

Homecare4U Limited

Homecare4u Oldham

Inspection report

Suite 4 Italia House
2 Pass Street
Oldham
OL9 6HZ

Tel: 01613122818
Website: www.homecare4u.info

Date of inspection visit:
19 January 2021
20 January 2021
21 January 2021
27 January 2021
04 February 2021

Date of publication:
23 March 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Homecare4u Oldham is a domiciliary care service based in Oldham, providing personal care to 51 people at the time of the inspection.

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.

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

Appropriate risk assessments were not always in place for people. This meant risk had not always been adequately assessed or mitigated. Since the inspection the service has updated people's care plans to include necessary risk assessments.

One person's medicines administration record (MAR) had missing administration signatures and did not sufficiently detail the medication information.

Oral healthcare plans were not as detailed as they should have been. People's care plans were not always updated when their needs changed.

Policies and procedures were in place. However, the infection control policy had not been updated since the COVID-19 pandemic, this was updated after our site visit. Audits were in place though they did not always identify issues in relation to gaps in records and risk assessments.

This was a breach of regulation 17 good governance, as detailed in the well led domain.

Staff supervisions were up to date and happening in line with policy. Staff were up to date with training. However, some staff had limited knowledge about the mental capacity assessment. This was feedback to the registered manager who said they would address this. 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.

Surveys were being carried out and actions were taken based on the feedback. We were able to see the service carried out lessons learned from issues which arose.

Pre assessments were in place for people and consent to care forms were in peoples care plans. People were supported with eating and drinking when required.

Feedback from people who used the service was positive about the caring nature of the staff.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This service was registered with us on 2 August 2019 and this was the first inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified a breach in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Homecare4u Oldham

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

The inspection was carried out by two inspectors 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.

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 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 24 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection. Inspection activity started on 19 January 2021 and ended on 4 February 2021. We visited the office location on 19 January 2021.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who worked with the service. We used all this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff, including the registered manager and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.



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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were not always appropriately assessed. People's care plans indicated they had specific health conditions, which had not been risk assessed. People's COVID-19 risk assessments were not person centred. Since the inspection the service have updated risk assessments to reflect people's needs.
- Systems and processes were in place to safeguard people from the risk of abuse.
- A safeguarding policy and procedure was in place and included information on how to escalate concerns.
- Staff told us they had received safeguarding training and were able to provide examples of what they would report. One staff member told us, "I have done training and it is about protecting people and looking after them. I would report any concerns that are an issue. Signs might be bruising on people, not eating, or poor hygiene."
- People who used the service told us they felt safe. One person said, "I do feel safe with the girls that come and help me. I see them four times a day. In the morning they help me wash. I like to be independent, so I wash my front and they do my back. They are very good as they talk with you and not at you which helps with the way things are."
- Lessons learned were taking place. We were able to review examples of learning taken from incidents and see actions taken to mitigate risk going forward.

Preventing and controlling infection

- The provider's infection prevention and control policy had not been updated since the COVID-19 pandemic, however, this was reviewed and amended shortly after our site visit.
- Staff told us they always had an adequate supply of personal protective equipment and were able to take part in regular COVID-19 testing. One staff member told us, "There's never been an issue with gloves, masks and aprons etc. They will always drop them off. Weekly tests are done."
- People who used the service told us staff wear PPE. One person told us, "We certainly feel safe with the group of carers who come. They are well prepared with all their PPE."
- Staff were up to date with their infection prevention control training.

Using medicines safely

- Medicines were safely managed.
- Medicines policies and procedures were in place and staff were up to date with their medicines training.
- Medicines errors were recorded, and lessons learned were completed to mitigate the risk of reoccurrence.
- People told us they received their medication on time. One person told us, "They give me my tablets to

take. None of them are missed. They record it in my book for future reference."

Staffing and recruitment

- Staffing levels were adequate and recruitment processes were safe.
- We reviewed a sample of staffing rotas and sufficient staff were in place. Staff told us they had enough time to get to calls. One staff member said, "Yes, there are enough (staff). Rotas are well managed, and enough travel time is factored in."
- Robust systems and processes were in place when the service recruited staff. Safe recruitment procedures had been followed with the necessary checks in place.

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.

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

- People's needs and choices were assessed. The care and support people needed from staff had been captured as part of the initial assessment process and was recorded within care plans.
- The service provided support to people who were from different cultural backgrounds.
- The service had an equality and diversity (EDHR) policy in place, and staff completed EDHR training on induction.

Staff support: induction, training, skills and experience

- Staff were supported and received appropriate training.
- An induction programme was provided when staff first commenced employment to ensure they had a thorough understanding of what was required within their role.
- Staff were up to date with training and had completed a mixture of training courses.
- Staff supervisions and appraisals were up to date and taking place in line with their policy.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported with meals and necessary healthcare referrals were made.
- Oral healthcare plans were in place, although they did not contain detailed information.
- Referrals were made to other healthcare professionals as required.
- People's dietary needs were assessed, and any allergies were recorded. Some people's food preferences were detailed within their care plan. People told us they were given a choice over what meals they would like. One person told us, "They always get my breakfast for me. They get one of my prepared meals out for lunch and make me a snack for tea. They always ask what I would like each day."

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.

- Some staff had limited knowledge about the mental capacity act and the meaning of this. We provided the registered manager with this feedback and they were going to look into this.
- Capacity assessment referrals were undertaken as necessary.
- People had signed consent forms, which were within their care plans. This documented where people had given their permission to receive services from Homecare4u Oldham.

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: Respecting and promoting people's privacy, dignity and independence

- People's equality and diversity was respected.
- The service had an equality and diversity policy in place.
- People told us staff were caring and treated them well. One person told us, "The girls are caring as nothing is too much trouble. They always call out when they arrive, so I know who it is." Another person said, "They always treat me so well and understand my situation." A family member told us, "I do think the girls who look after my relative do know what they are doing. They do know how difficult she can be but have managed to work with her and have a lot of patience."
- Staff supported people to be independent where possible and people's privacy and dignity was respected. One person told us, "They always make sure I am happy with what they are doing and will ask before they do anything." Another person told us, "I do all my own tablets, but the girls do keep an eye on them. I like to be as independent as possible."

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

- People were able to express their views.
- Questionnaires were sent, seeking people's views and opinions about the service they received.
- People told us they were involved in planning their own care. One person told us, "I remember meeting the manager when I first planned my care. She was helpful and understanding." A family member told us, "We planned the package with the manager who was very supportive and made everything so easy."

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

- People received person centred care which met their preferences.
- Each person who used the service had their own care plan in place containing information to guide staff about people's health conditions. However, this was not always updated when people's needs changed, for example one person had become bed bound, incontinent and now lacked capacity, but this was not reflected throughout their care plan. This has been reflected in the well led domain. The registered manager had ensured this care plan was updated shortly after our site visit. A copy of care plans were available at the office and in people's own homes.
- People's care plans were person centred and had an 'All About Me' section that detailed their history, likes and dislikes.
- Staff were aware of people's choices and preferences. One person told us, "The girls do understand how I like things done, which I really appreciate."

Meeting people's communication needs; Improving care quality in response to complaints or concerns; 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

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.

- People's communication needs were being met.
- The service had an AIS policy in place, though at the time of the inspection staff were not supporting anyone with specific communication requirements.
- A central log of complaints was maintained, along with details of the responses provided.
- A complaints policy and procedure was available and this explained the process people could follow if they were unhappy with the service they received.
- Although the service was not commissioned to provide activities, the registered manager was able to provide examples of when they had supported and encouraged people to take part in activities they were interested in.

End of life care and support

- Staff worked closely alongside other relevant healthcare professionals such as district nurses and

palliative care teams to provide end of life support.

- Nobody was in receipt of end of life care at the time of the inspection.
- The service had an end of life policy in place.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We identified concerns around the governance of the service.
- Risks to people's health and safety were not always adequately assessed, audits were not robust, paperwork was not always up to date and their IPC policy had not been updated since the COVID-19 pandemic. These issues have been discussed in detail in the safe, effective and responsive key questions.
- The audits were in place did not identify the issues mentioned above.
- One person's MAR had gaps in signatures. The same person's MAR had hand-written medication information, which was also not adequately detailed to ensure safe administration in line with the prescriber's instructions. The registered manager was reviewing this as part of their medicines monthly audits.

We found no evidence people had been harmed, however, records were not always completed and up to date and quality assurance systems were not robust.

This was a breach of Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Good Governance.

- Confidential information was stored securely.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us they enjoyed their roles and staff worked well together. Feedback about management and leadership was positive. One staff member told us, "Absolutely amazing as a manager and can't do enough. Probably one of the best I have worked for."
- Most people knew who the registered manager was. Some people told us the registered manager had been out to see them at home to see how their care and support was progressing.

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: Continuous learning and improving care

- The provider reported accidents, incidents and concerns to the CQC and the local authority in a timely way.
- A policy was in place to encourage staff to be open and honest when things go wrong, a whistleblowing

policy was also in place.

- The provider completed lessons learned for incidents which happened in the service, to ensure continuous learning took place.

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

- The service engaged regularly with staff to ensure they were up to date with important changes. One staff member told us, "Staff meetings have not happened because of COVID. Email and texts are sent if we need updates."
- The service had conducted staff and residents' surveys. Some actions had taken place in response to the survey results.
- The registered manager worked in partnership with various local authority and health teams.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Records were not always completed and up to date and quality assurance systems were not robust.</p> <p>Regulation 17(2) (b) and (c).</p>