roles and responsibilities.
- The management team conducted regular file audits. These included people's medicines records and care plans.
- The service had monthly branch action plans in place which were reviewed and updated.
- The registered manager told us they felt supported by the provider and their manager.
- Notifications of events that had occurred at the service had been submitted.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and relatives told us they felt involved in the service. Feedback was gained through surveys and reviews.

- Feedback received from surveys and reviews which included staff feedback was implemented in a branch action plan. This demonstrated the registered manager fully considered other people's views and would actively strive to make continued improvements to the care provided to people and to the service in which staff worked.
- The registered manager said, "I reflect quite often, making sure calls are closer for the staff, rearranging rotas, and always planning the rotas to try and keep the staffs calls as near as possible. If people are not happy with their care we try and make sure all that is sorted out. We try and resolve things as we go along."

#### Working in partnership with others

- The service worked well in partnership with other agencies, which ensured people received safe and effective support. This included people's physical health needs and support with people's emotional wellbeing.
- We received feedback from a professional who stated, "Partnerships are a key aspect to providing support and as an assessor requesting care and support. I feel I have positive relations with Homecare4u, due to the caring and efficient work they have performed for each of my clients they have been involved with".
- The registered manager said, "We have good working relationships with social workers, good communication with district nurses, GP's, and the care brokerage. They are the ones that offer the care packages. They send us the care plan and if there is missing information they will get this for us."