Homecare4U Limited

Homecare4U Southampton

Inspection report

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13 September 2018
14 September 2018

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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

The inspection took place between 10 September 2018 and 14 September 2018. We gave the provider 48 hours' notice of our intention to visit their office on 13 September so that we could be sure the registered manager or a senior staff member would be in.

At our previous inspection in June 2017 we found the provider was meeting the fundamental standards defined in the regulations. However we found areas for improvement in three key areas and gave the service an overall rating of requires improvement. At this inspection we found the provider had improved in all areas, and the service is now rated good.

Homecare4U Southampton is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older people and younger adults. People using the service may be living with dementia, mental health needs, learning disability, autism, physical disability or sensory impairment. At the time of our inspection the service supported 96 people. Of these, approximately 70% were commissioned by the local authority with the reminder funding their own care.

Not everyone using Homecare4U Southampton received 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.

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.

The provider had effective processes in place to protect people from the risk of abuse and other risks to their safety and wellbeing. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were sufficient numbers of suitable staff deployed to support people safely according to their agreed rotas. The provider's recruitment process was designed to make sure only people suitable to work in a care setting were employed.

The provider had effective processes in place to protect people from risks associated with medicines and the spread of infection. Where accidents or unwanted incidents occurred, these were analysed to identify any learning which could improve the service for people.

The provider had thorough and detailed assessment and care planning processes which led to good outcomes for people. Staff were trained and supported to obtain and retain the skills and knowledge

necessary to support people effectively. The provider worked effectively with other agencies and healthcare services to deliver effective care and support. The provider supported people to live healthier lives and maintain their independence. Staff were mindful of the need to seek consent for people's care and support.

Staff treated people with kindness, respect and compassion, expressing this by helping people beyond the care and support defined in their care plans. Staff supported people to express their views and to be involved in decisions about their care and support. Staff respected and promoted people's dignity, privacy and independence.

People received care and support that met their needs and reflected their preferences. Where people raised concerns or complaints, they were listened to.

The provider had a clear vision to deliver high-quality care based on people's dignity and independence. There were management systems and a business improvement plan in place to realise their vision. People who used the service and staff were actively engaged and involved in the service. The provider had taken steps to improve the service and to sustain improvements.

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 protected against the risks of abuse and unsafe or inappropriate care.

People were supported by sufficient numbers of staff, who were checked as suitable to work in people's own homes.

People received their medicines from staff who were trained appropriately. People were supported by staff who were trained in hygiene and infection control.

Is the service effective?

Good

The service was effective.

People's assessments and care plans were thorough, detailed and personalised.

People were supported by staff who had the necessary skills and knowledge.

People's care was effective because the provider worked together with other agencies and supported people to have access to other healthcare services.

Is the service caring?

Good

The service was caring.

People had caring relationships with their care workers.

People could take part in decisions about their care, including care reviews.

People were treated as individuals with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People's care and support took into account their needs, preferences and wishes.

The provider was responsive when people raised concerns or complaints about their service.

Is the service well-led?

Good

The service was well led.

The service people received was based on a clear vision and strategy, and effective management systems.

People who used the service and staff were supported to take an active role in the service.

There were plans and systems in place to improve the service and sustain improvement to the benefit of people who used the service.

Homecare4U Southampton

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place between 10 September 2018 and 14 September 2018. We gave the service 48 hours' notice of our intention to visit their office on 13 September to make sure the registered manager would be available. We spoke by telephone with people who used the service on 10 and 11 September, and with staff members on 14 September.

The inspection team consisted of an 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. On this inspection the Expert by Experience had experience of supporting family members who used care services.

Before the inspection, we reviewed information we had about the service, including the previous inspection report and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law.

We used information the provider sent us in the Provider Information Return to plan the inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 12 people or close family members who received personal care services from Homecare4U Southampton.

We spoke with the registered manager and five members of staff, including the deputy manager and a supervisor.

We looked at the care plans and associated records of six people. We reviewed other records, including the

provider's staff handbook, staff induction workbook, staff meeting minutes, a staff newsletter, and quality records including quality survey returns and branch audit reports. Other records included the branch action plan, and records of incidents, safeguarding reports, complaints and compliments, and the provider's statement of purpose. We checked training, supervision and recruitment records for two members of staff.

Good

Is the service safe?

Our findings

When we inspected Homecare4U Southampton in June 2017 we found the service was meeting the fundamental standards in this area. However, we identified some improvements were needed with respect to keeping people safe from identified risks and deploying sufficient staff to meet people's needs. At this inspection we found the provider had taken action in response to these areas for improvement.

People and their family members told us staff supported people safely. One person said, "I do feel safe with them, they take me out for walks along the shore. They will do whatever I ask of them." Another person said, "I think they are very trustworthy." Where staff supported people with medicines, people told us this was done safely and according to their needs and preferences. One person said, "They also give me help with my medication, remind me, because I sometimes forget. I am very satisfied with them, they will even go to the chemist to get my medication if I run out."

The provider made sure staff were aware of their responsibilities to protect people from the risk of abuse or unsafe care, and to report any concerns. The staff handbook covered the provider's whistle blowing policy, which made staff aware of their legal protections if they raised concerns internally. The handbook also contained information about the types of abuse and signs to look out for. Staff we spoke with confirmed this was consolidated in induction and regular refresher training. Staff were informed about the types of abuse and signs to look out for. They were confident that if they raised a concern it would be dealt with appropriately to maintain people's safety.

The provider had copies of the local authority's multi-agency policy guidance and toolkit for managing safeguarding concerns. The registered manager was aware of their responsibilities to manage safeguarding investigations and notify the local authority safeguarding team and CQC of any concerns. There had been no recent safeguarding concerns about people who received services from Homecare4U Southampton. Records showed that previous concerns had been investigated by the provider and closed by the local authority. There were effective processes in place to protect people from the risk of abuse.

Since our last inspection the provider had rewritten and reviewed all care plans and risk assessments. People's initial care assessment covered whether the person felt safe at home and in the community, and was designed to identify any factors affecting people's feeling of safety. Staff training covered frequently encountered risks such as dehydration, choking, pressure injuries and infection. Staff were also made aware how to use equipment safely when supporting people to move and reposition themselves.

There were health and safety checks in place to identify risks associated with supporting people in their own homes. These included risks associated with gas and electricity, physical hazards and pets. The provider had achieved external accreditation for "sound management of health and safety legislation". Arrangements were in place to keep staff and people they supported safe.

People's individual risk assessments contained detailed information about the risk, and guidance for staff on how to avoid and manage the risk. Where people were living with diabetes, there was information about

the condition and how it affected the person, guidance on diet, and signs to look out for and report. Where people were at risk of poor skin health, this was reflected in their personal care plans, and risk assessments included guidance how to maintain skin health and avoid the risk of pressure injuries. Other people's care plans included specific and personalised information about how to support them to move about safely, including how to come downstairs in a way that kept both the person and their care worker safe. Staff told us care plans and risk assessments contained the information they needed to support people safely.

There were suitable numbers of staff available to support people safely and according to their needs and preferences. People we spoke with raised no concerns about care visits being missed or late without explanation. The provider made checks every day to make sure they had staffing capacity to meet their rota commitments. Absences and leave were covered by the employed staff, including the office staff and registered manager. Staff were proud that "no calls are missed".

The provider had processes in place to make sure staff were suitable to work in people's homes. Recruitment records showed the necessary checks were made, including identification and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

The provider had a robust recruitment process which included an application form, interview based on standard questions, and induction for newly employed staff. The application form in use prompted candidates to explain any gaps in their employment history. The provider sought two references, one personal and one professional to show the candidate's conduct in their previous employment was satisfactory. People were supported by staff who were suitably prepared to support them safely.

There were effective processes in place to support people with their medicines safely, including creams and ointments. All staff were trained in how to administer medicines, and records we saw were all completed with no gaps or errors. Where people were prescribed a cream or gel, there was a note in the person's care plan to check the cream was still in date before using. There were body maps to show exactly where to apply the cream, and the records clearly showed the name of the cream, location to apply, amount, dosage and any special instructions.

The provider took steps to make sure staff were aware of their responsibilities to protect people from risks associated with the spread of infection. The staff handbook covered infection control, hand hygiene, food hygiene, and kitchen, bathroom and bin cleaning. Care worker reviews included practices relating to hygiene and infection prevention and control, and the use of protective clothing. There were supplies of disposable gloves and aprons available to staff.

Processes were in place to learn lessons and make improvements if things went wrong. Incident report forms had space to identify learning and further actions. Incidents reported included two unsatisfactory discharges from hospital, one late call due to a computer scheduling error, an accidental fall and an accident involving a care worker. These had been followed up, for instance by contacting the hospital ward involved in an unsatisfactory discharge, and all actions closed. Where appropriate people's care plans were reviewed and staff given the opportunity to reflect on possible improvements following an incident.

Good

Is the service effective?

Our findings

People we spoke with told us they received effective care which led to good outcomes for them and promoted a good quality of life. One person said, "I am really pleased with the service, the staff simply go the extra mile every time. I do not feel I have to ask twice they just get on with the task in hand." Another person said, "The carers visit three times a week. I have to have physiotherapy for walking, they help me with washing and I have special cream applied to my legs. They are quite simply marvellous. they never make me feel a burden. They do their work with good humour and kindness, I don't know what I would do without them."

The provider assessed people's needs and choices when developing their care plans. Since our last inspection the format for care plans and assessments had been updated. Assessments covered people's general health, sensory needs, such as if they needed to wear glasses or a hearing aid, and care needs. Assessments also took into account people's attendance at day care services and other clubs, social contact, and family, cultural and religious needs. Assessments were based on the desired outcomes for people, such as maintaining personal hygiene, maintaining skin health, and making sure the person completed their daily exercises. Compliments from people's families showed the provider's assessments led to good outcomes for people. One family member had written, "Thank you for the care you provided for mum. It enabled her to maintain independent living longer than otherwise would have been possible."

The provider made sure staff had the skills and knowledge necessary to deliver effective care and support. The provider supported staff with suitable training and supervision to deliver effective care. New staff received an induction and initial training, which was in line with the Care Certificate. This is a nationally recognised set of standards health and social care staff must meet to demonstrate they are competent to deliver safe, effective and compassionate care.

The provider's induction workbook for new staff included infection prevention and control, medicines administration, safeguarding, and food hygiene. After the initial induction, there was annual refresher training in safeguarding, medicines, moving and positioning, health and safety, and first aid. Training was supplemented by a detailed staff handbook which covered areas such as dementia and diabetes awareness. The registered manager had systems in place to track and monitor staff's progress through the training programme. Staff told us they felt adequately prepared and supported to carry out the tasks expected of them effectively.

Where people's care package included supporting them to eat and drink enough, this was limited to preparing food and drink that had been purchased by the person or their family. At the time of our inspection there was nobody who needed support with the act of eating or drinking. There was basic information about food and nutrition in the provider's staff handbook. There had been occasions when the provider had put people in touch with companies which delivered ready-cooked meals to help them maintain a healthy, balanced diet.

The provider worked together with other organisations to deliver effective care and support. They had a

good working relationship with social services and worked closely with the council's urgent response team when people came out of hospital. Where appropriate they worked with occupational therapists to identify suitable equipment to support people with activities of daily living.

Where needed, staff supported people to have access to other healthcare services, such as GP appointments. Where other healthcare professionals were involved with people's care and support, this was included in their care plans. This meant, for instance, staff were aware when community nurses visited to administer medicines such as insulin.

Staff were aware of the need to seek people's consent to their care and support. Staff gave us examples of how they made sure people were happy to receive their planned care, and how they gave people choices. People had signed consent forms to show they agreed with their care plans. These consent forms were renewed if any changes arose from their regular care plan reviews. This showed an awareness that people could not be assumed to consent to a new care plan because they had agreed with the previous version.

At the time of our inspection there was nobody receiving personal care services who had been assessed as lacking capacity to make decisions about their care and support. Where people might have communication difficulties, there were family members who could interpret for them. Staff were aware of the legal protections in place for people who lacked capacity, and the staff handbook contained information about the principles of the Mental Capacity Act 2005. The registered manager was aware of their responsibilities under the Act if a person should be assessed as lacking capacity.

The Mental Capacity Act 2005 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.

Good

Is the service caring?

Our findings

People we spoke with described caring relationships with their care workers. We asked one person if their care workers treated them with respect, and if their privacy and dignity were central to the way care workers performed their duties. They replied, "Yes to all those things. All the girls that visit me are excellent. I have never had to complain about anything. They perform their duties without fuss or unnecessary intrusion in my home. They never make me feel patronised. I think I get a good service."

Another person's family member said, "The carers are really helpful. Nothing is too much trouble. Their timekeeping is good. They always stay for the allotted time, and always ask if there is anything else that is needed before they leave." When asked about how they were involved in the person's care planning, another family member said, "We were involved at the outset and have had communication about it since. The office is very proactive."

Care workers interacted with people in a caring way by voluntarily helping people outside the scope of their commissioned care. Examples included taking a person to the hairdresser, and bringing in a takeaway meal for the person. Care workers showed initiative in contacting a person's GP if they thought it was necessary, and shopping for essential items such as milk and bread if they saw the person had run out. When they noticed a person's medicines had not been delivered, they contacted the person's pharmacy to chase them up. One person's family member had written in a thank-you card, "We know that some of you went beyond the call of duty."

Records showed people were involved in reviews of their care. These reviews gave people the chance to comment on their care workers, their attendance and time keeping, ability and knowledge, and appearance. There were questions about the efficiency of the company and procedures, and whether the service helped people to achieve their desired outcomes. The provider's quality assurance survey also included a question to monitor people's satisfaction with this process.

The provider had policies and procedures in place to take account of people's communication needs and any care needs arising from their social or religious background. Staff training included equality and diversity. The staff handbook emphasised the policy that equality and diversity were "celebrated, not tolerated". The provider's assessment forms prompted staff to consider if the person's sexuality or sexual preference needed to be taken into account when planning their care. At the time of inspection nobody receiving personal care services had particular needs arising from protected characteristics defined in the Equality Act 2010.

The provider's policies and processes were written to respect and promote people's privacy, dignity and independence. Their formal statement of purpose included preserving people's dignity and independence. There was individual guidance on how care workers could maintain people's dignity in their care plans, such as how they could use towels to cover people when supporting them with personal care. Care plans showed clearly what people could do for themselves, and where they preferred to be supported by their family member. Care plans also contained information about the person's chosen religion which meant care

workers could be sensitive to this while supporting them.

The provider took the privacy of people's confidential data seriously. They had undertaken a data protection risk assessment to identify any areas where this might be a concern and put actions in place to reduce the risk. Staff induction covered confidentiality and data protection. There were practical steps in place to make sure people's privacy and dignity were respected.

Good

Is the service responsive?

Our findings

When we inspected Homecare4U Southampton in June 2017 we found the service was meeting the fundamental standards in this area. However, we identified some improvements were needed with respect to people's care plans being sufficiently detailed and individual to the person. At this inspection we found the provider had taken action to respond to this area of improvement.

People we spoke with were happy with the service they received. One told us, "I am really pleased with the service. The staff simply go the extra mile every time. I do not feel I have to ask twice. They just get on with the task in hand. I have to have physiotherapy for walking, they help me with washing and I have special cream applied to my legs. They never complain even if I change my mind about something, they just take it in their stride and the results speak for themselves."

The provider had reviewed and rewritten all care plans since our last inspection. Care plans were detailed, individual and personal, and contained information about the person's preferences and how to support their independence. One person's care plan included information about which toiletries they liked, and how much their care workers should use. Another care plan included detailed guidance on how care workers should support the person to get dressed safely and comfortably. Care workers had the information they needed to support people according to their needs and preferences.

People's care plans were reviewed at the end of their first month, and regularly thereafter. The provider had responded to changes in people's needs, for instance when their prescribed medicines changed, and when their mobility improved, removing the need for two care workers to support them. People received care and support in line with their changing needs.

People's care plan assessments took into account if people required information in a more accessible format. The assessment records prompted staff to ask if people needed their care plans in large type, braille or another format. The provider had procedures in place to respond to people's individual communication needs.

The provider scheduled care calls with flexibility of 15 minutes to allow for delays such as for traffic or earlier calls overrunning. This was reflected in people's care plans by showing a time window for the call, such as "45 minutes between 8:30am and 9:30am". The provider also responded to requests for flexibility if people had medical or other appointments. There was a computer system in place to monitor call times, from which the registered manager could extract reports on late and missed calls.

The provider sought feedback from people on the timeliness of calls in their regular care reviews and quality assurance surveys. Records of these showed no concerns had been raised by people since our last inspection, and 80% of people had described themselves as satisfied with their call times and durations. The provider checked records of care delivered and medicines administered every month to check people's care and support was in line with their plans and assessments. People received timely planned care and support.

The provider had processes and procedures to manage any complaints or concerns raised. Staff told us complaints were rare and felt the service ran smoothly. There had been one formal complaint logged since our last inspection. Records showed this had been investigated and actioned. The provider had followed up with a telephone care review a month later at which the complainant had reported that their concerns had "all settled down".

Nobody receiving personal care services at the time of our inspection had been assessed as being in the final stages of their life. The provider had supported people at end of life in the past. A staff member described how they had stayed with a person who had no family beyond their scheduled call so they could make sure their final hours were dignified and pain-free.

Good

Is the service well-led?

Our findings

When we inspected Homecare4U Southampton in June 2017 we found the service was meeting the fundamental standards in this area. However, we identified some improvements were needed with respect to the provider's systems for monitoring the quality of service people received. At this inspection we found the provider had taken action to respond to this area of improvement.

The provider communicated a clear vision to deliver high-quality care and support. The provider stated their aims in their formal statement of purpose as "to provide a high standard of home care that will enable our clients to live safely and comfortably in their own homes, whilst maintaining dignity and privacy". The provider's official stationery contained their logo and the motto, "Personal Care – Wellness – Independence". Both staff and people who used the service were kept aware of the provider's vision.

The registered manager's vision for the Southampton location was to be "the best" service locally by focusing on meeting people's care needs. Their strategy to achieve this was based on the provider's corporate policies and procedures, which they could adapt to local needs, for instance by including their own ideas for improvement when rewriting people's care plans. The registered manager was supported by their line management and the provider organisation.

Staff told us the registered manager was approachable and available to them when needed. Staff attended the office at least once a week to pick up their rotas. They said there was good teamwork, and morale amongst the workforce was good.

There were management systems in place to monitor, assess and improve the quality of service people received. Records were in place and signed by staff to show they had read their job description and the provider's key policies and procedures. The registered manager monitored staff performance by a system of appraisal, supervision and spot checks. Some of these were delegated to senior staff. Senior staff also undertook regular telephone reviews with people who used the service. Staff were aware of their responsibilities and checks were in place to verify this.

The provider's quality auditors visited the Southampton location regularly to monitor and assess the service. These had happened most recently in September 2017, February 2018 and July 2018. Records of these showed that any actions identified to improve the service had been followed up and signed off at the next visit. There had been no actions arising from the most recent visit.

The registered manager and senior staff engaged with people who used the service and with staff. The registered manager, deputy manager and supervisors provided absence cover for care workers outside of office hours. This meant they could get direct feedback from people about their regular care workers, and review the paperwork kept in people's homes. This was seen as positive by the care workers and by people who used the service.

Staff told us they felt supported and engaged. There were regular staff meetings which covered feedback

and any issues affecting people who used the service, safeguarding, and health and safety. The registered manager had more frequent meetings with senior staff. A staff newsletter acknowledged the contribution of staff and reported on the outcomes of recent staff and service user surveys.

The provider had taken steps to improve the service and sustain improvements. Following our inspection in June 2017 they had developed an improvement plan. All actions identified were completed by the end of 2017. All risk assessments and person-centred care plans had been reviewed and audited since our last inspection.

The provider had developed a new improvement plan in May 2018 which was intended to run until May 2019. This was based on input from the provider's quality survey, staff survey, the complaints and compliments process, and safeguarding and other incidents. There was a business continuity plan in place. This was based on risk assessments. It identified key resources and contact numbers, and actions to take in the first 24 hours following a major incident. It covered data protection, winter contingency, fire and lone working. The provider had interlocked their management systems to drive improvement.

The provider worked in partnership with other agencies and organisations where this could benefit people who used the service. They were members of the local authority home care forum which met regularly to share knowledge and experience.