

Homecare4U Limited

Homecare4u Bristol

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook an announced inspection of Homecare4U - Bristol on 26 April 2016. When the service was last inspected in March 2014 there were no breaches of the legal requirements identified.

Homecare4U - Bristol provides personal care to people living in their own homes within the Bristol area. At the time of our inspection the service was providing personal care and support to 64 people.

A registered manager was in post at the time of the inspection. 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 ensured that people felt safe and their care would be delivered as required. People spoke positively about the staff and said they were confident care would be delivered as planned. Staff had received training in how to identify and respond to suspected abuse and policies to guide staff on how to report concerns were available.

There was sufficient staff on duty to meet people's needs and to complete the required number of scheduled care appointments. The service had systems to ensure care appointments would still be met in the event of unforeseen circumstances arising, such as staff illness. Staff felt they had time to meet people's needs and said appointments were not rushed. Medicines were managed in a way that ensured people received them when they needed them and there were systems that monitored accidents and incidents.

The provider had ensured that an effective induction and training programme was available for staff. This supported staff to provide effective care and people commented they received a good standard of care from well trained staff. Additionally, nationally recognised training in health and social care was available to staff to enhance their knowledge. The provider supported staff through a regular supervision and appraisal programme.

People told us that staff ensured they obtained consent before any care was provided. Staff understood the principles of the Mental Capacity Act 2005 and gave examples of how they supported people with decisions about their care and daily lives. People could see healthcare professionals when required and gave examples of how staff had supported them following a medical episode or a fall.

Where possible, the provider had ensured continuity in care. This had allowed staff to build a relationship with people and their relatives. We received positive feedback from people who received care and their relatives. There was a compliments book that reflected the feedback given to us during our conversations with people. Staff had ensured they were aware of people's individual needs and understood their preferences.

People's care records were personalised and people were actively involved in making choices and decisions in relation to their care. The service had a system that ensured regular care reviews were completed. There were examples of how the service had been responsive to reduce the risk of harm when a risk to a person had been identified.

The provider had a complaints procedure and people were given the required information they needed on how to complain if they wished to. People told us they would feel comfortable making a complaint should this be required. Staff told us the registered manager and senior staff were responsive to requests and ideas about care planning or delivery. There were systems to seek the views of people and their relatives and the service had responded to requests within these surveys.

People and their relatives spoke positively about the management of the service. Staff felt supported by the registered manager and senior managers at the service. There were systems to obtain the views of staff and key messages were communicated to staff. There were auditing systems to monitor the quality of care provided and the accuracy of records and documentation used by staff.

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 told us they felt safe and spoke positively about care delivery

Staff were trained to identify suspected abuse and told us how they would report safeguarding concerns

There were sufficient numbers of staff to ensure care appointments were met as scheduled

People received support with their medicines as required

People's risks were managed and accidents or incidents were reviewed

Is the service effective?

Good ●

The service was effective

Staff were trained to meet the needs of the people they cared for

Staff received regular support through a supervision and appraisal process

The provider had an induction and shadowing process for new staff

People's consent was obtained before care was provided

The service communicated with GPs and other healthcare professionals where required

Is the service caring?

Good ●

The service was caring

People gave positive feedback about staff at the service

The service had received written compliments about the caring nature of staff

Relatives we spoke with echoed the feedback of people we spoke with

Staff were knowledgeable about people's needs and were caring

People said the care they received was in line with their wishes

Is the service responsive?

Good ●

The service was responsive to people's needs

People's records were personalised and detailed their care needs

Care reviews ensured the service were responsive to people's changing needs

The service had been responsive when risks to people were identified

The provider had a complaints procedure and people felt able to complain

The provider had systems to obtain the views and opinions of people

Is the service well-led?

Good ●

The service was well-led.

People and their relatives spoke positively about the management of the service

Staff spoke positively about the leadership of the service and felt supported

The provider communicated with staff and staff were asked for their views of the service

There were quality assurance systems to monitor the quality of the service provided

Notifications and the Provider Information Return were sent to the Commission as required

Homecare4u Bristol

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.

The inspection took place on 26 April 2016 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure senior staff would be available in the office to assist with the inspection. The last inspection of this service was in March 2014 and we had not identified any breaches of the legal requirements at that time.

This inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider 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 the improvements they plan to make. We also reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

On the day of the inspection and the following day, we spoke with 18 people who either received care from the service or were relatives of people who received care from the service. We also spoke with the registered manager, the deputy manager and four members of care staff.

We looked at six people's care and support records. We also looked at records relating to the management of the service such as the staffing rota, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

Is the service safe?

Our findings

People felt confident staff would arrive for care appointments and they would be on time. People said that on the rare occasion when a carer was late, they would be informed either by the carer or a manager from the service, but all said they had never been left without a carer. People told us they never feel their care is rushed. One relative we spoke with said, "I can't praise the staff enough. I am one hundred percent happy with all aspects of my relative's care and can go on holiday with total confidence in leaving them."

Staff had received appropriate training to safeguard people from suspected or actual abuse. Staff we spoke with knew the safeguarding procedures within the service and explained the process they would undertake to report concerns. Staff knew they could report safeguarding concerns to the management of the service, but also that they could report concerns to external agencies such as the Commission or local safeguarding team. Staff understood the different types of abuse people could be subject to and the provider had appropriate policies for safeguarding and whistleblowing available.

There were sufficient numbers of staff to support people safely. No concerns were raised by people or their relatives in relation to care appointments being completed. Staff told us they felt there was sufficient staff on duty to meet the needs of people and that they had time to travel between calls to meet the needs of the people. The registered manager and senior management were also actively involved in care provision where required. People and their relatives told us they saw the registered manager frequently.

Systems were used by the provider to monitor care delivery. We reviewed a summary of completed calls between the period of 1 January 2016 and 31 March 2016. This showed that during January 2016, 4274 care appointments were completed and that 96.37% of these calls had been delivered either on time or within 15 minutes of the specified appointment time. During February 2016, 95.85% of 4124 calls had been completed on time and in March 2016, 97.77% of 4646 visits were completed in the specified time.

The provider operated safe recruitment procedures and ensured all pre-employment requirements were completed. Staff files had completed initial application forms together with the staff member's previous employment history and employment or character references. Photographic proof of the staff member's identity and address had been obtained. An enhanced Disclosure and Barring Service (DBS) check that ensured the applicant was not barred from working with certain groups such as vulnerable adults had been completed.

Medicines were managed safely and in line with people's assessed needs. The support people received from staff at the service varied. For example, some people managed their own medicines with no support from staff and others required full support. Appropriate assessments had been completed where people had elected to be independent with their medicines. People told us they received the support they needed with medication and that staff ensured they had taken their medication before leaving. The provider had a system to audit medicines records used by staff within people's homes that ensured matters such as recording errors would be identified.

An assessment of people's needs and risks had been completed and identified risks were managed through detailed guidance for staff to follow. For example, within people's records there were completed assessments for people's risk of falls. Where people required specific mobility equipment to keep them safe, guidance for staff on the use of this equipment was recorded. Where people had specific needs in order to keep them safe this was recorded. For example, within one person's records it explained how the person should be left with their walking frame to hand and to ensure the person had their emergency pendant available in case they needed to summon assistance.

Guidance for staff was available to enable them to support people safely and the risks associated with people's medical conditions were recorded. This helped ensure that staff had an understanding of the person's needs. For example, where people required a 'slide sheet' to support them with their mobility, there was a leaflet for staff with pictures that showed the correct and safe way to use the equipment. One person supported by the service was living with diabetes, and we saw that guidance was available for staff on the actions to take should the person be identified as having an abnormal blood sugar level.

Environmental risks had been assessed and risk management guidance produced where required. This assessment highlighted areas within the house that may present a risk to staff or the people that they were supporting. For example, the environmental audit identified if any issues or risks were with evident in relation to any trip or slip hazards, or if there were any issues with any flooring around the person's house. The assessment covered any risks associated with mobility equipment within the home and also informed staff where the utility supplies such as gas and water were located in the house should they need to be isolated in the event of an emergency.

The registered manager or a senior manager monitored incidents and accidents reported by staff. In order to reduce the risk of reoccurrence or to establish if the incident or accident was avoidable. Following the recording of an incident or accident by staff, the registered manager or senior management within the service reviewed the incident. We saw that where required, action had been taken to keep people safe within their own homes. For example, where people had fallen, the record showed that the person's GP, the district nursing team or the local authority had been notified to seek intervention.

Is the service effective?

Our findings

People and their relatives spoke positively about the standard of care given by staff at the service. All of the people we spoke with felt that the service was effective as they were well matched with staff. They felt that the staff had the appropriate skills to care for them well. In general people and their relatives felt staff at the service were well trained. People told us staff knew them and their routine so well they were able to provide care with little or no guidance and this suited them well. One relative said, "It is just the way they talk to my loved one, and are able to achieve what they want with no bother."

The provider had an induction process which encompassed the new Care Certificate. This was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. The Care Certificate is a modular induction and training process designed to ensure staff are suitably trained to provide a high standard of care and support. New staff were further supported with progressive supervisions and observations through the initial stages of their employment.

Staff were supported through a regular training programme. The provider had a programme that ensured staff received regular training so effective care was delivered to people. Staff we spoke with were positive about the training package provided and felt they received training relevant to the people they supported. Following the completion of the care certificate, staff completed refresher training a minimum of annually. This training was in subjects such as moving and handling, medication, fire safety and safeguarding. Where required, staff were given additional training should the need be identified. Within the service office was different moving and handling equipment to allow staff to be trained and frequently practice with the equipment if required. The deputy manager at the service had the required accreditation to provide moving and handling training to staff.

Additional training specific to people at the service had been provided where required. Staff told us that where required, important additional training was provided and staff felt supported by this. For example, training in catheter care and diabetes had been provided by an accredited person and staff were supervised and observed to ensure they provided effective care in relation to this. Additional training in mental health and dementia had been provided to help staff understand the needs of some people they cared for. Staff commented how they also had the opportunity to complete a nationally recognised qualification or diploma in health and social care organised through the provider.

The provider ensured that staff received regular supervision and appraisal to monitor care delivery and to enable staff to progress and develop. Staff supervision was scheduled to be completed every six weeks. The supervision process gave staff the opportunity to discuss any actions they had completed since their last supervision and any further training and development needs they may have. Additionally, matters such as the staff member's welfare, their relationship with their colleagues and their availability to work were discussed. A discussion about the needs of the people the staff member supported was also completed.

Annual appraisals were completed. Staff told us their annual appraisal was completed and records we

reviewed confirmed this. The appraisal reviewed the annual performance by the staff member, together with discussing the staff members understanding of their role and the organisation. Support was offered to staff during this time, for example if the staff member needed any further support from the office or the on call member of staff. The staff member's strengths were discussed along with their ability to adhere to company procedures.

People we spoke with told us staff asked for their permission prior to providing care. This ensured that care was given in accordance with people's consent and in line with their wishes. No concerns were raised about care being provided without people's consent or in accordance with their wishes. People all commented that they were happy with the way staff gained consent before they carried out any care. People commented on how staff would always say, "Shall I?" or, "Would you like me to?" before providing any care to them.

Staff understood the principles of the Mental Capacity Act 2005 and how the legislation impacted on their daily roles. Staff commented on how they involved people in decisions about their care to keep them as independent as possible and never made choices on their behalf. Staff told us how they supported people with meal and clothing choices. One member of staff we spoke with told us, "I always let people make their own decisions and I support them to do it. I always make sure I give people their own choice."

Staff provided assistance to some people in the preparation of their meals and drinks. There were no people at risk of malnutrition being cared for by the service at the time of our inspection. From our conversations with people it was evident that their needs varied. Some people told us they had their breakfast prepared by staff and at lunchtime either had a snack, sandwich or a frozen ready meal which had been heated by the staff. Another person told us they had mobile meals delivered. People told us how staff also prepared sandwiches for them and would leave them for their tea. All of the people we spoke with told us that staff ensured they had drinks within reach before they left. Others commented that staff prepared them a flask of tea or coffee made and left for them to help themselves.

People could see healthcare professionals such as their GP. We received positive comments from people about the support staff gave them to do this when needed. People told us they felt the staff were very vigilant and if they felt unwell the staff took the appropriate action, by either calling their GP or 111. One person gave an example of how a staff member arrived to find they had just had a seizure. They told us the staff member followed the required action plan and the required support was obtained. Another person told us about an incident when a staff member arrived after they had a fall, and that the staff member called their called family and 111 as needed. A relative we spoke with told us communication in relation to their relative's health was good. They commented on how if staff had any concerns about their loved one they always got a call from the service.

Is the service caring?

Our findings

All of the people spoken with agreed that staff treated them with respect and in a dignified and caring manner. They said they felt safe within all aspects of their care. Many different descriptions were given to us by people to describe the staff that supported them. This included, "Very caring," "Very kind," "Marvellous," "Understanding" and "Friendly and excellent." One person we spoke with told us, "Carers are brilliant, they really know how to look after me, they check on my wife and make sure she is alright too." Another person commented, "We have a chat and a laugh, they will do anything I ask them to do. A further person described the staff and said, "It is lovely when they come because they sit and have a chat with me, sometimes they are the only people I see for days."

People's relatives also spoke very highly of the staff that supported their relative with personal care. For example, one relative said, "The care is amazing, my loved one describes them all as my little friends, and will do anything for them." This relative also described how they overheard a staff member talking to their relative and said the staff member was not aware they [the relative] were there. They said the staff member was speaking so kindly and in such a compassionate manner with their loved one it brought a lump to her throat. Another relative commented, "Carers are extremely compassionate, all carers are compliant and care is as good as it can be, life is good for my loved one, we could not be without Homecare4U."

The provider maintained a log of compliments received from people. The compliments reflected the positive feedback we had received from people and their relatives over the course of our inspection. The compliments were from people who received care directly from the service and people's relatives. A sample of the recent comments included, "Thank you for the very good service you gave me." A person's relative wrote, "We really appreciate all of the help, kindness, friendliness and most of all the special way the ladies treated [service user name]." Another relative had contacted the service and said, "Thank you so much for the care you and your girls have given to [service user name]."

People were involved in their care planning and told us they felt their views were important to the service. There was personalised information within people's records such as how people wished for their personal care to be given. This showed people's views were sought during the care planning process. During our conversations with people they confirmed they had been involved in their care plans. Others told us they sometimes got a visit from the service management and care planning was done in a conversational way. One person told us they had recently had a meeting with their social worker and the registered manager to discuss their on-going needs resulting in an increase in their care provision time. All of the people we spoke with said they had their care delivered in the way they wished and felt their carers understood their needs.

Staff understood people's care and support needs and demonstrated they knew how people preferred to be cared for. Staff gave detailed explanations about the different levels of care people needed. Staff understood people's mobility needs and their risks and told us how to mitigate those risks. The information given to us by the staff was consistent with the information within people's care records. Staff described different people's preferences and their daily routines which showed they understood people well. Staff told us that where possible, the registered manager tried to ensure care continuity. One member of staff said, "I

have a regular round and see the same people which is very helpful."

People were given important information about the service. People were given a 'service user guide' when they commenced a care package. The guide contained information about the service, for example the main contact number and the out of hour's emergency number so they could contact the service at any time. People received other information promptly such as their scheduled care appointment times and information on who would be providing their care.

Is the service responsive?

Our findings

People and their relatives felt that the service was responsive to meeting their needs and no concerns were raised. Relatives commented on how care plans were reviewed approximately every six months and said they were happy with this. They also commented that if things changed, for example an increase in people's needs was identified, a review would be completed as a result of this.

Personalised care records contained information unique to the people to whom they related. This showed that care records had been completed in conjunction with the people whose needs they were designed to reflect or their representatives. Records contained detailed information about the level of support people needed during different appointments. For example, if a person had multiple care appointments during the day, their individual appointments were separately detailed within their plan. There was guidance for staff on how to provide personal care to people in accordance with their preferences. Staff we spoke with told us they felt the records were easy to use and the detail within them allowed them to quickly understand the person's needs and support them as such.

The registered manager told us that care needs were reviewed at least every six months or earlier should the need be identified. People we spoke with and their relatives confirmed that these reviews happened and people's care records also supported this. Within the records the review documentation showed that people were asked if they were happy with the care they currently received. In addition to this, people were asked if they required any additional support on top of their existing package, and also if the current times and durations of the care appointments were in line with people's preferences. This showed the service had systems to continually ensure they delivered personalised care.

We saw positive examples where the service had been responsive to people's needs where concerns had been identified. For example, one person supported by the service smoked. Staff had noted small cigarette burns in the person's sofa and bedding. In order to reduce the risk of fire, the service had contacted the local fire service. Following the required assessments, the person was then given fire retardant throws for their sofa and a fire retardant duvet for their bed.

We saw another example whereby a risk had been identified due to a person living with dementia continually left their front door open. This posed a safety and security risk for the person involved. Following the identification of this concern, the service sought solution together with a member of the person's family. Following conversations and consultations with other healthcare professionals, a 'memo box' was installed in the person's home. The person's family member recorded messages on the 'memo box' reminding the person not to open the door. A message would be played when a sensor was activated near the door. This had so far had a positive impact as the person was no longer opening the door.

Staff felt the registered manager and other senior managers had been responsive to meet the needs of people. During our discussions with staff we discussed the travel time they were allocated between appointments. It is important that during care planning, the service ensure sufficient travel time for staff to assist in appointments being punctual for people. Staff we spoke with told us that in general travel time was

good, and that if they identified that insufficient time had been allocated the service would be responsive and adjust this.

Staff also gave examples of how the service had responded to unplanned change. For example, they gave examples of how care appointments had run over due to matters such as a fall or additional care being required. They told us that when they had contacted the office to report this, subsequent appointments were rescheduled or allocated to others.

People and their relatives felt they could raise any concerns or complaints to the staff or management within the service. The provider's complaints procedure was communicated to people. The complaints procedure detailed how to raise a complaint and what people should expect from the service. The service had not received any complaints in 2016. We reviewed a complaint from 2015 that was in relation to a minor matter involving care planning. This had been dealt with appropriately and responded to in accordance with the provider's policy.

The provider had a system to encourage feedback about the service and to ensure people's views and opinions were captured. A survey had been sent out to all people using the service around August 2015. A total of 35 people responded to the survey out of the 94 sent. The survey sought people's views on the care provided by the staff, the friendliness and helpfulness of staff, if people were happy overall with the service they received and if people felt they could approach the management team. Most aspects of the survey contained positive feedback about the service with an overall 97% giving all positive feedback. The registered manager had been responsive in responding to some comments on the survey. For example, one relative requested that the dignity code devised by the National Pensioners Convention be introduced to the service. As a result of this request, the dignity code was sent to people and staff training and awareness of the code was completed.

Is the service well-led?

Our findings

People and their relatives spoke positively about the management and leadership of the service. Everybody was aware of how to contact the service and knew who to contact should they need to speak with somebody. All of the people and their relatives we spoke with told us they had a good relationship with the managers of the service. They told us they were very approachable, and should they have any concerns or complaints they would have no hesitation in contacting them.

They added the managers were very flexible in their approach and would rearrange appointments if required, for example if a person had a private appointment.

Positive comments were received from people and their relatives. For example, one relative we spoke with said, "I have total trust and confidence in the managers, they will come out and do care to cover if needed. I am impressed with the service and would recommend it." Another relative shared an experience and told us, "When there was a problem with the key safe and carers could not deal with it, they contacted the manager who came out and sorted it straight away."

Staff were well supported and felt valued by the management team. All of the staff we spoke with told us they were happy in their employment and said they received a high level of support. Staff said the support they received with training was good and that additional support and guidance was available through the supervision and appraisal process. When asked, the comments we received relating to the manager were positive. For example, one staff member said, "I love working for [registered manager], she is very easy to talk to and understanding." Another staff member commented, "[Registered manager] is a good leader. I can come to her about anything if I needed to. We all get on well, it's a good staff team here."

A staff survey completed around August 2015 reflected the comments we received from staff. Although the response rate to the survey was low the feedback about the registered manager and the support staff received was positive. The results of the staff survey showed that staff felt supported by the registered manager and they felt they received good levels of training and support.

The management communicated with staff about the service. There were periodic meetings for staff to communicate information about the service. The minutes from the staff meetings showed that matters such as people's personal care needs, accurate record completion, logging in and out of care calls, sickness and medicines were discussed. Staff we spoke with told us they felt able to raise matters at the meetings if required. In addition to the meetings, other more urgent matters were communicated quickly by telephone, email or text message. This could include hospital admissions, medicine changes, a change in the person's needs or if any adverse weather was forecast. This meant that key information was communicated quickly to staff.

Additional information was communicated to staff in a six monthly newsletter. The newsletter was sent to ensure that key information was shared with staff. For example, the recent newsletter communicated information such as survey results including praise and recognition for the positive comments received from people and their relatives. There was information about any action being taken as a result of the surveys. For

example, any training that staff had requested was noted and a request from people about checking doors were locked was noted.

There were management systems that monitored the quality of care provision at the service. The management at the service completed 'spot checks' in the community and observed staff practice during care appointments. This ensured that staff were meeting people's needs and that care was provided at the required standard. Additional quality assurance checks were completed on care records and medicine record. Any shortfalls identified were communicated to staff either individually or as a group if required. This ensured that issues were highlighted quickly to staff to reduce the risk of reoccurrence.

The registered manager was aware of their obligations in relation to the notifications they needed to send to the Commission by law. Information we held about the service demonstrated that notifications had been sent when required. The service was a member of Care and Support West and the registered manager attended meetings and training days provided by the organisation. The meetings ensured the registered manager was aware of current guidance, legislation and best practice. Management meetings were held in the service and the provider completed periodic quality assurance visits. The Provider Information Return (PIR) we requested was completed by the registered manager and the PIR was returned within the specified time frame.