

Homecare4U Limited

Homecare4u

Wolverhampton South

Inspection report

Sunbeam Studios
Sunbeam Street
Wolverhampton
West Midlands
WV2 4PF

Tel: 01902256602

Website: www.homecare4u.info

Date of inspection visit:
19 February 2019

Date of publication:
21 March 2019

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 this service: Homecare4U Limited is a domiciliary care agency that was providing personal care to 58 people at the time of the inspection. Homecare4U Limited is registered to provide personal care to people in their own homes.

People's experience of using this service:

Staff followed the provider's systems and processes so that people's needs were safely met.

The provider employed enough staff to meet people's individual care needs.

People received their medicines safely and staff understood each person's abilities and health needs.

People were supported to have control and choice over their lives and staff supported them in the least restrictive way possible.

Staff had a kind and caring approach towards people. They respected people's privacy and dignity.

Systems and processes for assessing and monitoring the quality of the provision had improved. Audits identified any issues with service provision. The provider had plans to remedy any issues found.

People, relatives and staff spoke highly of the management team and the way the service was run.

The service met the characteristics of Good in all areas; more information is available in the full report below.

Rating at last inspection: Requires improvement (report published 27 January 2018)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service was rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 Wolverhampton South

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out the inspection supported by an expert by experience who made telephone calls to people who use the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Homecare4U Limited is a domiciliary care agency. People receive a personal care service in their own home. CQC regulates only the care provided.

The service had a manager registered with the Care Quality Commission but they had recently left the post. The provider had taken steps to review the whole service and had a new manager in post. They were in the process of applying for registration. This means that at this inspection the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

Inspection site visit activity was announced and started on 19 February 2019 and ended on this date. We gave short notice of the inspection because we wanted to be sure the management was in the office.

What we did:

We reviewed information we had received about the service since the last inspection. This included details

about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to conduct our inspection.

During the inspection, we spoke with six people who used the service and one relative to ask about their experience of the care provided.

We spoke with five members of staff including the area manager, acting manager and care staff.

We reviewed a range of records. This included five people's care records. We looked at records relating to the general management of the agency.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of the different types of abuse. Staff told us a safeguarding policy was in place with clear instructions for them to follow.
- One person said, "They always let me know who is coming as I find it unnerving when I don't know them. They lock my door each day and check if I have any concerns. They are a good emotional support for me." Another said, "Yes I feel safe when they come in. I have a key safe and they close the door when they leave. If they are going to be very late someone lets me know."

Assessing risk, safety monitoring and management

- People had individual risks to their health, safety and wellbeing assessed and plans were in place to mitigate these risks.
- Risk assessments were regularly reviewed alongside the person's care plan to ensure that the care given continued to be safe.
- Risks associated with the safety of the environment and equipment were identified, assessed and managed to ensure that people remained safe in their home.

Staffing and recruitment

- The manager ensured staffing levels were sufficient and people told us their needs were met.
- Staff had been through a robust recruitment process prior to starting work at the service. We found all necessary checks had been completed prior to staff members starting to work with people who used the service.
- People had access to staff support 24 hours a day via an on-call system.

Using medicines safely

- Staff provided varied support for people to take their medicines based on people's abilities and wishes. Most of the people we spoke with managed their own medicines.
- One person said, "They assist me with my medicines and record it and I keep an eye on it all."

Preventing and controlling infection

- Staff received training to give them the skills and knowledge to maintain good infection control standards.
- Personal protective equipment was available and people told us that staff used this appropriately in their work.
- One person told us, "They wear aprons and gloves every time. They are clean and tidy and help me do my bins and the green bag."

Learning lessons when things go wrong

- Staff understood their responsibilities in the event of a safeguarding incident. They learned from any incidents as we saw these were discussed in team meetings together with sharing examples of good practice.
- A staff member told us that team meetings included discussions about practice and how learning from mistakes could lead to improved care. They explained, "We have team meetings regularly we discuss topics that are relevant to the people we care for."

Is the service effective?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 1 November 2017. At the last inspection we asked the provider to act to make improvements to care records. This action has been completed.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs were assessed before they started to use the service. Records showed staff carried out assessments to identify people's support needs. This included information about their medical conditions such as diabetes care, dietary requirements and their daily lives.
- The manager monitored people's progress and involved them in regular reviews.
- Assessments were used to develop care plans that were person centred and took account of people's diverse needs, including their religion, ethnicity, sexuality, disabilities and aspects of their life that were important to them. For example, staff had identified the need to accommodate different call times for people who may wish to celebrate festivals in their religion. The management took care to provide care workers who spoke the same language as the person so that any language barrier could be minimised.
- One person said, "They are brilliant and very professional. (Person) has dementia and they are always happy to see them. They work with me and (person). We have both male and female carers and we all work well together."

Staff support: induction, training, skills and experience

- People were supported by staff who received training in a variety of topics to meet their needs.
- Staff were given opportunities to review their individual work and development needs with senior staff.
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their role.

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

- People were supported with their nutritional needs. Specific support required was recorded in people's care plans.
- Staff assisted people with making their breakfast and some snacks. People told us they had meals delivered which they reheated when they wished to eat them.

Staff working with other agencies to provide consistent, effective, timely care

- A person commented, "They are on time unless there has been an urgent issue prior to my call. They are sometimes early."
- Staff told us the service worked closely with external professionals such as the district nursing team to

help ensure people received the right support.

Adapting service, design, decoration to meet people's needs

- This KLOE does not apply to this provider as they do not provide accommodation.

Supporting people to live healthier lives, access healthcare services and support

- People were supported with their health needs. Staff would support people to attend health appointments if required.
- We saw in care plans that people who required liquid feeding through a tube had support from the nutritional support team.
- Care plans detailed that staff supported people needed to make healthy eating choices.

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". We checked whether the service was working within the principles of the MCA and found they were.
- Information was provided in formats that suited people's needs, with family, friends and advocates involved where appropriate.
- Staff described how they always asked people and gave choices. One member of staff said, "We always assume that people have capacity to understand so we always ask them first."

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff had developed positive relationships with people and knew them well. People told us that staff were respectful and polite. Care plans showed that staff respected people of different cultures and supported them in their care according to their personal wishes and faiths.
- One person said, "I can't fault them. They put my mind at ease and they are very kind, chatty and friendly. They are like family."

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

- Some people were not able to express their views and be fully involved in making decisions about their care. Where appropriate, relatives or advocates were included in the decision-making process. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.
- The service continued to be inclusive and to provide person centred care. People told us they were happy with the service. They told us they were consulted on how the service was run to ensure continuity of care.
- One person said, "I have both male and female carers, that's my choice. They encourage me to do my best and support me with problems."

Respecting and promoting people's privacy, dignity and independence

- One relative commented, "(Person) did not want care workers, but I am so happy they did. The care workers give them support when needed giving them the opportunity to be independent and allowing (person) to stay in their own home."
- People's needs and wishes continued to be at the heart of the service. Staff we spoke with showed they understood the values in relation to respecting privacy and dignity and treating people as individuals.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People we spoke with told us they were involved in the development of their care and support plans. The involvement of friends or families was encouraged, when appropriate, to identify how the person would prefer to be supported. A person said, "I was involved with my care plan and it is to be reviewed next week as I will need the hoist more."
- The provider ensured people's needs could be met in a way they liked. Care and support plans were written with clear guidance to staff to help ensure they delivered care in a way that met people's needs, took account of their preferences and was safe.
- A person told us, "Sometimes in the evening or at weekend I may need to ring for some additional help and they try to accommodate and help me. They also tell me when someone is going to shadow so that is a plus point for me."

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and this information was available to them.
- People felt assured their concerns would be responded to.
- We viewed the provider's complaints record and saw that issues had been dealt with and resolved for the person.

End of life care and support

- We saw people had been involved in discussions about their care and support at the end of their life. Their wishes had been recorded in their care plans to ensure staff would know what to do when the time came.
- A relative had commented, "(Person) was treated with both dignity and respect. Even in the final moments (person) could not have been looked after better. The staff were lovely and compassionate and are a credit to the company. They brightened my day and made me smile in the darkest of times."

Is the service well-led?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 1 November 2017. At the last inspection we asked the provider to act to make improvements to their audit systems. This action has been completed.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider informed us that care calls were monitored by a call monitoring system to ensure staff had attended at the required time. This identified if staff were running late and required extra support. It alerted office staff to situations where carers had not arrived on shift and had not made contact.
- The management were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- A person told us, "The manager came last week to check and helped with my showering. They are always there if I need them."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager understood their responsibilities of their role. The previous inspection rating was on display at the entrance to the office and on the provider's website. Notifications of incidents, events or changes that happen to the service were sent to us within a reasonable timescale and as required by law. These included safeguarding referrals and death notifications.
- The provider had auditing and quality monitoring systems in place that identified any concerns relating to the safety and quality of the service.
- A business continuity plan was in place and used when required. This covered emergency situations, for example, extreme winter weather. This document was reviewed annually along with all other policies and procedures

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff team meetings were held regularly and staff told us that they could approach any member of the management team at any time.
- The manager ensured that incidents were reviewed and discussed in detail.

- A person told us, "I have been with this company two and a half years and there have been some management changes. The current manager is the best. She has really changed things for the better. She supports the carers and gives them confidence. I have recommended the company to a friend."

Continuous learning and improving care

- Staff told us that they could contribute to the development of the service and their ideas were welcomed.
- Notes from staff meetings showed that staff had made suggestions about improvements that could be made. They contributed to discussions about planned developments at the service. Surveys also showed that management sought people's views about the service.

Working in partnership with others

- The manager worked in partnership with health and social care professionals to achieve good outcomes for the people who received a service. These included the local authority safeguarding team, GP's and community nurses. Where district nurses were involved with a person's care on a regular basis, the manager would make contact with them initially to introduce themselves.
- All professionals contacted said referrals to them were appropriate and that staff were keen to learn and followed their suggestions.