

Homecare4U Limited

Homecare4U Worcester

Inspection report

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10 December 2019
20 December 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Homecare4U Worcester is a domiciliary care agency providing personal care to 27 people in their own homes at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Staff did not always sign people's medicine records to evidence these were administered. It was also not always clear whether people were administering their own medicines or not. Staff were knowledgeable about their responsibility to report any abusive practice. Risks were assessed and staff were aware of the provider's infection control procedures.

People did not always receive a service at a time suitable to them to ensure their individual needs were met. People did not always know who would be providing their care and did not receive consistency regarding staff attending the call.

Management systems and audits were not sufficiently robust to identify shortfalls in the service or to make and sustain improvement.

People's needs were assessed before they commenced a service with the provider. Staff reported improvements in the training provided to ensure they had the skills and knowledge needed to care and support people. People were supported where needed with their dietary needs and accessing healthcare provision.

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.

People were supported by staff who were kind and usually ensured their privacy and dignity was respected. People were able to comment upon the care they received and were listened to.

Different ways to ensure staff were able to communicate with people were provided. Complaints about the service were investigated and acted upon to prevent a reoccurrence.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
This service was registered with us on 12/12/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Enforcement

We have identified breaches in relation to the safety of people in relation to medicine management and the governance of the service to ensure people received safe and effective care.

Please see the action we have told the provider to take at the end of this report.

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.

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Homecare4U Worcester

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

This inspection was announced. 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 10 December 2019 and ended on 20 December 2019. We visited the office on both these days.

What we did before the inspection

We reviewed information we had received about the service since it was first registered with us. We sought feedback from the local authority and professionals who work with the service. We also sought information from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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.

We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and the area manager. We spoke with one member of staff while at the office.

We reviewed a range of records. This included people's care records and multiple medication records. We looked at staff files in relation to recruitment and a variety of records relating to the management of the service.

After the inspection

We spoke with people who used the service as well as relatives about their experience. We spoke with one member of staff. Other staff were given the opportunity to speak with us over the telephone, however we did not receive any further feedback.



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 Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People could not be assured they would always receive their medicines and creams as prescribed. Medicine records were inconsistent for example it was not always clear whether a person was self-administering their own medicines or had them administered by staff.
- The medicine records contained gaps. Staff had not signed to indicate whether people had received their medicine as prescribed. Having these records provides assurance to the provider people had their medicines administered.
- Information on medicine records did not match with information recorded on people's care plans. This meant details available to staff regarding people's prescribed medicines was inconsistent. Audits had been completed and had identified improvement was required however this was still to be fully actioned.
- One relative told us the area manager rang following our inspection to clarify what cream their family member needed to be applied to ensure their records were correct.

We found no evidence that people had been harmed however systems had not fully demonstrated people's medicines were managed safely. This placed people at risk of harm. This was a breach of regulation 12 (Café Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- People and their relatives told us staff were not always on time placing people at risk of not having their needs met in a timely way or at a time suitable to the individual. We were told of incidents whereby staff were late or early. One person described staff timing as, "All over the place." Another person told us, "I try and do things myself if they are late. They [staff] can get held up."
- People told us they did not receive rotas to inform them who would be attending and therefore did not always know who was going to be providing their personal care. We were told of a lack of consistency regarding staff visiting them to provide their care and support. One person told us, "Sometimes I know who is coming."
- Recruitment checks were in place to ensure potential staff were suitable to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- People felt safe when receiving care and support from staff members.
- The registered manager and area manager were aware of their responsibility to inform the local authority regarding any actual or suspected abusive practice.
- Staff told us they would report any concerns they had regarding people's safety or suspected abuse. A staff

questionnaire showed staff to be aware of the provider's whistleblowing procedure.

Assessing risk, safety monitoring and management

- Risks were assessed to ensure people were safe. These included risks to people's care and support needs as well as any environmental risks associated to where the person lived such as potential trip hazards.
- Assessments included the use of equipment to assist with people's mobility giving staff guidelines regarding people's needs. People's assessments included details of any call alarms used to summon assistance if needed.

Preventing and controlling infection

- People confirmed staff used personal protective equipment such as gloves and aprons while providing personal care.
- Care plans gave instructions regarding the use of protective equipment.
- Staff were able to access equipment such as gloves and aprons to prevent the risk of cross infection. Staff observations by management took place during which staff knowledge on hand washing and the use of personal protective equipment was checked.

Learning lessons when things go wrong

- The provider had taken learning from incidents whereby people could have come to harm or where staff had placed people at risk.

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's care and support needs were assessed prior to them receiving a care package to ensure staff had the skills and experience to provide care to meet individual needs.

Staff support: induction, training, skills and experience

- A member of staff told us training had got better recently as this was now provided as needed.
- Staff received regular training updates covering areas such as safeguarding to ensure they had the skills required to ensure people were safe.
- Newly appointed staff received induction training and undertook shadow shifts with experienced members of staff.
- One relative told us staff had received training in the use of items of equipment such as a hoist. They did however believe staff needed additional training in supporting people living with dementia.

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

- People were supported with food and drink where needed. At the time of our inspection no one required physical assistance with eating and drinking or were assessed to be at nutritional risk because of not eating sufficiently. Care plans showed the need to offer people a choice of meals available to them in their own home.
- Staff were provided with information regarding people's dietary needs and the choices to be provided to people such as a hot or cold lunch. Staff recorded the actions taken regarding people's dietary needs on their daily records.

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

- People's healthcare needs were supported by staff and the involvement of healthcare professionals where needed such as doctors and district nurses. Relatives confirmed people's healthcare needs were met such as oral hygiene.

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.

- The registered manager was aware of their responsibilities regarding the MCA and staff had received training.
- Staff told us they ensured they received people's consent prior to providing care and 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 described most of the staff as good and kind and caring. One person described the staff as, "Nice."
- A care review showed a person reporting the staff to be, "Lovely".

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

- People told us they had a care plan at their own homes. People confirmed staff were good at providing the support they required to meet their needs.
- The provider sought people's views on the care provided during visits to people's homes while carrying out checks on the staff.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff respected privacy and dignity the majority of times. One person described staff as, "Very good" regarding how staff maintained their privacy and dignity.
- Staff were able to describe how they ensured people's privacy and dignity was maintained while providing personal 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 had their care needs planned for staff to be aware of them. One relative told us they were expecting a planned review of their family member's needs to take place shortly.
- Staff we spoke with told us care plans were up to date so they were able to refer to people's care needs. Care plans were often personalised to meet the needs of the individual.

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.

- People's communication needs were assessed. Information regarding people's communication needs was recorded within their care plan. These considered whether additional equipment was required such as the use of braille.
- The registered manager and area manager gave an example how they would meet the needs of people who did not have English as their first language.
- We were told by the registered manager documents could be provided in large print if needed.

Improving care quality in response to complaints or concerns

- People were aware they were able to raise concerns about the service provided.
- Complaints were recorded and investigated. Where needed the provider had offered an apology. The registered manager was able to tell us of the actions taken to prevent a reoccurrence.

End of life care and support

- No one was receiving end of life care at the time of the inspection. Care plans described people's wishes such as to remain in their own home.
- The registered manager gave us examples of how they would ensure personal care according to a person's wishes was provided at this time such as if the person wanted music playing or to wear perfume.

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 Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: 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: Continuous learning and improving care

- Systems in place regarding the quality of the service provided were not effective in making the changes required to ensure people received safe care and support.
- Call times were recorded by staff using mobile phones to log in and out of people's property. The registered manager and area manager told us the computer system showed if staff did not log in within 15 minutes of the allocated time. We found occasions where staff were either early or late for their call and no explanation could be given why this had taken place. For example, a call which was 85 minutes early while another was 70 minutes late. This meant people were not getting the service they required in a timely way to meet their individual needs and management systems were not highlighting and addressing these with staff and the people in receipt of the service.
- The registered manager and area manager had recognised shortfalls in the recording staff had undertaken including people's medicines. Audits showed records were not completed correctly. They planned to provide staff training in relation to daily recording and medicines. These training sessions had been delayed and were taking place at the time of the inspection. The records continued to be incomplete therefore systems to make improvement had not been effective or acted upon in a timely way to ensure improvement.
- Some people's care records were mistakenly sent away as confidential waste and therefore shredded rather than filed, stored and retained as required within the office. As a result, information regarding the care people had received was no longer available for staff to reference and to evidence the care and support provided.

We found no evidence that people had been harmed. However, risks to people's care and support were not always sufficiently managed to keep people safe and placed people at the potential risk of harm or not having their needs met. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had introduced a new system to ensure the storage of confidential information was secure once these records were returned to the provider's office.
- The registered manager was aware of their responsibility to inform the CQC of certain events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff confirmed they were able to raise issues as part of staff meetings. They told us they could seek support from the management if needed.
- People's views were sought by means of questionnaires and telephone contact from the registered manager.

Working in partnership with others

- The provider had worked with other professionals to ensure the healthcare needs of people were able to be met.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The medicines management in the service did not protect and mitigate people from potential risk.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not robust enough to effectively and safely manage the service provided for people. This placed people at risk of harm.