

Homecare4U Limited

# Homecare4u Stafford

## 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

### About the service

Homecare4U Stafford provides personal care and support to 23 people living 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

People received safe, effective care and support to meet their individual needs. People were protected from harm as staff were confident to recognise and report abuse. Risks were assessed and managed to keep people safe. People received their medicines safely.

People received support from a consistent staff team who were trained and confident to deliver personalised care in line with people's assessed needs. Staff were safely recruited to ensure they were appropriate to support people who used the service. Staff were well supported in order to deliver good care.

People's needs were assessed and documented to ensure their care needs were met. Care plans were detailed and effective to ensure staff had access to accurate information. Plans were reviewed regularly as people's needs changed.

People received appropriate support to eat and drink in line with their dietary needs and preferences. Staff worked with health and social care professionals to ensure consistency and ensure people received appropriate and safe support.

Staff were caring and respectful, promoting people's privacy, dignity and independence.

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.

Staff sought people's consent before supporting them and decisions about people's care and treatment were made in line with law and guidance

People's care was responsive to their changing needs. People knew how to raise a concern and always felt listened to. Information was available in different formats to make it accessible.

People felt the service was well managed. Staff had regular opportunities to share their views about the service. Staff felt listened to when they shared feedback. The provider carried out audits to ensure the

quality of care provided and feedback was sought from people who used the service to ensure continual improvement and development.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Why we inspected

This was a planned inspection

#### Rating at last inspection

This was the first inspection for this agency since registering with CQC in December 2018.

#### 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.

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our safe findings below.

Good ●

# Homecare4u Stafford

## 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 and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency that provides personal care to people living in their own homes. 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

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also wanted time to obtain contact details of people who used the service and relatives, where appropriate.

Inspection activity started on 02 December and ended on 04 December 2019. We visited the office location on 02 December 2019.

#### What we did before the inspection

We used the information we held about the service to plan the inspection. This included checking for any statutory notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. We used this information to plan our inspection.

We asked the local Healthwatch for any information they had which would aid our inspection. Healthwatch

is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

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.

During the inspection

As part of the inspection we spoke with seven people who used the service to establish their views and feedback about the care and support they received.

During the site visit we spoke with the registered manager, the area manager and a care coordinator. We also viewed a range of records. This included three people's care records. We also looked at quality assurance records, as well as reviewing the electronic system for monitoring the delivery of the service, staff training and records of audits.

Following the inspection, we received feedback from six staff.

# 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 as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse and they felt safe with staff support. People valued consistency, and some commented positively on having a regular staff team, meaning they could get to know them and feel safe. One person told us, "I feel very safe with the staff as I have the same people and know them well." Another person said, "I have the same people that come and support me."
- Staff had received training to protect people from harm and knew how to recognise potential signs of abuse. Staff were confident to share concerns with the registered manager and other essential agencies.
- The registered manager and the area manager were aware of the procedures to follow to report abuse to protect people.

Assessing risk, safety monitoring and management

- People had risks to their personal safety identified and managed effectively. People felt confident in staff's ability to deliver safe care. One person told us, "I feel very comfortable with the carers."
- Staff were knowledgeable about risks associated with the people they supported and assessments and plans clearly identified risks.
- The registered manager reviewed risk assessments to ensure they reflected people's needs and they liaised with the person and, if necessary, their family, staff and other professionals to do this.

Using medicines safely

- People received varying levels of support to manage their medicines and everyone was happy with the support they received. One person told us, "The staff check to make sure I have had my medicine and remind me if I haven't." Another person said, "They (staff) prompt me to take my medicine."
- Staff confirmed they had received training and competency checks before they could administer medicines. They felt the training gave them the confidence to support people as they required with their medicines.
- We saw how the registered manager had audited medicine administration records and where issues had been identified they had recorded actions taken to reduce the likelihood of a reoccurrence.

Staffing and recruitment

- People received support from staff in sufficient numbers to meet their care and support needs safely. People told us staff arrived when scheduled and on time. They said staff had time to meet their needs. One person told us, "They always come on time which is very good." One person told us, "I've never had any missed calls." Another person said, "I never feel rushed."
- Staff had been recruited safely. Staff told us how they had been required to provide evidence to

demonstrate their suitability, prior to them working with vulnerable people. The records we looked at reflected this happened.

#### Preventing and controlling infection

- People who used the service told us how staff used disposable gloves and aprons appropriately to reduce risks of cross infection. One person told us, "[Staff] always wear gloves and change them after certain tasks." Another person said, "They help me get washed and always use their gloves and aprons."
- Staff understood the importance of using personal protective equipment (PPE) to protect people from cross infection and had received training in safe practices to control the risk of infection.

#### Learning lessons when things go wrong

- The registered manager told us they always reflected on situations to see what they could have done differently or better. The area manager also told us how incidents and accidents were discussed within management teams to support learning from experiences and improving practice as a result.
- The registered manager told us how they reviewed care plans and risk assessments when things had gone wrong, to reduce further risks to people.
- Staff told us how they reflected on their practice and worked closely within their team to ensure improvements were continually made to the care provided.



# 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 as 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 needs were assessed and identified prior to the start of the service. This meant the provider knew they were able to meet the person's needs. People reflected positively on staff's ability to meet their needs effectively suggesting assessments were effective.
- People told us they were involved in the development of their care plans. One person said, "I am always involved with my care planning."
- Plans seen were detailed and personalised. People's needs, and preferences had been identified and documented to ensure staff could meet those needs. This included information about people's life experiences, individual preferences and health care needs.
- Care plans were updated when people's needs changed, and staff spoke positively about the level of information they received and felt it enabled them to deliver good quality care. One person told us, "They record everything."

Staff support: induction, training, skills and experience

- People spoke very positively about the effectiveness and knowledge of the staff who supported them. One person told us, "They are so well trained as I don't need to tell them what to do." One person told us, "They are all trained well as they do all the things we ask them to do and more."
- Staff spoke very positively about training opportunities that equipped them for their roles. They also said they received ongoing support until they were confident and competent. This meant they could meet people's needs effectively.
- A new member of staff told us the training, support and induction they had received had been 'Excellent.'
- Staff felt well supervised and supported. One staff member told us, "Senior staff are very supportive. They are brilliant."
- Staff told us they attended regular one to one meetings, team meetings and observations while they were working. All of these made them feel well supported and supervised.

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

- Where people received support from staff to eat, drink and prepare meals they received sufficient and appropriate help to ensure they maintained their health. One person told us, "They make our breakfast and make drinks and always ask what we would like." One person said, "I am always asked what I would like to eat and drink." Another person said, "They always leave me drinks before they go."
- Staff knew people's dietary needs and preferences, and this enabled them to promote a healthy and varied diet in line with individual tastes.

- Where people had specific dietary needs, staff were aware of these and care plans offered detailed guidance about how people's meals should be prepared, and the support they required to eat safely.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with outside agencies to ensure people's needs and changing circumstances were shared when appropriate. Records of liaisons with external agencies were recorded in care plans.
- The registered manager liaised with health and social care professionals to ensure continuity of care.

Supporting people to live healthier lives, access healthcare services and support

- People told us that staff supported them to access medical support as appropriate, meaning they could maintain good health. One person told us, "When I was feeling unwell they contacted the doctor to visit me."

- Staff worked with external professionals, such as district nurses to ensure people received the right support.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA and found that they were.

- People were supported to be involved in decision making as far as they were able. When people were unable to do so, appropriate support was sought. For example, family members, advocates and multi-disciplinary team members.
- People were supported to make day to day decisions using their preferred communication methods and staff respected decisions made to ensure positive outcomes for people. One person told us, "They always ask me if its ok to do things before they do so."

# 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 as 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 were happy with the way they were supported. One person told us, "I am treated so well, and they talk away to me. Another person said, "They are so caring and kind to me." People spoke positively about the relationship they had with the staff who supported them. One person said, "We have a great relationship."
- Staff respected and promoted people's equality and diversity by treating people as individuals. One person told us, "We get on very well they are excellent" Staff told us, "We always treat people as individuals and how we would wish to be treated."
- Staff were aware of people's individual needs, including their, sexual, cultural and religious needs. Records reflected any protected characteristics. This ensured that people received personalised care.

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

- People were involved in making decisions about their care.
- Staff described how they offered people choices and delivered care with consideration for people's personal preferences and routines.

Respecting and promoting people's privacy, dignity and independence

- People told us they were well supported by staff and their privacy and dignity was respected. One person told us, "They are very respectful during personal care." Another person said, "They keep me covered with towels to give me privacy." Staff reflected this during conversations about how they supported people to maintain their dignity. In relation to the staff, one person told us, "They have very high standards."
- Staff told us how they supported people to be as independent as possible. People were encouraged to do what they could for themselves and staff offered support when needed.

# 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 as 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

- Care and support was responsive to people's individual needs and wishes. One person told us, "They [staff] will do anything we ask and always stay for the time they are supposed to." Another person said, "They can't do enough for me."
- People, and their relatives, were involved in the development of care plans and plans were flexible and personalised. Plans were reviewed as needs changed so staff could respond to these changes.
- Staff said care plans were person centred and informative. They were knowledgeable of their contents meaning they could offer a personalised service that met people's needs and preferences.

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.

- The provider met the accessible information standard. Staff shared examples of how they communicated with people in different ways. We saw that information was available in large print and some people used pictures and gestures to communicate. Staff were familiar with these and this meant people could be actively part of decision-making and information sharing processes.

Improving care quality in response to complaints or concerns

- People were very satisfied with the care and support they received and had no concerns or complaints. One person told us, "I have no complaints at all."
- People said they would speak with named staff or the registered manager who they 'knew well.'
- Senior staff were aware of complaint processes and were confident complaints would be quickly addressed.
- The complaints procedure had been shared with people in the service user guide

End of life care and support

- At the time of this inspection no-one was receiving end of life care. The registered manager told us they would incorporate end of life needs and wishes into care plans if this was required.

## 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 as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People we spoke with told us they felt the service was well run. One person told us, "It's a "wonderful service." Another person said, "I would recommend them."
- The management and staff team worked together to ensure the service was delivered based around the needs and wishes of individuals who used it. People's individual needs were considered when planning and delivering care.
- The registered manager was aware of their duty of candour. Duty of candour means the organisation has a duty to be open and transparent in relation to care. The registered manager told us they worked, "Professionally and openly."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood the responsibilities of their role and acted in accordance with them as did other senior managers. Notifications of incidents, events or changes that happen at the service were sent to us within a reasonable timescale and as required by law. These included safeguarding referrals and incident notifications.
- The service had audit and quality monitoring systems in place that identified strengths and areas of improvement required. Outcomes of audits were shared within the staff team to drive improvement. We saw that branch action plans were developed from these and timescales set for completion.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us how they felt involved and consulted in relation to how their support was delivered. One person told us, "The [registered] manager comes to see me to review my care."
- People's views and opinions were valued. One person told us, "The manager comes to see us to make sure all is well." Staff also told us they listened to people's views, feedback and opinions. They acted upon these to improve the service. For example, people were able to change times and request flexible support.
- Staff had opportunities, both informally and formally to discuss issues and make suggestions for improvements and changes. Staff felt their views were listened to. Staff told us they attended staff meetings where they were consulted, and information was shared with them about developments and changes.

Continuous learning and improving care

- The registered manager told us how incidents or accidents were reviewed and discussed in staff teams and at higher levels. The area manager confirmed this.
- Staff teams regularly revisited policies and procedures to ensure they remained current. Staff meetings reflected that a policy of the month was identified, discussed and reviewed.
- Team meetings were also used to share outcomes of audits and to share and reinforce good and safe practices.
- The manager attended weekly conference call with the area manager to discuss issues and priorities. They reviewed positive outcomes and issues that had arisen. This conversation enabled the service to continually review the management arrangements and improve care as necessary.
- The service had a business contingency plan that was in place to ensure the most vulnerable people received the support they required at times of crisis. For example, in extreme weather.

#### Working in partnership with others

- The registered manager worked in partnership with health and social care professionals to achieve good outcomes for the people who received a service.
- Staff had good relationships with health and social care professionals and shared examples of how joint working and effective information sharing had a positive impact on people.

#### Leadership and management

- The service was well managed and well led. People told us the manager was approachable and professional. People said they received information they needed to ensure effective communication could be maintained. One person told us, "The manager is very good, and I have phone numbers if I have to contact the office." Staff also considered the service to be well led. One staff member told us, "The manager is very supportive." Another staff said, "[The registered manager] is always there for you."
- All the staff knew their roles and responsibilities and communication between staff was effective. One person said, "They all do a great job." One staff member told us, "Communication is the key."