

Homecare4U Limited

# Homecare4u Trafford

## Inspection report

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22 November 2019  
26 November 2019

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Homecare4U Trafford is a domiciliary care agency providing personal care to people living in their own homes within Sale and surrounding areas. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection 21 people were receiving personal care.

### People's experience of using this service and what we found

People told us they felt safe when being supported by staff from Homecare4U Trafford. They described staff as reliable and confirmed they had never experienced any missed visits. Staff said they were happy with the way their visits were planned and said they were not rushed to complete tasks. Risk was appropriately managed and addressed. Staff were aware of processes to follow should they have any concerns about the care and treatment of people who used the service.

We saw evidence of partnership working to develop and maintain a high quality, person-centred service. Care plans were developed in line with good practice and were reviewed when people's needs changed. People who used the service told us they experienced positive outcomes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives told us the service was person-centred. They said care was delivered in line with preferences and wishes. Staff were described as kind caring and patient. There was a focus on developing independence. People were supported by staff who knew them well. Concerns were proactively addressed by the senior management team and lessons were learned from any feedback provided.

Everyone we spoke with told us the service was well-led. The management team and staff had clear roles and responsibilities and were committed to ensuring the service provided was good. Staff told us they were adequately supported by the management team and were happy with the training provided.

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

### Rating at last inspection

This service was registered with us on 09/11/2018 and this is the first inspection.

### Why we inspected

This was the first planned inspection of this new service.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

# Homecare4u Trafford

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

One inspector carried out the inspection.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 18 November 2019 and ended on 26 November 2019. We visited the office location on 22 November 2019.

#### What we did before the inspection

We reviewed information we had received about the service since registration. This included looking at information held on our database about the service for example, statutory notifications completed by the registered provider. We also sought feedback from the local authority contracts and commissioning teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections. We used all this information to plan our inspection. The provider was not asked to complete a

provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with four people who used the service and one relative. We spoke with the registered manager, the branch manager, the care-coordinator and three carers.

To gather information, we looked at a variety of records. This included care records related to three people, and medicines administration records. We also looked at information related to the management of the service. This included recruitment records for three staff, audits, policies and procedures and quality assurance documents. We did this to check the management team had oversight of the service and to make sure the service was appropriately managed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Assessment of risk was suitably addressed. When people had specific medical conditions which posed risk, these had been considered and included within care plans to promote safety. Additionally, environmental risk had been considered to ensure people's safety within their homes was established.
- People and relatives told us they felt safe whilst being supported by Homecare4U Trafford. One person said, "They have made a difference. I feel safe. I fell once. I know now if I fall they [staff] are coming in. I have a thing [pendant] around my neck to press now."

### Systems and processes to safeguard people from the risk of abuse

- Processes were established to protect people from the risk of harm and abuse. Staff told us they had access to a safeguarding policy and were aware of reporting procedures to follow if they suspected someone was being abused. Safeguarding was actively promoted and discussed at each team meeting.
- Staff were confident the management team would take immediate action if any concerns were reported. Staff confirmed they had a whistle-blowing policy and understood the importance of reporting concerns to external agencies if required.

### Staffing and recruitment

- Staff were suitably deployed to ensure people's individual needs were met. The service used an electronic scheduling system to plan and monitor visits. Consideration was taken to ensure there was consistency of staff and enough travelling time between visits. One person said, "They come on time and are never late."
- Staff said they had time to carry out their duties and spend time chatting with people. People confirmed staff were reliable and said they had never experienced any missed visits. One person told us, "They often stay on longer than they are supposed to."
- Processes were established to ensure staff were safely recruited. This included checking people's past work histories and suitability for working with people who may sometimes be vulnerable.

### Preventing and controlling infection

- Systems and processes were established to prevent the spread of infection. Staff confirmed they had received training and said personal protective equipment was available for personal use. People told us staff always looked clean and tidy when they visited. One person said, "I wouldn't let them in if they were scruffy."

### Learning lessons when things go wrong

- The registered provider understood the importance of learning lessons following unplanned incidents. The registered manager kept a record of all accidents and incidents which occurred. Accidents and incidents were analysed and reviewed by the management team and learning was shared with the staff team.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Processes were in place to support staff in their roles. Staff were provided with a comprehensive induction when they first started work. Additionally, the senior management team carried out spot checks and worked alongside staff to observe staff practice.
- Staff were expected to undertake regular supervisions with a more experienced staff member. Supervisions allow staff to discuss performance and training needs with a more experienced member of staff.
- Staff confirmed they received regular training to help them carry out their roles. They told us they were happy with the level of training provided and said they felt suitably equipped to carry out all tasks expected. One member of staff told us they were being supported to complete additional training to help them develop their career. People told us they considered staff to be appropriately trained. One person said, "They seem to know what they are doing. They are well trained."

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

- People told us they were able to make their own choices when they required support with eating and drinking. Care plans were person-centred and detailed people's likes and dislikes regarding food and drink.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- We saw evidence of multi-disciplinary working taking place to support people to access healthcare services and live healthier lives. During the inspection, we observed a member of the management team liaising with another support provider to support one person live a healthier life. They understood the importance of acting swiftly to maintain health and well-being.
- Care needs were routinely assessed and monitored. Care records were regularly reviewed and updated by a senior member of staff when people's needs changed. Good practice was considered and implemented. For example, the provider had reviewed care planning to ensure good oral health was promoted.
- The registered manager understood the importance of maintaining people's health. They told us how they supported people to get access to transport so they could attend health appointments. Additionally, one relative told us how the staff changed their rota to support their family member to get ready to attend a health appointment.
- People and relatives told us the care was effective. Feedback included, "The care team have played a pivotal role in providing holistic health care to my [family member]" and "People keep commenting on how well they look. [Family member] has never looked so good in years."



Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Consent to care and treatment was sought in line with good practice.
- People's capacity was routinely assessed and there was clear documentation to show when a person was able to make their own decisions.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated with kindness and compassion. Feedback from people and relatives included, "They genuinely care. People are treated with compassion" and, "They are lovely." Also, "Oh, they do treat me kindly. The one who comes in the morning is marvellous."
- People and relatives valued the relationships they had developed with the staff team. Feedback included, "We get on a treat." And, "[Family member] has built up a great relationship with the staff. They [staff] know my [family member], what they like and the things that matter to them."
- The registered manager understood the importance of protecting people's human rights and ensuring equality and diversity was promoted and maintained.

Respecting and promoting people's privacy, dignity and independence

- People told us independence was promoted and encouraged. People were encouraged to take positive risks to develop and promote independence and self-identity. One person said, "I am allowed to be independent. I am in charge of myself."
- People and relatives told us privacy and respect were always considered.

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

- People told us they were able to express their views and were involved in making decisions about their care where appropriate. One person said, "They listen to me. I tell them."
- The registered manager was aware of the importance of accessing other support such as advocates when people did not have help from families to express their views. Advocates are independent people who can support people express their views and make decisions about their care.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Personalised care was promoted. People were encouraged to make choices and have control within their lives. Support was flexible, according to people's needs and wishes.
- People told us they were able to be involved in developing their own care plan. One relative praised the way in which information was collected by the management team to ensure a person-centred service was delivered. They said, "They deliver a very person-centred service."

End of life care and support

- The registered manager confirmed no-one was being supported with end of their life care. They said if people started to decline they would happily have conversations with people about their preferences and wishes. Additionally, they said they would work with other health professionals to ensure people received high quality end of life care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the need to provide information in an accessible manner. Care records included ways in which to communicate effectively with people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered provider understood the importance of combating social isolation. People and their family members were encouraged by the management team to develop social and recreational activities.

Improving care quality in response to complaints or concerns

- The registered provider had a complaints policy and procedure for managing complaints. There had been no formal complaints raised since registration. From records viewed, we saw concerns were dealt with seriously and in a timely manner. The registered manager said this prevented minor concerns developing into formal complaints.
- Everyone we spoke with said they were very happy with the service and said they had no complaints. Feedback included, "I am very satisfied. I have no complaints" And, "I've no complaints. I would tell them if I did."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider understood the importance of developing a high-quality service which achieved good outcomes for people. The registered manager told us there was an emphasis on "growing safely."
- The provider understood the importance of risk, regulatory requirements and the need to continuously improve the service. We saw there was a comprehensive auditing system to ensure there was enough oversight within the service to promote safe, effective and responsive care.
- People, relatives and staff were complimentary about the way in which the service was managed. Everyone we spoke with said the service was well-organised. One person said, "I am very satisfied with the service." A relative described the service as "exceptional." They said, "Since being supported by Homecare4u Trafford [Family member] has changed so much for the better. It makes me emotional. I can now look forward to 2020 with my [family member]." A staff member told us, "My line manager is the best manager I have ever had."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People who used the service and relatives were encouraged to provide feedback on the service. We saw evidence of regular telephone surveys taking place. We reviewed quality surveys and saw feedback was consistently positive. Feedback included, 'The carers are doing a brilliant job' and, 'The timings of my calls are great.'
- The registered provider understood the importance of partnership working. The registered manager said they were supported by a senior management team and other registered managers. We saw evidence of working with other agencies such as the local authority and housing providers. The branch manager told us they had proactively volunteered to take part in some work with a partner agency, looking at how specific equipment could be used to promote independence and reduce cost.
- Staff told us communication within the service was good. We saw regular team meetings had been held to communicate and discuss topics of importance. The meeting agenda routinely included safeguarding and health and safety as well as a 'policy of the month.'

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the duty of candour and their legal responsibility to be open and

honest.