Homecare4U Limited

Homecare4U Staffordshire

Inspection report

Mercury Business Centre
3 Mercury Park, Amber Close
Tamworth
Staffordshire
B77 1AG

Tel: 07960271606
Website: www.homecare4u.info

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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

We inspected this service on 27 March 2017. This inspection was announced. This meant the provider and staff knew we would be visiting the service's office before we arrived. There were 60 people in receipt of personal care support at the time of this inspection visit. This was the first inspection since the provider's registration on the 6 April 2016.

The service had 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.

People received their calls as agreed and in general from a consistent staff team. Staff supported people to make their own decisions. When people were unable to consent, assessments had been undertaken to ensure they were supported in their best interests and with the involvement of their family. The delivery of care was tailored to meet people's individual needs and preferences.

People were protected from abuse as staff understood what constituted abuse or poor practice and their role in reporting concerns. The provider had systems and processes in place to protect people from the risk of harm. Checks on staff were done before they started work to ensure they were suitable to support people. Medicines were managed safely and people were supported to take their medicine when needed.

People were supported by staff that received training to develop their skills and safely support the people they worked with. Staff were provided with supervision by the management team to monitor their conduct and support their professional development.

People's needs were assessed and care plans were developed with them to direct staff on how to support them in their preferred way. When needed people were supported to maintain their dietary requirements and preferences and to access healthcare services.

Quality monitoring checks were completed by the registered manager and provider and when needed action was taken to make improvements. The provider sought the opinions of people and their representatives to bring about improvements. People knew how to complain and we saw when complaints were made these were addressed. The provider understood their responsibilities around registration with us.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were supported by staff that understood how to keep them safe and protect them from harm. Risks to people's health and welfare were assessed and actions to minimise risks were in place in people's care plans and implemented. The provider checked staff's suitability to work with people before they commenced employment. People were supported to take their medicines and there were sufficient staff to support them.

Is the service effective?

Good

The service was effective.

People's consent was sought regarding the care they received. Where people were unable to consent, assessments had been undertaken to demonstrate this and decisions were made in their best interests. People were supported by staff that received the right training and support. People were supported to eat and drink enough to maintain their health, and staff supported people when needed to seek medical intervention.

Is the service caring?

Good

The service was caring.

People were supported by staff in a caring way and encouraged to maintain their independence. People were treated with respect and their dignity and privacy was respected.

Is the service responsive?

Good

The service was responsive.

The support people received was tailored to meet their individual needs and preferences. The provider's complaints policy and procedure was accessible to people and they were

supported to raise any concerns.

Is the service well-led?

Good

The service was well led.

People were encouraged to share their opinion about the quality of the service to drive improvements. The staff were given guidance and support by the management team and understood their roles and responsibilities. Systems were in place to monitor the quality of the service provided.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 27 March 2017 and was announced. The provider was given a weeks' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office. The provider was also in the process of moving office location and we had to liaise with the registered manager regarding our visit. We also needed to arrange to speak to people who used the service and their relatives as part of this inspection prior to the office visit. The inspection team consisted of 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. The expert-by-experience did not attend the office base of the service, but spoke by telephone with people who used the service and relatives.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to formulate our inspection plan.

We spoke with two people who used the service and six relatives. We spoke with five care staff, the registered manager and two care coordinators. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for four people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Good

Is the service safe?

Our findings

People we spoke with confirmed they or their relatives felt safe with the staff who supported them. Staff knew and understood their responsibilities to keep people safe and protect them from harm. They were aware of the signs to look out for that might mean a person was at risk. Staff knew the procedure to follow if they identified any concerns or if any information was disclosed to them. One member of staff told us, "I would report to the office and record what had been said to me or what I had witnessed." Records showed that staff had undertaken training to support their knowledge and understanding of how to keep people safe. One member of staff told us, "We have had safeguarding training and whistle blowing was included in the training." Whistle blowing is the process for staff to raise concerns about poor practices. The registered manager demonstrated that they understood what incidents needed to be shared with the local authority safeguarding adult's team and confirmed we would be notified of these events.

People confirmed that the staff ensured their safety was maintained when they supported them. One relative told us, "The agency actually got in touch with the occupational therapist to get equipment for my relative; it has made a real difference for them." Risks were assessed during people's initial assessment and again if people's needs changed. We saw there were a variety of risk assessments in place to direct staff on how to minimise risks to people, such as on the equipment needed to support them to move safely and on their home environment. This showed us that risks were managed to keep people who used the service and staff safe. Staff spoken with knew about people's individual risks and explained the actions they took to keep people safe, this included any specialist equipment that was used for individual people. We saw that following one person's home assessment the registered manager had organised for the fire service to visit and assess the person's home, with their consent. The outcome of this visit was that the person's home was fitted with smoke alarms to enhance their safety.

Support plans instructed staff to ensure that life lines were on and accessible for people, this was to ensure that people could summon help in an emergency situation, for example if they had a fall. People confirmed that staff reminded them to wear their life lines. One relative told us, "The staff remind [Name] every time they leave."

We saw that the support provided was dependent on the level of support each person required. People and their relatives confirmed staff were available to support them as agreed and told us that staff usually arrived within the agreed time frame for their visit. We saw that where staff were delayed people were contacted by the office staff to explain the reason why.

Staff confirmed they had access to support. A member of staff told us "The on call is really good; they will come out and support us if we need it. The manager will come and help out." People who used the service told us they knew how to contact the office and confirmed that the contact number was in the documentation they had been given.

Staff told us they were unable to start work until all of the required checks had been done. We looked at the

recruitment checks in place for five staff and saw that all the required documentation was in place. We saw the staff had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. This demonstrated the provider checked staff's suitability to deliver personal care before they started work.

Some people told us they received support to take their medicines as prescribed, and in the way they preferred. A medication administration record (MAR) listed people's prescribed medicines and when they should be given. Staff recorded when they had supported a person to take their medicine. Staff confirmed they had undertaken medicine training and this included observations of medicines administration. For those people who required support a MAR was kept in their home. These records were then sent to the office for the management team to audit. We looked at these records and saw that staff signed when people had taken their medicine or recorded if not and the reason why. This showed us a clear audit trail was maintained to monitor people's medicine administration.

Good

Is the service effective?

Our findings

People confirmed that they were happy with the support they received from staff and confirmed the staff had the necessary skills and training to meet their needs. Staff told us and we saw that they received training. One member of staff told us, "When I first started I did all the training in the office before I went out with experienced staff. The training was good but the support I got from the other staff and the coordinator was fantastic they checked how I was getting on and were really supportive." Another member of staff told us, "We get all the mandatory training and specific training like dementia care and diabetes awareness." This demonstrated staff received the training they needed to meet people's needs.

People were cared for by staff that were supported. Staff told us the support they received from the management team was good. One said, "I feel more comfortable here than anywhere else I've worked, the support is really good." The staff files we saw had evidence that staff received supervision on a regular basis, this included spot checks on their work and meetings with members of the management team. This showed us that staff were supported to enable their future training and development needs to be identified.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. The information in people's assessments and care plans reflected their capacity when they needed support to make decisions. We saw that where people were unable to make decisions independently, they were made in their best interests in accordance with the Act. Staff understood the principles of the MCA and understood their responsibilities for supporting people to make their own decisions. Staff knew about people's individual capacity to make decisions. One member of staff told us, "Most people can make decisions, some need a bit of support at times to help them but we get to know them and how they like things done." Staff told us they obtained people's consent before they supported them and people we spoke with confirmed this. We saw that people had signed their care plans to demonstrate their consent.

Some people we spoke with were supported with meals and told us they were happy with how this was done. Where people were supported with food and drink this was recorded as part of their plan of care. People's specific preferences and diets were recorded, to ensure their needs could be met. We saw that where people had been identified at nutritional risk, staff monitored what they ate and drank to enable them to alert the person's family or seek professional guidance as needed. For example one person when they started using the service had been nutritionally at risk as they often neglected to eat. We saw that with staff support this person now ate regular balanced meals. This person's family had stated at their last

review, 'We have seen a massive improvement in their heath since they've been supported by Homecare 4 U.'

People confirmed that staff noticed if they were unwell. One person said, "The staff pressed my relatives alarm when they were unwell." One member of staff told us, "It is actually quicker to get medical help by pressing the person's lifeline as it's registered to them so it saves a lot of time as we don't need to provide all the information about the person like the GP they are registered with." We saw that the manager liaised with other health care professionals to ensure people had the equipment they needed to keep them safe and promote their independence.

Good

Is the service caring?

Our findings

People told us the staff were kind and caring. One person said, "They are very nice." Another person told us, "The carers chat to me whilst they are helping me."

People told us that staff were respectful towards them and supported them to maintain their dignity. One relative said, "They are wonderful to [Name] and talk to him; he always says thank you very much when they are finished and the male carer always shakes his hand. Another relative told us, "The staff love [Name] they are very respectful."

People were supported and encouraged to maintain their independence. One member of staff told us, "We encourage people to do what they can." We saw that one person received visits to check on their welfare. One member of staff told us, "It's very rare that they accept any support but we check they are alright and that they've had something to eat and drink and they usually have." Another person received support at specific times of the day to fit in with their family schedule. We saw it was important for them to spend quality time with their family and the staff provided support at times that suited the person.

People confirmed they were asked for their preference in staff gender for providing personal care and confirmed this was respected. One person told us, "If a male comes in he's the driver and the female does the personal care, I'm quite happy with that." Another person told us, "I prefer a woman for my care. I've never had a man come to provide care." A relative told us, "[Name] is happy with his carers, he gets male carers most of the time which he likes."

Good

Is the service responsive?

Our findings

Staff supported people with a variety of tasks such as personal care support, support with meals and taking their medicine. People told us that the staff understood their needs and were capable of delivering the service that they required in their preferred way. One person said, "The staff follow what the care plan says, it covers everything that's important to us." Another person told us, "They meet my needs in my preferred way. The staff are so wonderful to me." A relative told us, "We are really happy with the carers that come out to us."

Discussions with people and their care records showed they had been involved in their care and their views had been gained about what was working and any changes they felt were needed. One person told us, "Both me and my relative are involved in care reviews."

Staff told us they worked well as a team to ensure people were supported according to their needs and preferences. One member of staff said, "It's a nice place to work, we all support each other." Another member of staff said, "We communicate well with each other, so if there have been any changes to a person's care we know. We get texts and memos as well to keep us up to date."

People we spoke with were aware of the procedure for making complaints and told us they would feel comfortable if they ever had the need to do this. One person said, "I have nothing to complain about at the moment. If it was needed I would call the office." Another person said, "In the past I have complained and it was all sorted out."
A complaints procedure was in place and this was included in the information given to people when they started using the service. One person confirmed, "The complaints information is in the folder." We saw complaints received were recorded including the actions taken and outcome.

Good

Is the service well-led?

Our findings

A registered manager was in post. People and their relatives told us that they felt the service was managed well and told us they found the registered manager approachable. One person said, "The manager came and introduced herself to us when we began using the service." Another person said, "I would feel comfortable speaking to manager if I needed to." We saw that several people had sent in compliments to express their gratitude for the support they received from the staff team. One person had written, 'You are all an absolute credit to your profession and company.'

People and their relatives confirmed there was good communication from the agency. One person said, "There is always someone to speak to if I need them. I get asked for my opinion and I'm 100% satisfied, I feel listened to." Another person told us, "I have just completed a questionnaire. I think the service is very well led." The provider had sent out satisfaction questionnaires to people and the closing date for return was the 14 April 2017. The registered manager confirmed that the responses from people would be audited and an action plan put in place to address any areas for improvement. We saw that a plan was in place to feedback to people the results of the surveys and any actions taken, through a newsletter.

We saw that people were encouraged to express their views through satisfaction questionnaires, review meetings and telephone reviews. When a person started to use the service a telephone review was conducted by the management team after the first two to four weeks to check they were happy with the support provided to them. This was followed by a visit to the person's home after six to eight weeks and then three monthly telephone reviews and an annual visit thereafter.

We saw that 18 staff surveys had been sent out and 17 had been returned. Staff had confirmed they were happy with the support they received from the management team. We saw that an annual training plan was in place and this was ongoing. Staff training was also discussed in the monthly staff meetings. We saw that minutes were taken of meetings for staff that were unable to attend. This demonstrated the provider and registered manager involved the staff team in the running of the service and supported them in their professional development.

The provider had measures in place to monitor the quality of the service and drive improvement. This included audits of care plans, risk assessments, incidents and accidents, staff files, training and supervision. Audits were undertaken of completed medicine records to enable the management team to identify any errors and address these. We saw evidence to show that the management team undertook spot checks on staff practice that looked at staff dress, attitude, time keeping and the support they provided. Meetings were held with the management team to discuss any issues received via the on call system, staff sickness and the recruitment of new staff commencing work.

We saw that every month the registered manager completed an analysis of monthly trends to monitor staff practice. We saw where any improvements were identified these were addressed through team meetings and staff memos. For example we saw that a memo had been sent out to staff reminding them to complete

medicine records, using the correct code at the next call if a visit was cancelled.

A contingency plan was in place to manage situations such as staff shortages and extreme weather conditions. This was to ensure that priority would be given to people that were most vulnerable. We saw assessments were undertaken at the office base to ensure the environment was safe for staff. This included risk assessments on all equipment used such as the computer system and monitors.

We saw the data management systems at the office base ensured only authorised persons had access to records. People's confidential records were kept securely so that only staff could access them. Staff records were kept securely and confidentially by the management team. The manager understood the responsibilities of their registration with us. They had reported significant information and events in accordance with the requirements of their registration.