

Homecare4U Limited

Homecare4u Bristol

Inspection report

24 North Street
Bedminster
Bristol
Avon
BS3 1HW

Tel: 01179537949

Date of inspection visit:
19 June 2018
20 June 2018

Date of publication:
26 July 2018

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

We carried out a comprehensive inspection on 19 and 20 June 2018. Homecare 4U Bristol is registered with the Care Quality Commission (CQC) to provide personal care to people living in their own homes in the Bristol area. The service is a domiciliary care agency. Not everyone using Homecare4U receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection the service provided personal care to 50 people.

There was a registered manager in post. 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.

At our last inspection in April 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated Good.

We received positive feedback from people who used the service and their relatives. They told us they felt safe with the care of staff who worked for Homecare4U. People told us they usually had the same staff team supporting them. This meant that staff got to know people well.

There were enough staff to make sure people received the care needed. People and relatives told us care staff were generally on time. The provider had an effective system in place to monitor staffing levels and make sure they were sufficient to provide the personal care and support people needed.

Staff received supervision and training to ensure they could meet people's needs.

Medicines were safely managed and checks in place to identify and act on shortfalls.

Staff demonstrated a good understanding of safeguarding and whistle-blowing and knew how to report concerns.

People were helped to exercise support and control over their lives. People were supported to consent to care and make decisions. The principles of the Mental Capacity Act (MCA) 2005 had been followed.

Risk assessments and risk management plans were in place. Incidents and accidents were recorded and showed that actions were taken to minimise the risk of reoccurrence.

Staff were kind and caring. People were being treated with dignity and respect and people's privacy was maintained.

Systems were in place for monitoring quality and safety. Where improvements were needed the provider took action to address identified shortfalls.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Homecare4u Bristol

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We undertook a comprehensive inspection of Homecare4U on 19 and 20 June 2018 and this was announced. We gave the provider 72 hours' notice of the inspection because the location provides a domiciliary care service and we needed to make sure they were in. The inspection involved inspecting the service against all five of the questions we ask about services: is the service safe, effective, caring, responsive and well-led. The inspection was carried out by one inspector.

Before the inspection visit we looked at the information we had received about the service. We looked at the notifications we had received. Notifications are information about important events that the provider is required to tell us about by law. We also used information the provider sent to us in their Provider Information Return (PIR). This is information we require providers to send to us at least once each year, that gives key information about the service, what they do well, and improvements they plan to make.

We made telephone calls and spoke with eight people who received a service and nine relatives. We met with the provider's area manager, the registered manager and a care coordinator. We made telephone calls to a further four members of staff. We received feedback from two healthcare professionals. We have included their feedback and comments in the main body of this report.

We looked at four people's care records, medicine records, staff recruitment files, staff training records, quality assurance audits and action plans, records of meetings with staff and feedback from survey results, complaints records and other records relating to the monitoring and management of the service.

Is the service safe?

Our findings

People and relatives spoke positively and told us they felt safe with the staff who visited their homes and provided personal care. Comments included "Yes feel quite safe and comfortable with all the staff and we usually get the same ones," "Feel safe, they're good as gold," and, "They use the key safe to get in and we're happy with that." People told us that staff wore uniform and identity badges when they visited.

Medicines were managed safely. Medicine Administration Record sheets (MARs) provided instructions about the medicines people were prescribed and how they were to be taken. Topical MARs were used to provide instruction and guidance for creams prescribed to be applied to people's skin. The records we checked were all fully completed and staff had signed the MARs when they had administered the prescribed medicines to people. One relative told us, "Yes they do what he needs and then put his creams on and write it all up in the records." The registered manager had a robust checking system in place to make sure any gaps in recording or other errors were promptly picked up and addressed.

One person had their medicines administered via a Percutaneous Endoscopic Gastrostomy (PEG) tube. A support plan was in place to provide guidance and instruction to staff. These medicines were being crushed and the records showed the person's GP had provided authorisation and a specialist nurse had been involved in this decision and provided advice, guidance and support to staff. This showed people could be confident their medicines would be given to them in a safe way.

Staff had received safeguarding training and understood their responsibilities for keeping people safe from the risk of abuse. They were able to give examples of signs and types of abuse and tell us what they would do to protect people, including how to report any concerns.

Risk assessments were in place and these were reviewed regularly. These included risks associated with people's skin condition, falls, moving and handling and nutrition. They also included risks within people's homes such as use of equipment, for example, hoists, bed rails and environmental risks such as people smoking. Where risks had been identified action plans were in place. For example, a member of staff told us about a person who used bed rails. Staff identified the person was at risk of harm because they caught their leg in the bed rails. Actions were promptly taken and padded bumpers were ordered and fitted to the bed rails to reduce the risk of the person sustaining an injury.

Accidents, incidents and falls were recorded and actions taken to reduce future risks of injury. The registered manager kept a log they reviewed each month to make sure if people needed additional monitoring checks or actions could be taken to prevent recurrence, these were completed.

Most people told us there was consistency and they received care from the same group of staff. One person told us, "Always on time, always turn up and we get the staff rota's to confirm." We did receive feedback that call times for two people were not always consistent. With their agreement, we spoke with the registered manager who told us they would take action and address the issues we had raised. Another relative told us, "I think we're very lucky actually. We did have a moan when we had a lot of carers, as [name of person] gets

confused. They cut it down and we now know all the carers who visit."

Staff were safely recruited. Staff files included application forms, proof of identity and references. Records showed that checks had been made with the Disclosure and Barring Service (DBS). The DBS check ensures that people barred from working with certain groups such as vulnerable adults were identified and not employed.

A business continuity plan was in place and this set out the procedures to be followed in the event of an emergency situation, such as adverse weather conditions that caused disruption to the normal running of the service. This meant people could be confident their care needs would continue to be met in the event of such a situation occurring.

Staff told us they were provided with adequate supplies of gloves and aprons. They had received training and understood the importance of infection prevention and control.

Is the service effective?

Our findings

People using the service and relatives told us they felt staff were knowledgeable and understood their needs. Comments included, "They seem really well trained and they're thorough" and, "They are so good and all know what they're doing."

Staff told us they received sufficient training to enable them to carry out their roles with one member of staff commenting, "We have all the refresher updates like moving and handling and infection control. We also have training about people's conditions and illnesses." We looked at the staff training matrix and the training workbooks that staff completed. Training included moving and handling, fire safety, infection prevention and control, administration of medicines, safeguarding and the Mental Capacity Act (2005).

When staff started in post, they were provided with an induction programme. This included 'shadowing' other senior staff until they were assessed as safe and competent to work unsupervised. Following completion of a satisfactory induction period, staff had regular supervision meetings with the registered manager or senior staff. Staff supervision supports staff and gives them the opportunity to talk about their personal development and review future training and development needs, promote good practice and raise the quality of service.

Staff received annual appraisals and their work was 'spot checked' on a regular basis. This was when senior staff observed care staff providing personal care for people. They checked staff were wearing the correct uniform, including identity badges, how they communicated and delivered personal care to people and how they completed record keeping.

The registered manager and senior staff completed 'staff discussion forms' with care staff if specific issues, shortfalls or areas for improvement were identified. The staff discussion forms confirmed what had been discussed, what was expected and how the staff would be supported and monitored to make sure they addressed any identified shortfalls.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 had been assessed for their capacity to consent to specific aspects of their care. When they lacked capacity to consent, best interest decisions were made in consultation with relevant others, such as relatives or GP's. People and their relatives told us that staff always asked and checked before they provided support with personal care. One person told us, "They always ask and check what I want. The staff talk about my care and ask if it's ok. Occasionally the supervisors come and ask me too."

We looked at a sample of four care plans. The information helped to show how people's needs were

assessed and how people, and relatives where appropriate, were included in planning their care. Staff were aware of people's personal care needs. They were also aware of dietary needs and how they needed to support people to eat and drink sufficient amounts.

Staff told us how they informed senior staff if a person was unwell or there were any changes in their condition. People were supported to access the healthcare services they needed. A relative told us, "They notice and recognise any changes, they've got to know her so well. They would know if she was ill. I feel confident they would alert us." We spoke with a healthcare professional who told us, "They are really good at Homecare4U. I really can't fault them."

Is the service caring?

Our findings

We were unable to observe care being carried out directly but people we spoke with commented positively about the care received. People and their relatives told us they were happy and felt well cared for. They told us they were treated with kindness, respect and compassion. Feedback included, "The staff are lovely. They do everything and go the extra mile. I couldn't fault anything about them," "They are so patient with her, even though she doesn't really respond," and, "The staff do the job rigorously, as it should be done. They are very helpful, they ask if there's anything else they can do and they are so compassionate."

Care records showed that people were supported to be as independent as they wanted to be. For example, one person's care records stated they aimed to, 'Live independently with my wife in our own home', and described the assistance they needed with personal care each day. The care records also reminded staff to, 'Knock and be patient for door to be opened.'

A member of staff told us how they supported another person to be as independent as possible. They told us the person often said they were not able to walk, but responded positively to gentle encouragement and persuasion, with words such as, "Yes I'm sure you can, just try and we'll see." The member of staff told us the person nearly always managed to walk, even if it was just a few steps, from one room to another.

People's equality and diversity was recognised and respected. Staff told us they made sure they referred to people by their preferred names. This was also recorded in the care plans. Staff communicated in ways that were meaningful to people. A member of staff told us how they communicated with a person who was living with dementia and sometimes unable to verbally communicate their wishes. They told us, "Sometimes she gets frustrated and I have to understand that frustration. Sometimes a gentle touch, sometimes we just need to 'back off' and give her a little space and go back in a little while. That often helps."

Care staff told us how they made sure people's dignity and privacy was promoted and maintained. They made sure they closed doors and curtains and made sure people were fully covered when they were being supported with personal care. A relative said, "The staff are exceptional people."

Staff spoke positively and affectionately about the people they provided care for with a member of staff telling us, "It makes such a difference to their day if they have a good visit from us."

We read a recent compliment letter received by Homecare4U that included the following feedback, 'He trusts her (care staff) and this has been something he has found hard to do. He now accepts the help, allows her to offer personal care including bathing and dressing. Over the last few months he seems to be getting his some of his character back, some of his humour. All staff that visit my Dad are friendly, professional and an asset to your organisation.'

Is the service responsive?

Our findings

People and relatives we told us they were involved with care planning and that care was responsive to individual needs. Comments included, "We all need to be happy and we are with the carers who know and understand her needs," "They talk about the care they're giving me and check it's ok," and, "He now has a little walk after his personal care. The staff know about his oxygen. Any new staff shadow others and they all read the care plans."

Before people started to use the service, they were assessed by the registered manager or senior staff to make sure their care needs were known and could be met. A care plan was agreed and this was reviewed on a regular basis. The records we looked at showed six monthly reviews had taken place. The registered manager told us they completed reviews more frequently if people's needs changed. In addition, phone calls were made to people on a regular basis from the registered manager or senior staff. However, some of the people and relatives we spoke with were not sure if they had participated in reviews of care. We brought this to the attention of the registered manager who told us they would make sure everyone was made aware of review dates.

Care plans were comprehensive and provided staff with the information they needed to provide care and support in accordance with individual needs. They contained personal information about life history, interests, hobbies and general health. They also contained information about equipment and aids such as catheters, hoists and PEG feeds, glasses and hearing aids, communication, dietary needs, medication, safety and security and risk assessments such as moving and handling and falls. The plans we looked at were person centred, describing the individual needs of each person and how their needs were to be met, taking into account their needs, preferences and choices. For example, detail included, 'Ask if she would like hair conditioner following hair wash,' 'Carers to listen and face [name of person],' 'Ensure blankets and sheets are tucked under [person's name] feet,' and, 'I have hearing aids so carers need to speak loud and clear.'

Staff told us they read the care plans on a regular basis to make sure they were updated and aware of any changes in care needs. Staff told us communication was good and they would be contacted by the registered manager or senior staff in the office if a person's needs had changed since they last visited. They told us this was important especially for people who were not able to fully communicate their needs and wishes. They told us they found the care plans 'user friendly and easy to read.'

Staff told us they felt confident they had sufficient time to chat to people, provide the care needed and make sure the records were fully updated. One person told us, "They do everything I want and chat. They're good company. They ask what I want and do anything for me. Some are more inclined to go by what's in the book (care plan) but most will do extra's like putting the bin out even if they've not planned to do it." People told us if a situation arose that disrupted their timetable or schedule, such as a person becoming unwell, or an having an accident, they could, 'Just ring the office and either office staff or the manager will take over what we're doing or take over our next call.'

People and relatives who told us they had raised concerns about the service, also told us they had been

satisfied their complaints had been managed well and had been resolved to their satisfaction. A complaints procedure was in place which was readily available to people and relatives and included in the service user guide. This was provided when people first started using the service. People told us they would feel comfortable to raise concerns if needed. We looked at the complaints file and saw that complaints were managed in accordance with the provider's policy.

Is the service well-led?

Our findings

Everyone we spoke with commented positively about the leadership and management of the service. They were confident they could contact the service at any time and knew who the registered manager and senior staff were if they needed to speak with them. Feedback and comments from people and their relatives included, "I've spoken with the manager on the phone and she is easy to talk to," "The manager has been here in my home and visited with the social worker," "I'm very thankful for this company. We have had poor care in the past and this agency are really very good."

Systems were in place that identified shortfalls, a range of audits and monitoring checks were completed by the management team. Action plans were in place and actions taken in response to shortfalls identified. For example, a recent audit identified a daily communication log had not been completed for one person. The registered manager had a system in place to record, communicate, check and follow up on actions required. In addition, the provider's managing director completed quarterly 'branch audits. Action plans were in place to address identified shortfalls. For one person, the recent audit noted their review dates needed to be added to the registered manager's calendar.

People using the service and relatives were provided with opportunities to feedback their views in annual surveys. The feedback from the most recent survey included mostly positive comments, such as people confirming they were treated with dignity and respect, had timely calls, care staff stayed for required length of time and care staff appeared well trained. An action plan was in place where shortfalls were identified. These included comments about occasional late visits and one person not feeling involved in their care plan.

The registered manager told us how they communicated regularly with people and their relatives. This included telephone calls made between review dates, to check levels of satisfaction with the service and if changes or improvements were needed. In addition, they communicated to people using the service, relatives and staff, with a regular newsletter. The newsletter included summaries of feedback from people using the service and staff, confirmation of actions taken, staff news and developments or changes in the service.

The registered manager was able to tell us how they kept up to date with current practice. They told us they received support, direction and guidance from the provider's area manager. They told they attended training events organised by the local city council and completed 'online' training.

Staff had the opportunity to express their views at general staff meetings. Minutes were recorded and circulated. Staff also had the opportunity to provide feedback in staff surveys. Staff were aware of the provider's values. They spoke positively and told us they felt able to openly discuss any issues and were confident they would be listened to. They told us, "I feel really well supported here. If I have any issues they (the management team) just talk me through it," "Really good company to work for," "We have good teamwork and I think we're all open and honest," and, "[Registered manager] wants us all to grow and develop in line with the business."

The registered manager was aware of their obligations in relation to the notifications they needed to send to the Commission by law. Information we held about the service demonstrated that notifications had been sent when required.