

Homecare4U Limited

# Homecare 4U Cheshire

## Inspection Report

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# Summary of findings

## Overall summary

Homecare 4U Cheshire provides personal care and support to people who live in their own homes. The service operates from an office located in Crewe town centre. At the time of our inspection the service employed 19 staff and was providing care and support to approximately 38 people. The number of daily visits and support provided varied depending on the individual needs of people.

The manager has been in post since 2013 and was registered with the Care Quality Commission (CQC) in January 2014. A registered manager is a person who has registered with the CQC to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

People using the service were safe because staff had received training on how to recognise signs of abuse and possible harm and knew what to do if they had any concerns. Assessments had been completed to minimise areas of potential risk to people where hazards had been identified.

Safe and effective recruitment systems were in place, all checks were completed before new staff commenced

work. Staff spoken with were positive about their employment and confirmed they were well supported by the manager. A programme of on-going training and support was provided for new and existing staff. This helped staff to develop the knowledge, skills and understanding needed to support people.

People told us usually had the same group of carers, who on the whole staff arrived on time and had the skills and experienced to meet their needs.

People were regularly involved in the assessment, planning and reviewing their care and support so that it met their changing needs. Care plans clearly directed staff in the support people needed and showed relevant healthcare professionals, such as GP's, were involved so that people's current and changing needs were addressed.

People were confident about the management of the service as the manager listened and acted on what they said. Systems were in place to regular monitor the quality of the service provided to people. These were kept under review so that any improvements needed were addressed.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

Systems were in place to support and protect people from the risk of abuse or unsafe care. People we spoke with and those who responded to our questionnaires said they felt safe from the risk of abuse or harm. People said they were involved in drawing up their care plans and risk assessments so they knew how staff were to support them in a safe way.

Information and training was provided to clearly guide staff in areas of protection. Where important decisions needed to be made and the person lacked the capacity to do this for themselves, the manager and staff knew what steps to take and who to involve so that decisions could be made in the person's 'best interest'.

We saw safe and effective recruitment systems were in place. Relevant checks were being completed and references taken before new staff were allowed to work with people.

### **Are services effective?**

Comments received from people about their experiences were positive. People told us the service was 'professional' and of a 'high standard'.

Assessment of need and care plans were put in place to direct staff in the support people needed. People told us they had been involved in developing their care plan so information included their individual needs and wishes. Records were regularly reviewed and updated, where necessary, so information reflected the current and changing needs of people. Staff spoken with said there was enough information provided to guide them.

Systems were in place with regards to the training and support of staff. Those staff spoken with confirmed they received on-going training and felt supported in their role. Individual supervision meetings and spot checks were carried out to check staff were effectively carrying out their duties as well as identifying any additional learning needs in relation to the specific care of people.

New staff had an induction period, including relevant training and shadowing of experienced staff. Competency assessments were completed by senior staff before new carers started to work on their own.

# Summary of findings

## **Are services caring?**

People told us they were supported by staff who were kind and compassionate and considered their privacy and dignity when offering care. People thought staff helped them to remain as independent as possible.

We asked people if they received reliable and consistent support. All the people we spoke with said they had regular carers. The number of staff known to them varied depending on the number of visits they received and the level of support they required.

A copy of people's individual care plan was kept in the person's own home and in the office, therefore easily accessible to staff. Records provided staff with information about people's support needs, likes, dislikes and how to promote their independence where possible. Where it was identified people's needs had changed the service liaised with professionals, such as the person's GP or social worker so additional support and advice could be sought.

## **Are services responsive to people's needs?**

People told us they were confident that issues brought to the manager's attention would be dealt with. Records were maintained of issues brought to the manager's attention and showed how these had been dealt with. This meant the manager had listened to and acted upon concerns raised by people.

People told us they were regularly involved and consulted with about care needs so that their views were taken into account when planning their support. Reviews were carried out on a regular basis so that the service could respond to the changing needs of people.

We were told regular communication was maintained with staff so they were of any changes in visits or where people's needs had changed. Out of hours support was available to staff so additional advice and support could be offered, responding quickly to any changes in the service or needs of people.

## **Are services well-led?**

Both people who used the service and staff said they had confidence in management of the service. People said the new manager listened and acted on what they said. We were told staff morale within the team had improved and they felt safe and supported in carrying out their work.

The registered manager and senior staff regularly carried out 'spot check visits' to people's homes to make sure the service was running well. The quality of care was observed during these visits to see if people were receiving their agreed package of support.

# Summary of findings

Systems were in place to regularly monitor and review the quality of the service provided. Where improvements were identified, plans were put in place to address the shortfalls. On-going recruitment was taking place so extra staff was available allowing the service to be more flexible when covering shifts or taking on new work.

# Summary of findings

## What people who use the service and those that matter to them say

At the time of our inspection we were told the service was providing care and support to approximately 38 people. We contacted people to seek their views about the service they received. We spoke by telephone with 19 people or their relatives and received 12 completed questionnaires which we had been sent out to people.

We received a lot of comments from people about the care and support they received from carers. People told us; "More like friends than someone who looks after me. We have a good old natter", "They're all bright and cheerful, and we laugh and joke. The carers are more kind than some of the nurses in hospital", "The girls are very caring", "They do everything in their power for me", "They're lovely and polite, 'x' is absolutely wonderful" and "I'm happy about everything, the girls are very pleasant".

People felt confident any issues brought to the manager's attention would be listened to and acted upon. Comments included; "The manager is on the ball, she's very, very good" and "The manager goes out of her way to put things right".

When asked if the carers were kind and compassionate 16 people said 'yes', adding "Very", "Oh yes" and "They're very, very good". All of the people we spoke with said staff respected their privacy and dignity when offering personal care and support.

Other comments received from people about their experience included; "They don't always allow enough time to get from one place to another", "They're very good, very adaptable", "We're very pleased with them" and "I'm satisfied with the way they look after my wife".

Prior to our inspection we contacted the local authority who commission work with the service. We were aware the service had worked closely with the authority to address issues which had arisen in 2013. No new concerns were raised with us.

# Homecare 4U Cheshire

## 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 of the Health and Social Care Act 2008. It was also part of the first testing phase of the new inspection process CQC is introducing for adult social care services.

The inspection team was made up of two Inspectors and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

Before this inspection, we reviewed all the information we held about the service. Homecare 4U Cheshire had been inspected by the Care Quality Commission (CQC) in October 2013. We found improvements were needed with regards to the safe recruitment of staff and the training and support offered to staff, so people received safe and

effective care and support. The provider sent us an action plan telling us what action they were to take. We visited the service again in April 2014 to check if the improvements had been made. The provider had taken appropriate steps to address the shortfalls we had found.

Prior to our inspection visit we sent out questionnaires to people who use the service and their relatives and staff. We received completed questionnaires from 12 people and one from a staff member. We also contacted the local authority commissioning team to seek their views about the service.

During this inspection we spoke with the provider, the registered manager, the care co-ordinator and two new members of staff, taking part in their induction training. We looked at people's care records as well as information about the management and conduct of the service. Following our Inspection visit we also spoke with two care staff by telephone.

# Are services safe?

## Our findings

We looked at the care and support records for five people. Information included risk assessments, where potential hazards had been identified, and explored areas such as; safe working environment, moving and handling and the use of equipment or the stairs. Of the 19 people we spoke with, 14 people said they had been involved in developing their care plans and risk assessments, five people could not remember. None of the people spoken with raised any concerns about their safety whilst being supported by staff. 92% of people who responded to the questionnaires we sent out prior to our inspection told us they felt safe from abuse or harm. The relative of one person we spoke with told us; 'I'm satisfied with the way the look after my wife'.

We looked at what systems were in place to ensure the safety and protection of people. We saw the service had policies and procedures to guide staff in relation to safeguarding from abuse, Mental Capacity Act 2005 (MCA), disciplinary, equality and diversity, whistle blowing, data protection and recruitment. Staff spoke with confirmed they had access to relevant information at the office and had been provided with a handbook, which contained

We were told people who used the service were also provided with a booklet 'Your home care and human rights'. This provided people with good information about their rights, what standard of care people should expect and what to do if they were unhappy. Where people needed help to make decisions about their care and support, those people spoken with said they would be helped by family, friends or social workers. However only 6 of the 12 people who responded to the questionnaires felt the agency would involve people they choose to make important decisions for them.

The manager told us, and we saw records to show, training in safeguarding adults was provided for staff. New staff completed in-house training as part of their induction and then refresher training on an annual basis. This was confirmed by those staff we spoke with. From our discussion we found staff were aware of what action to take if they suspected abuse or a concern was raised with them. They also told us they felt confident the manager would listen and take any action required.

Training records showed staff had also received training in the MCA. This too was provided as part of the induction training and on-going training for staff. We saw certificates displayed in the office of recent training completed by staff in this area. One staff member told us they were currently completing training in 'dementia and safeguarding', which include information about the Mental Capacity Act 2005.

Staff spoken with were able to tell us what they would do if they thought a person was not able to make certain decisions and were potentially placing themselves at risk of harm of injury. Staff spoke about working together with the person, manager and social workers so that any issues were addressed. One staff member said this would enable them to look at what else could be offered to the person "to improve their quality of life".

The manager was aware of her responsibilities in seeking advice and support where there were concerns about people who lacked the capacity to make decisions for themselves. This involved liaising with the local authority and people's relatives, where appropriate, so decisions could be made in the persons 'best interest' and people's rights were protected.

During a previous inspection of the service in October 2013, we found the safe recruitment procedures were not followed. We told the provider improvements were needed in this area. Improvements were found at our inspection in April 2014 and we saw evidence to show all relevant information and checks were in place prior to new staff commencing their employment. We checked again during this inspection to see if the improvements had been sustained. We were told new appointments had been made however the service was in the process of completing the relevant checks required. We examined the file for one new member of staff. Records included an application form, written references, identification, health declaration and a record of the interview. Criminal record checks carried out by the Disclosure and Barring Service (DBS) were in the process of being completed.

We were told on-going recruitment and training was taking place so the service could be responsive and flexible in the support offered to people.

# Are services effective?

(for example, treatment is effective)

## Our findings

People we spoke with told us; “Care received is outstanding. Very professional”, “Delivery of service is excellent” and “Service is of high standard in all aspects, I could not have wished for better”. One relative, who returned a completed questionnaire stated, “I have met some of the carers and have been quite happy with them”.

Most people when asked said they were contacted by the office when there was a change in carer or the carer was running late. Sixteen people said staff were punctual, adding “Within reason”, “Unless they are delayed on a previous call” and “Sometimes early, but they are reliable”. We also asked people if staff stayed the allotted time when visiting them. Seventeen people said ‘yes’, two people added “Sometimes they go over”, “Usually they do, they do all they should do” and “Some do, some don’t, it depends how many they have to see”. Of the 12 people who completed questionnaires, only 8 people said staff completed all the tasks required and 6 people said stayed the correct length of time. During our discussion with the registered manager and owner, we were told that they were aware there had been issues in the consistency in support people had received. They said that where necessary people had been spoken with, additional recruitment had taken place as well as additional monitoring and checks put in place so that any issues could be addressed straight away.

We asked the manager to tell us what they would do when someone was referred to the service. We were told basic information would initially be received from the commissioning authority. The service would tender for the care package if they thought they were able to support the person and staff were available. Once agreed, the manager said she would visit people to carry out a ‘meet and greet’. This involved providing information to people about the service as well as carrying out an assessment of the support the person needed.

We asked people if they were introduced to staff prior to commencing their support. Only 7 of the 12 people who responded to the questionnaires said they met staff before their support commenced. However other people spoken with said they had been introduced to staff. The staff we spoke with told us they were introduced to people as part of the shadowing process completed on induction.

We were told information gathered at the assessment stage was then used to develop the persons care plan. Of the 19 people we spoke with 14 people confirmed they had been involved in developing their care plan. 83% of people who responded to the questionnaires also confirmed they were involved in planning their care. We examined the records for five people. We found records provided clear direction to staff in the care and support people wanted. Records included an initial assessment, a care plan covering areas such as meal preparation, personal care and medication, a timetable of support, assessments of the working environment and moving and handling and evidence of review meetings. Staff spoken with confirmed plans had enough information to guide them about how people wished to be supported.

Of the people we spoke with, 15 people said in the last six months there had been a review meeting to look at their care plan and if any changes needed to be made. One person told us; “The manager is on the ball, she’s very, very good”. We were told where people had changes in need, contact would be made with the person’s family, where appropriate, or their GP, so additional advice and support could be provided.

During our inspection in October 2013 we found improvements were needed in the training and development opportunities provided to staff. The provider informed CQC what action they were to take to address the shortfalls. In April 2014 we found improvements had been made in the training and support offered to staff. During this visit we checked to see if these improvements had been sustained. The manager provided us with a programme of training which had been planned. Information showed staff were offered a range of training courses relevant to their role.

We were told training was sourced from external training providers and the local council training, in addition awareness training using DVD’s were also used. Training included areas such as; safeguarding adults, Mental Capacity Act 2005 (MCA), dementia, medication, catheter care, infection control and moving and handling. We saw evidence to show that staff were also enrolled on vocational training in Health and Social Care. We saw certificates were held on staff personnel files to show what training had been completed. Staff spoken with said they received lots of training. One staff member said if they requested specific training then “the manager would find it and provide it”.

# Are services effective?

(for example, treatment is effective)

We were told an induction programme was completed by all new members of staff on commencement of their employment. New staff completed a 3 day workshop following their appointment. This involved reading through some of the policies and procedures in place as well as completing relevant training. Training included watching DVD's as well as practical training. This was confirmed by the two new staff spoken with during our inspection. The manager was trained in providing moving and handling training to people and equipment was readily available at the office so training could be undertaken.

The manager told us new staff would then spend time, approximately 2 days, working alongside existing staff learning the role. Experienced staff completed a 'shadowing form' which detailed their observations of how new staff conducted themselves when supporting people. Staff were not scheduled to work alone until the manager was satisfied they were competent to do so.

During the inspection we spoke with two new members of staff who were completing their induction. They told us they were not yet able to support people as not all the employment checks required had been received by the manager. They confirmed what the manager had told us

about the induction process. Both staff told us they had been given lots of information and had completed training. We were told they were "looking forward to putting their learning into practice". One person said; "The manager is very approachable", whilst the second person commented; "I can't wait to get going".

All of the people we spoke with said they thought staff understood their role and responsibilities and 17 people thought staff had the right skills. Two people said the younger staff had not, but were improving.

We asked the manager about the arrangements for staff supervision meetings. We were told these were held twice a year in addition to an annual appraisal. Staff spoken with said they had plenty of opportunities to speak with the manager on both a formal and informal basis. We saw records of individual meetings held with staff, which were kept on their personnel files. Other systems were in place so staff were kept informed about any changes within the service. Minutes of team meetings were recorded, in addition to any memos and newsletters sent out to staff. Those staff we spoke with said; "There's lots of communication" and "We all communicate well together".

# Are services caring?

## Our findings

We received a lot of comments from people about the care and support they received from carers. People told us; “More like friends than someone who looks after me. We have a good old natter”, “They’re all bright and cheerful, and we laugh and joke. The carers are more kind than some of the nurses in hospital”, “The girls are very caring”, “They do everything in their power for me”, “They’re lovely and polite, ‘x’ is absolutely wonderful” and “I’m happy about everything, the girls are very pleasant”.

When asked if the carers were kind and compassionate, 16 people we spoke with said ‘yes’, adding “Very”, “Oh yes” and “They’re very, very good”. 83% of people who responded to the questionnaires also said carers were kind and caring. All of the people we spoke with and 92% of people who responded to the questionnaires said that staff respected their privacy and dignity when offering personal care and support. All the people who returned a questionnaire thought staff helped them to be as independent as possible.

We asked people if they received reliable and consistent support. All the people we spoke with said they had regular carers. The number of staff known to them varied depending on the number of visits they received and the level of support they required.

Individual care records were in place for those people supported by the agency. Records were kept in the persons own home and a copy in the office, therefore easily accessible to staff. Plans provided information about people’s support needs, likes, dislikes and preferences and how to promote people’s independence where possible. Communication logs were completed following each visit detailing the support provided.

We were told where people had changes in need, contact would be made with the person’s family, where appropriate, or their GP, so additional advice and support could be provided. We were told where necessary some people were seen by the district nurses and equipment such as pressure aids had been provided to promote peoples comfort.

We asked the provider and manager what would happen if staff arrived or were at a person’s home and found they required emergency treatment. We were told staff would inform the office and contact would be made with the person’s relatives. Staff would stay with the person, as long as reasonably possible, until help arrived. This was confirmed by those staff spoken with. One staff member said this may vary if the person was safe to leave or someone was with them.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We asked people if they had raised any issues or concerns with the service about the support they received. People told us they felt confident any issues brought to the manager's attention would be listened to and acted upon. One person said; "The manager goes out of her way to put things right". We found that 75% of people who responded to the questionnaires said they knew how to make a complaint.

We asked the provider and manager if any complaints or concerns had been raised about the service. We were told only two concerns had been brought to their attention in the last year. We were shown the complaints and compliments file which was kept at the office. We saw there was a system in place for recording any issues brought to the manager's attention. These detailed the complaint, any correspondence with the complainant and the outcome of any investigation.

The service had a complaints procedure in place. A copy was made available to people in their care file, provided when they joined the service. Information advised people how they could make a complaint and how this would be dealt with. Contact details for external agencies were also provided so people knew who they could speak with if they were unsatisfied with the response received from the service or felt unable to raise it with the manager.

We looked at how people were involved and consulted with about the care and support they received. We were told people were spoken with as part of the assessment process and during the review meetings. Of the 12 responses we received from the questionnaires sent to people, 83% of people told us they were involved in planning their care. Reviews were completed two weeks following commencement of the support and then on a quarterly basis to check people were happy with the package of care in place. The records we looked at showed individual care records were regularly reviewed so information reflected the current and changing needs of people.

We asked people what they would do if carers were late. Seven people said they would ring the office, 12 people said this had not happened but they too would ring the office if necessary. One person said "Nothing, they always come". Another person told us; "They don't always allow enough time to get from one place to another". Other people told us that staff stayed the correct length of time.

We asked staff how the office advised them of any changes in their rota. We were told they would receive a call and a text message advising them of the change. The manager and care co-ordinator also provided 'on-call' support during the evenings and weekends should staff need any additional advice and support. Staff spoken with said "any concerns they get straight back to you".

# Are services well-led?

## Our findings

The manager had returned to work at the service in June 2013. Since returning she has registered with the Care Quality Commission (CQC). The manager was supported by the provider and a care co-ordinator. The provider and manager acknowledged the service had experienced some difficulties during 2013. However said they had worked hard to make the improvements needed. One staff member spoken with told us morale had improved, there were more support systems in place which had made a positive impact and the team was working well together.

We asked people if they thought the service was well managed. One person told us: “The manager is on the ball, she’s very, very good”. Another person said; “Now that the manager is back, all is fine and as it should be”. One person who responded to the staff questionnaires we sent out told us; “The company has improved tremendously and I feel much more supported and able to do my job to a high standard”. From the 12 questionnaires sent out to people, 75% of people said they would recommend the service.

Staff spoken with also told us the service was “Well managed”, “The staff and managers work really hard” and “It’s become a fantastic team”. Staff said there was plenty of support if they needed it. One staff member said “I feel safe doing the job” and another said “We’re supported whilst we’re out in the community”.

Prior to our inspection we asked the local authority commissioning team about their view of the service. We were aware the service had worked closely with the authority to address issues which had arisen in 2013. No new concerns were raised with us.

Systems had been put in place to monitor and review the service. Information held about people was audited on a monthly basis by the manager and care co-ordinator. The provider also completed a quarterly report, which was

more detailed and also incorporated staff recruitment, training and medication. Where action was identified an action plan was put in place. We saw these were monitored and additional information was recorded to show what had been done to rectify the issue. Following the inspection we gave feedback to the provider about some of the responses made by people in the questionnaires sent out by CQC. We were told these would be considered as part of the quality and improvement process.

Spot checks were carried out by senior staff. Checks explored areas such as; punctuality, attitude and whether staff adhered to people’s care plan. One person said; “The manager comes out sometimes and works with the carers”. All 19 people we spoke with said the manager visited them to check that things were alright. Those people who responded to the questionnaires we sent out, 83% said the agency asked what they thought of the service they received.

The registered manager told us annual surveys were also distributed providing further opportunities for people to comment about their experiences. We saw a number of returned surveys received in 2013. People commented; “Happy with the service”, “Care plan fulfils my needs”, “Carers arrive on time” and “Confident if there was a problem the branch manager would sort it out”.

Suitable arrangements were in place for the recording and responding to any complaints or concerns. Two concerns had been received this year. These had been recorded and responded to appropriately. One person commented on feedback questionnaire; “I have had some problems, which were down to poor admin but this has improved recently”.

We were told there had been some staff turnover, however further recruitment had taken place to fill all vacancies. The provider said a 20% increase in capacity was being put in place so that the service had more flexibility in covering shifts and taking on new work.