

Home Care For You Limited

Homecare for you Limited Lancashire

Inspection report

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Date of inspection visit:
23 March 2016
24 March 2016

Date of publication:
25 April 2016

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 an inspection of Homecare for you Limited Lancashire on 23 and 24 March 2016. We gave the service 48 hours' notice of our intention to carry out the inspection. This was the first inspection of the service following a change of location address in February 2015.

Homecare for you Limited Lancashire is registered to provide personal care and support to children and people living in their own homes. The agency office is located on the main road into Brierfield, Burnley and is close to all local amenities and easily accessible to staff and people using the service. At the time of the inspection 140 people were using the service.

The service was managed by a registered manager. 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.

During this inspection we found the service was meeting the current regulations.

People and their relatives were happy with the service they received from Homecare for you Limited Lancashire. They told us they felt safe using the service. Risks to people's well-being were being assessed and managed. Staff were aware of the signs and indicators of abuse and they knew what to do if they had any concerns. Staff had an awareness of the Mental Capacity Act 2005 and had completed appropriate training.

Satisfactory processes were in place for people to receive safe support with their medicines and safe recruitment checks were completed to ensure staff were safe to support people. There were systems in place to ensure all staff received initial training, ongoing development, supervision and support.

Staff were respectful of people's privacy and maintained their dignity. People told us the staff were kind and caring. Arrangements were in place to maintain staffing levels to make sure people received their agreed care and support. People told us they received care and support from staff they were familiar with. People told us staff arrived on time, never missed a visit and stayed the agreed amount of time.

Care records and risk assessments were an accurate reflection of the person's care and support needs and were reviewed regularly to reflect changes to the person's needs and circumstances. Staff were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of people's care plans. People said they had been involved with their care plans and the ongoing reviews.

Processes were in place to monitor and respond to people's health care needs. Where appropriate people were supported with eating and drinking.

The complaints procedure provided information on the action to take if a person wished to raise any concerns. People were aware of the complaints procedure and processes and were confident they would be listened to.

There were clear lines of accountability. People, their relatives and staff spoken with felt the agency was well managed. We found there were systems in place to assess and monitor the quality of the service, which included feedback from people using the service.

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.

Staff were trained to recognise any abuse and they knew how to report any concerns.

There were enough staff available to provide flexible support and to keep people safe.

Risks to people's wellbeing and safety were being assessed and managed.

Safe recruitment procedures were followed and processes were in place for people to receive support with their medicines.

Is the service effective?

Good 

The service was effective.

People told us they experienced good care and support.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA).

People were supported as appropriate to eat and drink. Their health and wellbeing was monitored and responded to as necessary.

Processes were in place to train and support staff in carrying out their roles and responsibilities.

Is the service caring?

Good 

The service was caring.

People were involved in making decisions about their care.

Staff treated people with dignity and respect and were looked after in the way they preferred.

People made positive comments about the caring and kind approach of the staff.

Is the service responsive?

Good ●

The service was responsive.

People were involved with planning and reviewing their care and support.

People indicated the service was flexible. Arrangements were in place to respond to people's changing needs and preferences in a timely manner.

Processes were in place to manage and respond to complaints and concerns. People were aware of the service's complaints procedure and processes and were confident they would be listened to.

Is the service well-led?

Good ●

The service was well led.

The agency had a registered manager who was committed to the continuous improvement of the service.

The provider's vision, values and philosophy of care were shared with staff and supported by the management and leadership arrangements.

There were systems in place to consult with people and to monitor and develop the quality of the service provided.

Homecare for you Limited Lancashire

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 checked 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 23 and 24 March 2016. We gave the registered manager 48 hours' notice of our intention to visit to ensure they were available at the time of the visit. The inspection was carried out by one adult social care inspector.

The provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information to us about the service, what the service does well and any improvements they plan to make.

Before the inspection, we contacted the local authority contracting unit for feedback and checked the information we held about the service and the provider. This included statutory notifications sent to us by the manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection we spoke with five people using the service, two relatives and two care staff over the telephone. During our visit to the agency office we spoke with the registered person, registered manager, branch manager, the training manager and two care staff. We observed staff working in the office dealing with issues and speaking with people over the telephone.

We reviewed a range of records about people's care and how the service was managed. These included the care records for four people, medication administration records, staff training records, two staff recruitment

files, staff supervision and appraisal records, quality assurance audits, incident reports, complaints and compliments records and records relating to the management of the service. We also looked at the results from the most recent customer satisfaction survey completed by people using the service. Following the inspection the registered manager sent us a schedule of planned audits.

Is the service safe?

Our findings

People told us they felt safe using the service. One person told us, "They make me feel safe. They make sure I'm secure and safe before they leave" and "I feel safe in their hands." A relative told us, "(My relative) needs someone they can trust; the agency staff provide this." None of the people spoken with had any concerns about the way they were treated or supported.

We looked at how the service protected people from abuse and the risk of abuse. Staff spoken with had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. They were confident action would be taken about any concerns raised with the management team but knew they could report to other authorities outside their own organisation if necessary. All staff spoken with said they would not hesitate to report any concerns.

Records confirmed staff had received training and guidance on safeguarding vulnerable adults and children. The management team was clear about their responsibilities for reporting incidents and safeguarding concerns and had experience of working with other agencies.

Staff had access to the whistleblowing policy. Staff knew they had a responsibility to report poor practice and were aware of who to contact if they had concerns about the management or operation of the agency.

We looked at the way the service managed risks. Assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. This included environmental risks and any risks due to the health and support needs of the person. Risk assessments included information about action to be taken by staff to take to keep people safe and reduce the risks of harm. The assessments were updated every six months or more often if people's needs or circumstances changed.

Staff were aware of the process to follow in the event of an accident and emergency. They said they contacted the office and an incident form was completed after dealing with the situation. The registered manager viewed all accident and incident forms, so they could assess if there was any action that could be taken to keep people safe and prevent further occurrences.

Staff were provided with personal protective equipment, including gloves and aprons. Emergency, accident and on-call procedures were summarised in the staff handbook. This meant there were processes in place to help minimize risks and keep people safe. There was a business continuity plan which would be followed in the case of any emergency such as severe weather, electrical failure or flooding.

Recruitment checks were completed to ensure care workers were safe to support people. The recruitment procedure included applicants completing a written application and face to face interviews had been held. The checks included an identification check, taking up references, a health and fitness declaration and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We noted staff did not commence employment without a full DBS check. The

recruitment and selection procedures had been reviewed and updated to fully reflect the current regulations.

People told us the staffing levels were sufficient and they received care and support from staff they were familiar with. We found staffing arrangements were influenced by people's assessed needs, individual support package and contracted arrangements. Staff confirmed they were given sufficient travelling time between visits and were given enough time to carry out tasks. They told us they would telephone the agency office if they were delayed and the agency would contact the person to keep them informed. There was an on-call system in place during the times when staff were on duty, which meant someone could always be contacted for support and advice.

People told us staff arrived on time, never missed a visit and stayed the agreed amount of time. People told us, "My carer is superb. He is always on time and has never missed a visit; if they need to change my carer the office will let me know but it is always someone that I know", "I look forward to my carer coming. They are never late and they cheer up my day" and "If they are running a bit late they let me know." Another person said, "I am very, very lucky to have these carers. The carers that come, rain or shine, should be given an award for their dedication." People told us staff always wore their identity badge.

Staff told us they logged in and out of some people's homes using the telephone and their visits were monitored via a computer system. We noted there were a number of people who preferred staff not to use their home telephone; visits were currently logged in a visit diary which would be checked by the office staff. The registered manager told us a new monitoring system was being introduced which would immediately alert the office if there was a missed visit or late arrival.

This meant the agency office could respond more effectively to ensure people received the care they needed.

People were happy with the support they received with their medicines. Assessments had been completed with regard to whether people were able to administer their medicines independently or needed support and their records included instructions for staff to follow on prompting or administering medicines. People's medication administration records (MAR) were handwritten by staff although not witnessed which could present a risk of error. The registered manager assured us this would be reviewed. Appropriate administration codes were being noted on the MARs although we noted directions for the application of external medicines (eye drops) on one person's MAR stated 'apply as directed' and there were no clear instructions recorded for 'as needed' medicines such as pain relief. This meant that without clear directions for staff to follow there could be a risk of error. The registered manager was aware of the issues and had taken action to address them. We were told a member of staff had been employed to monitor medicines management and discussions with the community pharmacist regarding provision of a pre-printed MAR were being arranged.

From a review of records and from our discussions we found staff who supported people with their medicines had completed medicines training; additional training was being provided for all staff. Processes were in place to assess staff competence in this area during the spot checks although we were told this system was being developed. There were policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.

Is the service effective?

Our findings

People felt staff had the right level of skills and knowledge to provide them with effective care and support. They were happy with the care they received and told us that it met their needs. People said, "I get a very good service", "Staff seem to know what they are doing", "My carer knows how I like things done; that makes a big difference to me as I can't see very well" and "I've seen new staff being shown how to do things properly."

We looked at how the service trained and supported their staff. From talking with staff and the registered manager and looking at records we found staff were suitably trained to help them meet people's needs effectively. Records and staff confirmed induction training was provided when new staff commenced work with the agency. This included an initial induction on the organisation's policies and procedures and ways of working, a period of shadowing more experienced staff and completion of the provider's mandatory training and the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It is essentially designed for staff who were new to social care. We saw evidence that existing staff were also working through the care certificate programme to refresh their knowledge.

Staff told us about the training they had received and confirmed this was ongoing. We were told the majority of training was provided by the training manager and designated staff carried out observations on staff practice. This meant staff were provided with training and monitoring to ensure they had up to date knowledge and skills related to their roles and responsibilities.

Records confirmed staff received a range of appropriate training including moving and handling, health and safety, food hygiene, fire safety, dementia, nutrition infection control, first aid, person centred care, safeguarding adults and children and the Mental Capacity Act 2005. Specialised training was arranged as needed in response to people's specific needs. Staff were also enabled to attain recognised qualifications in health and social care. All staff spoken with told us their training was beneficial to their role.

Staff received regular supervision, which included observations of their practice, as well as an annual review of their performance. They told us they had the support of the registered manager and senior staff and could discuss anything that concerned them.

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.

We checked whether the service was working within the principles of the MCA. We found the agency had detailed policies and procedures on the MCA and staff had received appropriate training. Staff spoken with had an understanding of the principles of the Act and understood the need to ask people for consent before

carrying out care. The registered manager was aware of the processes involved if a person was thought to lack capacity to make decisions for themselves.

People were supported to maintain a healthy diet where this was part of the care plan. Where people were identified as being at risk of malnutrition or dehydration the staff recorded and monitored their food and fluid intake. Staff told us they assisted people to choose what they wanted to eat and drink before preparing it.

We looked at the way the service provided people with support with their healthcare needs. People told us that staff would support them to access healthcare services if it was part of the agreed care package or in an emergency. People's records included contact details of next of kin and relevant health care professionals, including their GP, so the office staff could contact them if they had concerns about a person's health. Records showed staff had liaised with health and social care professionals involved in people's care if their health or support needs changed. Staff described the action they would take if someone was not well, or if they needed medical attention

Is the service caring?

Our findings

People told us they were happy with the approach of the staff and managers at the service. They told us staff always treated them with kindness and respect. People said, "I am very happy and very satisfied with the care and the service I get" and "The carer is like a member of my family; they treat me respectfully."

All people spoken with told us the staff respected their rights to privacy and dignity. People confirmed staff entered their house in the agreed way and were respectful of their property and belongings. Staff told us they received guidance during their induction in relation to dignity and respect and their practice was monitored when they were observed in people's own homes. We noted the employee handbook highlighted the service's expectations around staff conduct, including respecting people's dignity and confidentiality.

Staff were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of people's care records. They told us they visited people on a regular basis which helped them get to know the person and how best to support them. Wherever possible people were involved in decisions about their care and their views were taken into account. This told us people's comments were listened to and respected.

People told us staff spent time talking and listening to them. A relative told us, "The carer has a good relationship with (named person) which is built on trust. The carer spends one to one time with him and is able to communicate with (named person). It's good to hear the banter between them."

People told us they were able to express their views on the service on an ongoing basis, during care plan reviews, spot checks and the customer satisfaction questionnaire. There was a guide for people who used the service which included a detailed overview of the services provided by the agency and the contact details of other local health and social care organisations, who people could contact for support. People indicated they had received a copy of the guide and were aware of its contents.

Is the service responsive?

Our findings

People told us they received a flexible service that was responsive to their needs. People said, "They work around me and will change the times of my visits if I have an appointment to attend" and "They always ask if there is anything else they can do before they leave."

We looked at the way the service assessed and planned for people's needs, choices and abilities. An initial assessment of needs was carried out before people used the service. We noted the assessments covered all aspects of people's needs and a care plan had been developed with the full involvement of people using the service. We were told each member of staff was carefully selected to ensure the needs of the person were met in areas such as gender preference or language skills.

People's care plans were written in a person centred way. Records identified people's needs and provided guidance for staff on how to respond to them. The care plans were supported by a series of risk assessments and included people's preferences and details about how they wished their care to be delivered. People told us they were aware of their care plans and had been involved in discussions about care and with the review process. Records confirmed this. A relative said, "We have been through the care plan together. I am involved and they listen to me."

The care plans were reviewed on a regular basis and changes were made as needed. Staff told us they were informed about any changes in visits and the support people required. This was either by face to face discussion with office staff or by telephone. Care staff told us they would visit the office and discuss changes in the level of care and support for some of the people they visited.

Staff told us they used the care plans to help them understand people's needs and confirmed they frequently referred to them during the course of their work. They said they were confident the plans contained accurate and up to date information. They also said there were systems in place to alert the senior staff of any changes in needs in a timely manner.

Records of the care and support provided to people were completed at each visit. This enabled staff to monitor and respond to any changes in a person's well-being. The care books were returned to the office on completion for auditing purposes and for filing. The registered manager confirmed the records were regularly checked. We looked at a sample of the records and noted people were referred to in a respectful way.

People using the service had been provided with clear information about how to contact the agency during the day and out of hours. This meant that people and staff had access to support and advice whenever necessary.

The registered manager and staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a consistent coordinated service.

We looked at the way the service managed and responded to concerns and complaints. There was a procedure in place which set out how complaints would be managed and investigated and included the relevant timescales for the process to be completed. We found people's concerns and complaints had been recorded and appropriately addressed to people's satisfaction. We noted a number of compliments had been made about the service.

The agency's complaints process was included in information given to people when they started receiving care. The people we spoke with were aware of the service's complaints procedure and processes and were confident they would be listened to. People told us, "I would speak up if I had any issues but I have no concerns so far", "If I was unhappy I would complain but I can't see that happening as I am very satisfied", "I know what to expect and would voice my concerns" and "If I ever have a problem I ring the office and they sort it out straight away." Staff confirmed they were aware of the procedures for responding to people's concerns and complaints.

Is the service well-led?

Our findings

People did not express any concerns about the management and leadership arrangements. One person told us, "The service is very good and is very organised." Staff said, "Communication is good" and "It's a good agency; they listen."

There was a manager in post who was registered with the commission. The registered manager had responsibility for the day to day operation of the agency and was able to discuss areas for improvement and how the service would be developed in line with the business plan. Throughout our discussions it was evident the registered manager had a good knowledge of people's current needs.

Staff spoken with made positive comments about the registered manager and the way she managed the agency. Staff told us, "The manager is very supportive and approachable."

There were clear lines of accountability and responsibility within the service's defined organisational structure. Staff were provided with job descriptions, contracts of employment, policies and procedures and the employee handbook, which outlined their roles, responsibilities and duty of care. Staff told us they had received the training they needed and were well supported by the registered manager and the senior staff. Staff told us they enjoyed working for the service. Staff said, "I can ring the office if I have any concerns. They are very supportive" and "I just love my job. It's brilliant. The managers are very supportive and approachable."

Records showed staff were provided with regular one to one support and reviews of their performance. This helped to identify any shortfalls in their practice and whether any additional training and support was required. Staff meetings were held to discuss the operation of the service.

We saw a combination of announced and unannounced checks were undertaken to review the quality of the service provided and staff practice. The checks included observing the standard of care provided and asking people for their feedback on the service. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed and to see if care was being provided according to the person's wishes.

There were systems in place to seek people's views about the running of the service. People's opinions were sought through face to face or telephone conversations and during review meetings. People told us the office staff had contacted them to ask if they were happy with the service. One relative said, "I remember the management visited to have a chat and to check records."

The agency also obtained the views of people in the form of a customer satisfaction survey. We looked at the results of the most recent survey which indicated people were happy with the service they received.

There were checks and audits on staff files, records, medicines management, staff training and supervision and accidents and incidents. Visits to people's homes were monitored by analysing the data from the

computerised telephone tracking system which staff used each time they visited a person's home or by the visit records. Systems were in place to identify and respond to any shortfalls. The registered manager told us improvements were being made to the monitoring systems. Following the inspection the registered manager sent us a schedule of planned audits.

The organisation had achieved the Investors In People award. This is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management. A review was underway at the time of our inspection.