

Homecare4U Limited

Homecare4u Birmingham

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 8 February 2017 and was announced. 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.

Homecare4u Birmingham provides personal care and support people living in their own homes. At the time of our inspection there were 54 people using the service.

There was 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 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.

This was the first inspection of this location since it was registered in October 2015.

People received a good quality service in which they had confidence. There were processes in place to monitor the quality of the service. People were asked to comment on the quality of service and their views were used to improve the service.

People received a safe service because the provider had procedures in place to ensure that staff were trained and followed the procedures to ensure the risk of harm to people was reduced. The risk of harm to people receiving a service was assessed and managed appropriately; this ensured that people received care and support in a safe way. Where people received support from staff with taking prescribed medicines, this was done in a way that ensured the risk to people was minimised.

People received care and support from staff that were trained to be effective in their role. People's rights were protected and they had choices in their daily lives. People were supported to maintain their diet and health needs where required. Staff were caring and people's privacy, dignity independence and individuality was respected and promoted by staff.

People received care from staff that were suitably recruited, supported and in sufficient numbers to ensure people's needs were met. This was because the provider had undertaken the relevant checks to ensure the staff they employed were suitable to work with people. The provider had systems in place to ensure people did not experience missed visits and people were confident about the reliability of the service.

People were able to raise their concerns or complaints and these were acted upon, so people could be confident they would be listened to and their concerns resolved.

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 received a safe service, procedures were in place to keep people safe and staff knew how to keep people safe from abuse and harm.

Risks to people were assessed and managed appropriately and there were sufficient staff that were suitably recruited to provide care and support to people. People received their prescribed medicines as required.

Is the service effective?

Good 

The service was effective

People received care from staff that had received adequate training and had the knowledge and skills they required to do their job effectively.

People received care and support with their consent, and people's rights were protected. Where necessary people received support from staff to maintain their food and drink intake. People's health care needs were met where needed.

Is the service caring?

Good 

The service was caring.

People said staff were caring and they had a good relationship with the staff that supported them.

People were able to make informed decisions about their care and support, and their privacy, dignity and independence was fully respected and promoted.

Is the service responsive?

Good 

The service was responsive.

People were involved in all decisions about their care and the care they received met their individual needs.

People were able to raise concerns and these would be dealt with to their satisfaction.

Is the service well-led?

Good ●

The service was well led.

People received a service that met their needs and the management of the service was open and responded to people's concerns. People and staff were able to give feedback on the quality of the service provided.

Arrangements were in place to monitor the delivery of care to ensure it was meeting people's needs and was of good quality.

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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 08 February 2017 and was announced. 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 was undertaken by one inspector.

In planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law. We reviewed regular quality reports sent to us by the local authority that purchases the care on behalf of people, to see what information they held about the service. These are reports that tell us if the local authority has concerns about the service they purchase on behalf of people.

The provider had completed a Provider Information Return (PIR). This is information we asked the provider to tell us about what they are doing well and areas they would like to improve.

During our inspection we spoke with two people that used the service, seven relatives, four care staff and the registered manager. We looked at, safeguarding and complaints records, sampled five people's care records; this included their medication administration records and daily reports. We also looked at the recruitment records of four care staff, questionnaires sent to people that used the service and quality assurance processes that the provider had in place to monitor the quality of the service.

Is the service safe?

Our findings

People told us they received a safe service. One person told us, "Of course I feel safe with them." Another person said, "I feel they do care for me safely." A relative told us, "Mom is safe with the carers." Another relative told us, "We get on quite well [with the staff] and my wife is safe with them." Everyone spoken with said they would speak with the registered manager/ nominated person if they had any concerns about their safety.

The risk of harm to people was reduced and managed because there were procedures in place to help staff to keep people safe from abuse and harm. All staff spoken with knew the procedures for keeping people safe from abuse and records looked at confirmed that staff had received training on how to keep people safe from harm. All staff knew about the different types of abuse and the signs to look for which would indicate that a person was at risk. Staff understood how to report concerns both within the service and to external agencies that they could contact, should they have any concerns about people's safety. All staff said if any concerns reported to their immediate line manager were not investigated, they would use the whistle-blowing procedures. The whistle-blowing procedures enables staff to raise concerns about poor practice in confidence. Where incidents relating to people's safety had happened the registered manager took appropriate actions and ensured we were kept informed.

People told us that they felt the staff that supported them had the necessary skills to ensure they received a safe service. Staff told us that risk assessments and risk management plans were available to support them in caring for people safely. Most records looked at confirmed this. Staff spoken with knew the risks associated with people's care and told us how they talked to people about any risks identified and ensured that new risks were reported, so that the care could be reviewed to ensure people were cared for safely.

Staff told us that there was an on call system and a senior member of the staff team was always available. This meant staff had access to guidance and support in an emergency situation. Staff told us what they would do in a medical emergency to ensure people were safe. This included calling the emergency service and reporting issues about people's welfare to the office and people's family members.

Everyone we spoke with said there were enough staff to provide the service and meet people's needs. One person told us, "Enough staff, and no missed visit. No problems at all." A relative said, "I feel there is enough staff." No one that we spoke with had experienced any missed visits and all said the service was reliable. Staff spoken with said that sometimes on the weekends they are a little short of staff, but the staff team work together to ensure everyone receives a service. Staff said that resources were available to cover for sickness and annual leave and that there is on-going recruitment to ensure vacancies are filled.

Staff spoken with and records looked at showed that all the recruitment checks required by law were undertaken before staff started working. Staff said they received an induction into their role, in line with the care certificate, which is a framework for good practice. An induction is the initial training received by staff when they commence work, so that they are clear about how to offer care and support to people. Staff told us that Disclosure and Barring Service checks (DBS) were carried out before they started work. These are

checks that are undertaken to ensure that staff do not have any relevant criminal offences that would prevent them from providing care and support to people that use services.

People that needed help with taking their medicines told us that staff always gave them their medicines. One relative said, "They give her [person using the service] medicines and they always give this. No problems with the medicines." Medication administration records (MAR) looked at showed no gaps in oral medication taken. All staff spoken with knew the procedure for supporting people with their medication and said they received training to ensure they followed the procedures. This meant that people received their medicines as prescribed. However, we saw that the times that medicines were given were not recorded; we discussed the importance of this in preventing medication errors with the registered manager, who said that she would ensure this was put in place.

Is the service effective?

Our findings

People told us the staff that supported them had the training and skills required to understand and meet their needs. One person said, "I feel they are trained." A relative told us, "We are quite pleased; trained staff and they know their job." This showed that staff had the skills to support people in the way that people wanted.

Staff spoken with told us they had the necessary training to help them to do their job well. We saw that the provider adopted a planned approach to staff training. All staff said they had an induction into their role and that they shadowed an experienced member of staff. One staff told us they found the shadowing experience very helpful to them. This member of staff said, "The shadowing on the job was useful and prepared me for the job." Records looked at indicated that staff had completed or were in the process of completing the care certificate. The Care Certificate sets the standard for the fundamental skills, knowledge, values and behaviours expected from staff within a care environment.

Staff said they had supervision and spot checks and a six monthly review and regular team meetings to enable them to undertake their role well. Records looked at showed that these processes were in place to support staff. All staff that we spoke with said they felt supported by the management of the service.

People told us that staff sought consent before supporting them with their care and that staff only offered support with their approval. One person told us, "They do a lot of little things. They feed me and wash me and they do that with my consent." A relative told us, "They talk to dad and he is involved." Staff said they explained things to people and ensured they fully understood the support they were agreeing to. A staff member said, "We explain to people what we are doing and make sure they understand if they are unable to speak, we will know if people are consenting by their body language." This meant that people were assured that they had the opportunity to agree to their care.

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. Staff said they had received training to enable them to understand how to protect people's rights. A member of staff said, "MCA is about people's ability to make their own decisions." We asked staff what they would do if they felt someone could not make informed decisions about their care. All staff said if they had any concerns about people's ability to give consent to receiving care they would report it to their line manager, so that the person's needs could be reassessed. Staff said people would need to be assessed involving other professionals and family members and may need to be referred to the courts for someone to be appointed to act on their behalf. This meant care staff had a good understanding of their responsibility in relation to the MCA.

Where people needed support with preparing food and drink, they told us that staff always supported them in a way that they wanted. Staff knew how to support people that had specific dietary needs or were at risk

of losing weight. For example, staff said that if people were at risk of poor nutrition, the GP and dietician could be involved. Staff said they would monitor and record people's food and fluid intake, if this was part of their care plan. This ensured people were supported where needed with maintaining their food and fluid intake.

People told us that if they were not well staff would contact the doctor for them. One person said, "If I am unwell I think they would call the doctor." Staff told us that most people could contact the doctor for themselves, but if someone was not well, they would call the GP, with the person's permission, or report to the office, so that the office staff could call the GP and inform family members. This meant people were supported to maintain their health when needed.

Is the service caring?

Our findings

People felt the care they received was of a good standard and felt the staff were very caring. One person's relative told us, "The service is very good; everybody is absolutely marvellous with us." A relative said, "I can say this they are much better than the previous service we had. Most staff are very good and will do anything for you." Another relative said, "Caring and friendly staff." When we spoke with staff they talked about people in a kind and caring way. A member of staff told us, "When I go in to care for someone I try to put myself in the person's shoes, as we all may need help at some time." This indicated that people received a caring service and were confident in the way that staff cared for them.

People and their relatives were involved in discussing and agreeing their care and support needs. People told us that staff provided the care they wanted and did so with their agreement. One person told us, "They came out to assess me and I agreed what I needed. They are providing the care I need."

People's privacy and dignity was respected by staff. One person told us, "I think they are respectful towards me and I feel my dignity is maintained." A relative said, "Respectful staff. They treat mom very well." Staff told us the privacy and dignity formed part of their core training. Staff said they ensured people's privacy and dignity was maintained, by always involving them in their care, closing doors and windows, asking family members to leave the room whilst providing personal care and making sure people are kept covered up. A relative told us, "I don't go into the room when they are washing him, so I think his privacy and dignity is respected."

People's independence was promoted. People told us that staff promoted their independence, by helping them to remain living independently in their own homes. One person told us, "I can't manage without them, so I can live independently with the help they give me." Staff said they promoted people's independence by adopting a person centred approach by putting the person first, always asking what the person wanted and how they wanted things done and encouraging people to do as much as they can for themselves. A member of staff told us, "People's independence is promoted by, 'Giving choices asking people what they want to eat and drink instead of just assuming. Ask what people want to wear, taking pride in how people are supported.'" Another staff member said, "Getting to know people and support them in the way they are used to. People have their own little ways and you just get to know them and what they like."

Is the service responsive?

Our findings

People told us they were involved in agreeing and deciding their care needs. One person said, "They came out to assess me and I agreed what I needed. They are providing the care I need." Another person told us, "[Staff name] came out to do an assessment and check on how things are going." Records looked at showed that people had been involved in assessing and agreeing their needs and how they wanted to be cared for. Everyone we spoke with felt the service met their needs well. A relative told us, "The service is great. All staff are brilliant I can't find a problem at all." Another relative said, "The service is excellent and the care is excellent." This showed that people were involved in their care and were confident their needs were being met in a way that suited them.

We saw that people's care was planned in a way that reflected the individual care they needed. We saw that care plans were reviewed regularly, so that people had the opportunity to make any changes to their care needs and comment on how the service was going for them.

All the people we spoke with knew how to complain about the service if they needed to. The majority of people said they had never made a complaint as they had no reason to. One person told us, "I have never made a complaint I would call the office if anything happen. I have got a book with all the information." Another person said, "The only complaint I made they dealt with it." A relative told us, "We have the form with all the information in. There has been no need to complain, so far." There was a complaints procedure in place. All staff were aware of the procedures and how to support people to raise concerns. We sampled the complaints records and saw that complaints were investigated and verbally responded to. However, there was no timescale for investigation, so people know what to expect and people did not receive a written response to their complaint. We discussed this with the registered manager who said she would ensure the procedure was reviewed and updated.

Is the service well-led?

Our findings

People and their relatives that we spoke with felt they received a good quality service. People spoke highly of the registered manager and said she was respectful and open. One person told us, "The manager comes out to visit and she always phone to ask if I am happy and tell me to let them know if I have any complaint." This person went on to say, "The service is very good. The manager is very good. If someone new is visiting, the manager will phone me and tell me and describe the person to me and phone after the visit to ask me what the staff was like."

There was a registered manager in post and all conditions of registration were met. The provider submitted their provider information return, within the timescale required; this contained the information requested.

Staff said they received the appropriate support and guidance to enable them to do their job well. Staff told us the management was open and welcoming and that they were free to visit the office at any time.

We saw and staff told us that regular team meetings took place, this enabled staff to discuss any practice issues and suggest improvements to the service. A member of staff said they had made suggestions about improvements to the staff rotas and their ideas had been implemented by the registered manager. Another member of staff told us, "We work well as a team we discuss things and try to come up with a solution that works for everyone."

People told us they were regularly asked for their views on the quality of the service they received. They told us this was done during review visits and telephone calls from the registered manager. We saw that surveys were sent to people and their relatives, to give them the opportunity to comment on the quality of the service. These surveys were analysed and an action plan developed to address any shortfalls identified. We saw that the result of surveys were included in a regular news letter sent to people and their relatives, so they were able to see what people thought about the service and the actions the provider planned to take to address any improvements identified.

We saw that care records were collected and audited to ensure the care was delivered as planned and there was a system in place for monitoring that staff records contained the required documents, supervision and training. We saw that the provider had an electronic monitoring system in place to monitor the times staff arrived and left each call, this enabled the provider to know quickly if care visits were missed.