

Homecare4U Limited

Homecare4U Worcester

Inspection report

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Date of inspection visit:
07 December 2017

Date of publication:
12 January 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 7 December 2017 and was announced. We gave the registered manager notice of our intention to undertake an inspection. This was because Homecare4u Worcester provides personal care for people who live in their own homes and we needed to be sure that someone would be available at the office.

This was the first comprehensive inspection for this service.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, people living with dementia, mental health impairments, physical disabilities, sensory impairment, and younger adults.

Not everyone using Homecare4u Worcester receives regulated activity; CQC only inspects the service being received by people provided with 'personal care help with tasks related to personal hygiene and eating. At this inspection we found that 30 people were receiving this type of support. Where they do we also take into account any wider social care provided.

There was a registered manager in post when we inspected this service. 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 did not consistently receive their visits as planned. People we spoke with told us they occasionally had not received the support they needed. The registered manager and the operations manager were reviewing to improve their systems to ensure people received their visits. We found guidance for the administering of medicines was not always clear. People were not assured they would receive their support in a safe way.

People had clear risk assessments and were supported by sufficient staff. Staff understood how to protect people from abuse and protect them from infection through their practice. The registered manager investigated accidents and incidents; however these steps were not always recorded to ensure continuous improvements.

People and their relatives told us there was a clear assessment process and people had the support they needed. People were able to make their own decisions and staff supported them to be as independent as possible. When people needed support with food and drink staff promoted a healthy lifestyle. The management team worked with other organisations when they needed to, and ensured health professionals were involved as required.

The provider did not consistently demonstrate a caring attitude by ensuring people were aware of their visits

were cancelled and by providing regular care staff. People were supported by caring staff who listened to people and met their needs. Staff encouraged people to be as independent as possible and treated them with dignity and respect.

Records were not consistently clear to give guidance to new staff, however information was shared by the registered manager before staff supported people. People said staff were flexible and met their needs. Complaints were investigated and actioned and lessons learnt shared with staff, however all the actions were not consistently recorded.

Systems in place to monitor the quality of the care did not consistently identify short falls to ensure quality care was delivered. The registered manager knew people's needs well and regularly talked to people about the quality of their care. Staff said they were well supported and had regular meetings to share best practice ideas.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

People did not consistently receive the support they needed. People had their medicines when they needed them, records did not always reflect clear guidance for staff. Staff had a good understanding of how to keep people safe and supported people to manage their risks. People were supported by sufficient numbers of staff to keep them safe and meet their needs. Staff applied safe practice to reduce the risk of infection. The management team investigated accidents and incidents.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed and staff knew their preferences. People were supported by staff that had the knowledge and skills to provide their care. People were supported with maintaining a healthy diet and with on-going healthcare support. Staff worked with other organisations to provide effective support. People received care they had consented to and staff understood the importance of this.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

Peoples were involved in their care and made decisions about how they were supported. People were supported by staff who were kind and caring towards them and their family members. People's privacy and dignity were maintained

Is the service responsive?

Good ●

The service was responsive.

People had their needs met by staff who had up to date knowledge. The service was adapted when people needed more flexibility. The registered manager investigated complaints but did not always record her actions. People were supported in a dignified way if they were at the end of their life.

Is the service well-led?

The service was not consistently well-led.

People were not supported by a service that consistently identified their shortfalls and made effective improvements. Staff were well-supported and confident the registered manager new people well. People benefitted from a management team that worked well with other organisations.

Requires Improvement 

Homecare4U Worcester

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 took place on 7 December 2017 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection activity started on 5 December 2017 and ended on 13 December 2017. It included speaking with people, relatives on the telephone. We visited the office location on 7 December 2017 to see the registered manager and staff; and to review care records and policies and procedures. The inspection team consisted of one inspector. As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority to understand if they had any relevant information to share with us.

The inspection was prompted in part by concerns raised by previous members of staff. We used the information to inform our inspection planning.

We spoke with five people who used the service and eight relatives who supported their family member with the management of their care. We also spoke with four care staff, the deputy manager and the registered manager. We also spoke with the operations manager and a social worker who regularly was involved with people who used the service. We looked at aspects of nine people's care records and medication records. We also looked at staffing rotas the registered manager's complaints procedure, compliments, and audits completed by the registered manager.

Is the service safe?

Our findings

This was a new service which had been registered for ten months at the time of our inspection. All the people we spoke with and their relatives told us there had been occasional missed visits. One person said the service had improved and they accepted sometimes there were errors and staff were unable to visit them. Another person said they were unable to shower if the staff did not arrive to support them; however they were able to wash themselves. A further person said the staff were reliable, when they had a visit missed they had called the office and it had been quickly resolved. We saw the management team had reported there were 18 missed visits to the Local Authority for August and September 2017. These visits were missed for reason such as, staff error and scheduling errors. The operations manager said these were not always missed visits some were late visits, and they would be working with the registered manager to provide a clearer picture of what was happening.

We spoke with the registered manager and they had identified the need to improve with how they knew there were missed visits. The electronic recording system in place was able to alert the office staff to let them know if staff had not attended a visit. However at the time of our inspection the registered manager had not enabled this part of the system. People were at risk of not receiving the support they needed without the management team being aware to ensure vulnerable people were not at risk. People were potentially at risk of not consistently receiving the care they needed. The regional manager added the concerns to their improvement plan after our visit to ensure these were reduced and more effectively identified.

Some of the people we spoke with had support with their medicines as part of their care needs. We found care records and medicine records did not consistently show what level of support people needed with their medicines. We found one person had recorded on their care plan they needed support with creams, however there were no medicine records for this person. We spoke with the registered manager and they had identified they needed further training with recording medicines and they had started completing this. The operations manager was overseeing the medicine records. At the time of the visit the registered manager agreed that people's medicine records needed reviewing to ensure they were accurate. Staff we spoke with told us they knew about people's medicines and the registered manager was clear when explaining the support people needed with their medicines. Staff told us they were trained and their competency checked before they administered people's medicines. Medication charts we saw had been completed and signed as appropriate.

However, people and their relatives were confident that staff gave them their medicines as prescribed. One relative told us staff were very reliable with their family members medicines. They said, during recent extreme weather the management team had ensured staff attended the visits which included medicines to ensure their family member received the essential support. Another person told us staff applied their creams when they needed them and their skin had improved.

People we spoke with said staff supported them in a way which kept them safe. One person told us, "I feel safe to have a shower when they are here." Another person said "I feel safe when they [staff] arrive because I

know they will help me. They always identify themselves so I know who they are." A relative we spoke with said they felt staff who supported their family member knew their needs well and said, "It is a huge relief to know they are going in, I am absolutely confident my [family member] is safe."

Staff told us the registered manager had provided them with information about safeguarding and how to report concerns when needed. Staff had a good understanding of different types of abuse they may see and what approach they would take to raise their concerns. Staff explained to us how they would report any concerns to the registered manager or other external agencies if they needed to. All staff we spoke with felt confident the registered manager would take action if they did raise any concerns. The registered manager had a good understanding of her responsibility to protect people from potential harm. We saw how the registered manager worked with external agencies to ensure people were safe.

All people we spoke with said staff had a good understanding of their care needs and worked with them to ensure their safety was maintained. People told us staff had discussed with them from the beginning if there were any individual risks they needed to manage. One person told us they needed support to move safely. They said that staff always supported them and they were confident when the staff were there. They also told us staff always left the things they needed to hand, which was important to them to maintain their independence and keep them safe. Staff told us this had been identified and we saw there was a plan in place. Staff confirmed they had enough time to support the person, the person confirmed that they did not feel rushed when they were being supported by staff.

People and relatives told us they had no concerns around staffing levels. One relative told us how the staffing reflected the person's individual care needs, and said that where more time or staff were needed to meet their family members particular needs the registered manager ensured this happened.

The registered manager and the deputy manager were involved in caring for people, and understood the staffing levels required to support people safely. They told us they were actively recruiting for more staff before they would take on any more people to support. One staff member said, "I have enough time to spend with people, you get time to talk to people". The staff team communicated with each other on a daily basis so the registered manager had good assurances that they had sufficient staff to meet people's needs.

Staff told us the provider followed appropriate practices to ensure people were not put at risk through their recruitment procedures. They told us they shadowed experienced staff to ensure they had the skills they needed to support people.

People and relatives told us staff used gloves, aprons and washed their hands which demonstrated staff had good infection control practices. People did not raise any concerns to us about the way staff ensured they protected them from risk of infection. Staff told us they had received training in food hygiene and infection control, they confirmed they had access to equipment that protected them and the people they supported. The registered manager told us they carried out spot checks to ensure staff were following best practice in regards to preventing infections.

Staff told us they always contacted the office about any accidents and incidents. They also said if there were any lessons learnt these were shared with staff when appropriate. For example if someone had fallen, and the doctor had visited and diagnosed an infection that staff needed to be aware of to support the person safely. One member of staff explained that they completed a body map when people had bruises and the registered manager had investigated. We saw there were some records of actions taken by the registered manager to investigate accidents and incidents. However they told us they did not record consistently the actions they had taken, and recognised they needed to improve these records.

Is the service effective?

Our findings

This was a new service therefore there was no previous performance rating for this section.

People and their relatives explained the management team assessed people's needs before they started receiving support to ensure the service would meet their needs. We saw assessments were thorough and recorded people's needs and personal histories, and their individual likes and dislikes. Where preferences were identified we saw these were captured in people's care plans, and staff confirmed they were knowledgeable about them.

People told us staff were knowledgeable about how to support their needs. Relatives were confident staff had been trained and understood how to meet their family members care needs. Staff told us they had received intensive training when they had started with the service. One member of staff said, "I can do extra training if I am not confident, [registered manager] is always happy to talk through anything." They went on to say they were checked by senior care staff after they had completed their training and shadowing of experienced staff. They said this had been good feedback to increase their confidence. They also received feedback through the office staff from people they supported which they found very useful.

People told us staff supported them to eat and drink when identified as part of their care needs. One person said staff offered them choice and always listened to them. Relatives told us they were reassured staff supported their family member to eat healthily, and where appropriate report to them if there were any concerns. One relative explained that staff were adaptable to their family member's needs, if they didn't want a meal they would ensure there was food prepared for the person to eat later. People said staff always left them drinks to support them to remain hydrated. One member of staff told us they sometimes ate their food with one person, because this encouraged the person to eat their own meal.

We spoke with a social worker who was involved with some people who used the service. They told us the provider worked with them to support people and meet their needs. The registered manager explained how they worked with social workers to feedback concerns where appropriate, and worked with the local authority to respond to requests to support people.

People we spoke with said staff supported them to maintain their health. Staff would identify any concerns, for example sore skin and take appropriate action. One person told us staff were quick to respond to a concern about the person's health and this helped them take action to keep them well. Relatives were confident staff would raise any concerns about their family member's health and well-being, as appropriate, and take the required action. One relative told us staff had contacted the doctor for their family member when they needed to.

Staff were able to share with us additional potential risks they had identified for other people they supported, such as sore skin. Staff told us they checked the person's skin to ensure it was healthy. One staff member said, and we saw from the person's care records, when a person's skin became sore they had contacted the district nurses for additional support, and as a result the person's skin improved.

Staff told us they were trained in the Mental Capacity Act 2005 (MCA). The 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 spoke with people and their relatives and they explained staff always checked people accepted their support. One relative explained that staff were patient with their family member who frequently refused their support. They went on to say how staff respected their family member's decisions and did the best they could to encourage their family member. Staff we spoke with had an understanding about the MCA and said most people had capacity to consent to their care that used the service. We spoke with the registered manager and confirmed they had not had the opportunity to become confident with assessing people's capacity. She had attended training, however because most of the people had capacity she had not had the opportunity to test her skills effectively. The registered manager agreed to review with staff people who might have changed since they came to the service and need support with decisions. The operations manager would support the registered manager to gain confidence.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection. There was no one who needed support from the Court of Protection who used the service.

Is the service caring?

Our findings

This was a new service therefore there was no previous performance rating for this section.

People and their relatives were not consistently informed if they were not receiving a visit from staff. Three people and their relatives told us they were not always told when staff were not attending their call. They said this left them not knowing if staff were coming or not and they had raised this with the management team. One person said the registered manager always apologised however it had happened again since they had discussed. People were not always informed when their support from staff was delayed.

People and their relatives gave us mixed responses to receiving support from regular staff. One person said, "I have regular staff, they are usually on time, but someone will ring if they are delayed". Another person told us, "I get a mixture of staff, they are all good, having a different one always makes a nice change." A further person said, "I don't know which of my regular staff are coming, it would be nice to know." Two relatives said they did not always receive support from regular staff and did not know who would be arriving and not always at regular times. One relative explained that this meant sometimes their family member was waiting so they helped them get up. Another relative told us they had discussed with the registered manager about the times of the visits changing from what was agreed, and there had been an improvement. However, people did not consistently receive the support they needed from regular staff at the times they chose.

We spoke with the registered manager and they were aware there had been concerns and explained they were making every effort to ensure people were informed and had regular staff. Sometimes through the start-up of the service there had been changes with staff, however they now had a more established staff team and were confident things would improve. Other improvements included updating their scheduling system so they were aware of late visits. They had recruited two new co-ordinators who also were care staff and had a good understanding of people who used the service. Staff we spoke with told us they sometimes had to change people's visit times because the roster did not work, however they were looking forward to improvement from the new co-ordinators.

People we spoke with all said the staff were caring and kind. One person told us, "[Staff] are all lovely, really helpful and so kind." Another person said, "They [staff] all treat me really well, I always really enjoy the chat." Relatives told us the staff were supportive and caring to their family member and themselves. One relative explained how staff had been very patient with their family member when they were struggling to accept they needed the support.

Staff spoke about people with compassion and they knew people well. They told us they were now attending people on a more regular basis so they got to know people and their families well. One staff member spoke to us about a person they regularly supported and said, "I have a good relationship with [the person] and their family, I know when they [the person] is upset or a little down and can make sure they are okay". Staff told us they had time to spend with people to have a chat with them. One staff member said, "I have time to talk with people, that's what it's all about, I love to see them smile."

People felt staff maintained their independence as much as possible. One person said, "They help me and I have improved, I am more independent now. I can stay in my own home, which is what I want." Another person told us, "They [staff] know how I like things done, it's great." Relatives we spoke with felt they had the right balance of support from staff and staff recognised what the family needed support with. Staff spoke about people as individuals and told us about how they promoted people's independence. One staff member said, "People like things done their way, and that's what helps their independence."

People told us they were treated with dignity and respect. One person said staff were kind to them told us, "They [staff] always keep me covered up, and I do the bits I can, I am happy with that." Another person said about staff, "I am old enough to deserve respect, and they all show it and listen to me." Relatives felt their family members were treated with dignity. One relative explained that staff maintained their family member's privacy at all times. Staff told us they always maintained people's dignity, they recognised how important it was for people. Staff spoke respectfully at all times about people when they were talking to us.

Is the service responsive?

Our findings

This was a new service therefore there was no previous performance rating for this section.

People we spoke with said they had their needs met. They told us staff knew their needs and always asked them if they needed anything else before they left. One person said, "They [staff] know how I like things done, I don't have to say we have a good routine." Relatives told us regular staff knew their family member's needs well. One relative told us, "They [staff] are amazing, absolutely brilliant. They really understand how to help [family member] I would be so worried without them." However another relative said staff that didn't support their family member regularly sometimes needed their guidance, whereas regular staff were really knowledgeable about their family member.

All the people and their relatives told us the service was flexible to meet people's needs. One person said if they needed to change their visits the registered manager would always arrange this for them. Relatives explained when their family member needed extra support, the management team were quick to respond and put this in place. Two people told us they had changed their visits and this had been sorted in a timely way with the management team.

We looked at nine people's care plans and saw there were inconsistencies in each of them, with different information not being carried through the different documents. This potentially made the guidance confusing for new staff. However people's plans were detailed about each person's needs and preferences. Staff told us they talked through new people's needs with the management team so they had a good understanding how to support people. They said they would always ask people, and check they wanted things done in a certain way. Staff told us there was good communication and updates when people's needs changed. The registered manager agreed to check all the care plans to improve the consistency of the information and ensure new staff had the guidance they needed.

People told us they were regularly asked if they were happy with their support. All the people said they were usually very satisfied with their support and when they had raised a concern the registered manager had taken action. People told us they were contacted by the management team regularly to ask if they were happy with their care. They also said they frequently saw the registered manager when they provided their support so they had the opportunity regularly to raise any concerns.

The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. People and relatives told us they knew how to raise a complaint if they needed to and were confident the registered manager would listen and take action. One person said, "I would speak to [registered manager] I have only had to on one occasion and she dealt with the situation well." People and their relatives told us the registered manager took the action and concerns raised improved.

We looked at the provider's complaints and saw the registered manager had investigated and responded to improve the complaint raised. However we saw the registered manager did not always record her responses fully, to show how they had investigated. When we discussed the individual responses the registered

manager had taken appropriate action, however it had not been fully recorded.

Staff we spoke with told us they had information which was accessible to them to enable them to support people with their agreed decisions about their end of life care. The registered manager explained how they worked with external healthcare professionals in maintaining a person's wishes to stay at their home to receive end of life care where possible. Staff spoke in a compassionate way about the person and were pleased they were able to meet and support the person's wishes.

Is the service well-led?

Our findings

This was a new service therefore there was no previous performance rating for this section.

We found systems in place to monitor the quality of care provided were not always effective. We saw the operations manager visited the service to monitor the quality of the care provided. However these checks failed to identify the concerns we noted. For example, we found there was not an effective system in place to alert the management team about missed visits by staff. All the people we spoke with had not received their visit on at least one occasion since receiving a service. Records passed to the local authority showed 18 missed visits to seven people in August and September 2017. However people we spoke with said there had been improvements made. The operations manager told us, they were not aware of peoples concerns. They had looked at the 18 missed calls reported, and they have stated some of the missed calls were late visits. The operations manager has agreed to visit the service to support the registered manager to make the improvements to the electronic recording system, and monitor more effectively. At the time of our inspection people were potentially at risk of not receiving the support they needed through ineffective monitoring systems.

We found that care plans were not audited effectively to identify inconsistencies to ensure staff had effective guidance. Complaints and accident and incident records were not completed consistently to ensure investigations had been completed thoroughly and actions taken to make improvements. The provider had not ensured systems were effectively completed to ensure steps were taken to improve the quality of care provided.

The registered manager told us they lacked confidence with assessing people's capacity. We spoke with the operations manager and they agreed to support the registered manager to ensure the Mental Capacity Act was complied with, to ensure people were supported in their best interests.

The provider was aware the registered manager was in the process of completing the required training to support her to monitor medicines correctly. We found records were not always accurate or guidance clear to support staff. The operations manager had agreed to support the registered manager to review the medicine records for people living at the home.

This was a breach in regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, the provider failed to ensure suitable procedures were in place and established to provide quality care.

People and their relatives we spoke were happy with how the service was run. One person said, "The manager tries hard, she is very kind and knows how to help." Another person told us, "I am happy with the service, very satisfied." Relatives said they would not want to stop using the service. One relative said, whilst improvements needed to be made they liked the registered manager and the staff team.

Staff we spoke said they all worked as a team. They felt the registered manager was supportive and communicated well with them. They told us they had regular team meetings which were useful, but also had

daily communication with the registered manager. Staff told us they felt listened too and were asked for their opinions and suggestions for any possible improvements. Staff told us there was an open and honest culture. One member of staff said they were confident to admit if they had made a mistake and the registered manager would help them put it right.

People told us they had the opportunity to meet the registered manager as they also visited to provide care and check that everything was going well. People and relatives told us they appreciated the regular contact. They told us the registered manager was approachable and one relative said, "[The registered manager] works very hard".

Staff told us the registered manager provided personal care for people they supported, so knew people's needs very well, they felt this knowledge helped when there were changes with people's care. Staff told us the registered manager was very approachable and supportive. One staff member said, "When I've had a problem, they [registered manager] have sorted it out for me. They are very supportive." They gave staff the opportunity to discuss matters and areas for development through regular supervisions and team meetings.

The registered manager worked in partnership with the local authority to ensure people were supported effectively. The social worker we spoke with said the service was responsive and supported people to meet their needs. The registered manager completed monthly checks on people's medicine records and daily notes, to identify any shortfalls or unidentified changes.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure suitable procedures were in place and established to provide quality care.