

Homecare4U Limited

Homecare4u

Wolverhampton

Inspection report

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Date of inspection visit:
09 May 2017
10 May 2017

Date of publication:
22 June 2017

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

This inspection took place on 9 and 10 May 2017 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services; we needed to be sure that someone would be in. Homecare4u Wolverhampton provides community support and personal care to people in their own homes. At the time of the inspection, 44 people were receiving a service from the provider. This was the first comprehensive inspection of the service following registration.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People did not always receive their support at the times they needed it and from consistent staff. The registered manager was aware that there were insufficient staff and was taking action to recruit new staff. People were supported by safely recruited staff that understood how to safeguard them from potential abuse. People medicines were administered safely.

People told us they thought staff had the skills required to support them. Staff had the knowledge to support people effectively and received updates to their training on a regular basis. People told us staff always sought their consent to care and treatment and staff could explain how to apply the principles of the Mental Capacity Act. People received support from staff to maintain a healthy diet and they told us staff enabled them to choose what they had to eat and drink. People received support to monitor their health and access health professionals when they needed to.

People had support from kind polite and caring staff. People were supported to make decisions about all aspects of their care and support and staff enabled them to choose things for themselves. People were supported in a way which maintained their independence. Staff encouraged people to do things for themselves where they were able. Staff supported people in a way which maintained their privacy and dignity when providing care and support.

People told us they were involved in their assessments and care planning and their needs were reviewed on a regular basis. People told us that staff understood their preferences for how care and support was delivered. People knew how to complain and there were systems in place to ensure complaints were appropriately investigated and responded to.

The registered manager had systems in place to check the quality of the service and ensure people's needs had been met; however these were not always effective. Staff were not always using the systems consistently which enabled the registered manager to monitor call delivery times. People felt they could approach the management team and were able to influence how the service was delivered. Staff felt they were supported by the management team and the registered manager had systems in place to provide

effective support for staff. People had opportunities to provide feedback about the quality of the service, and these had led to the registered manager taking action to make improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

People were not always supported by sufficient numbers of staff which meant that people did not always receive care and support at the agreed times.

People were supported to take their prescribed medicines safely. However records were not always completed accurately.

People were protected from harm by staff that understood about safeguarding matters.

People were supported to manage risks to their safety.

Is the service effective?

Good 

The service was effective.

People were supported by skilled staff that had regular updates to their training.

People were supported by staff that understood how to apply the principles of the Mental Capacity Act.

People had support to choose meals for themselves and maintain a healthy diet.

People had support to access health professionals when required.

Is the service caring?

Good 

The service was caring.

People had support from staff that were kind and caring.

People told us staff enabled them to choose and make decisions about their care and support.

People were supported to maintain their Independence.

People were supported in a way that maintained their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were supported by staff that understood their preferences for how care and support was delivered.

People understood how to make a complaint and received a response.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The systems in place to check the quality of the service were not always effective.

People's told us they were able to approach the registered manager and they felt their feedback was used to drive improvements

People felt the management team were responsive and staff told us that they felt supported by the management team.

Homecare4u Wolverhampton

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 and 10 May 2017 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services; we needed to be sure that someone would be in. The inspection team consisted of 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.

Prior to the inspection, we reviewed the information we held about the service. This included any statutory notifications we had received, which are notifications the provider must send us to inform us of certain events such as serious injuries. We also contacted the local authority and commissioners for information they held about the service. We used this information to help us plan our inspection.

During the inspection, we spoke with six people who used the service and four relatives. We spoke with the registered manager, the deputy manager, the field supervisor, and the care coordinator. We reviewed a range of records about how people received their care and how the service was managed. These included 10 care records of people who used the service, four staff records and records relating to the management of the service such as complaints, safeguarding and accident records.

Is the service safe?

Our findings

People and their relatives told us staff were sometimes later than the agreed time. One person said, "On one occasion it was 'after 10pm' when they came for the night call. They are meant to be there between 9-9:30pm". Another person told us, "They don't always arrive on time because they can't it depends on who is in front of me, after so long I ring, I have to because I'm waiting to go to the toilet". Some people told us they had to contact the office after staff did not arrive by a certain time. Some people cancelled the calls as they had received help from family, others told us staff were sent by the company. Staff had mixed views about whether there was sufficient staff. Some staff felt there were enough whilst others thought they needed some additional staff but said the provider was already recruiting. One staff member said, "I have issues with sometimes being late, traffic can be bad or I can get delayed in last call, this can mean I am late to the next call travel time is not always enough when these things happen".

Some people told us they had not had regular staff attending their calls. One person said, "Most of the time it's the same staff and it has got better in the last couple of weeks it's been the same ones, but it was different staff and you need to get a rapport with them, you can't do that if they don't stay at the company". Some relatives told us they had spoken with the registered manager about the continuity and had been assured this would be resolved as soon as possible.

We looked at records of people's calls times and the majority were on delivered at the time they were commissioned by the local authority or within the agreed timeframe. We did not see any missed calls documented in the records we checked. The registered manager told us there was a system in place which would alert them to any potential missed calls these alerts were monitored at all times. We spoke to the registered manager about staffing and they said they had some staff that had left after a short period of time which had affected the continuity of staff. They told us they were in the process of recruiting seven new staff which would improve the issues people had experienced with calls sometimes being late and continuity of staff. This meant there were improvements required to the number of staff available to support people when they needed it.

People received support to take their medicines as prescribed. One person told us, "I have support with medicine using a blister pack, the staff give the medicine to me with a glass of water and then they have to write everything down before they go". The person added, "I am happy with the way this is going". One relative told us, "The staff check [my relative] has taken their medicine".

Staff told us they had received training in how to support people with their medicines and the registered manager checked to ensure they were competent to safely administer medicines. We saw medicine administration records (MAR) were completed by staff to say people had received their medicines as prescribed. However we found one person's topical medicines had been identified as not being applied for several days. We spoke to the registered manager about this and they confirmed the medicine had been changed to "as required". Staff had been informed of this change to the person's medicines; however MAR had not been updated. The MAR did not show this was an as required medicine or give instructions to staff about when the topical medicine should be applied. The registered manager made the changes to the MAR

chart during the inspection. This showed people received their medicines as prescribed however there were improvements required to recording practices.

People received support from staff that had been recruited safely. Staff told us they had been interviewed for their role and pre-employment checks were carried out before they started work. The registered manager told us these checks included two references and Disclosure and Barring Service (DBS) which help employers make safer decisions and prevent unsuitable people from working with vulnerable people. Records we looked at confirmed what staff had told us.

People and their relatives told us they felt the service was safe. One person told us, "I feel safe because I can't walk without two people and having the staff one in front and behind me when I walk makes me feel safe". Staff could describe the signs of abuse and could tell us how this was reported to the appropriate authority. One staff member said, "I know to report things for example, I noticed some bruising on one person, this was reported and the manager investigated and reported it to the safeguarding team". We saw incidents were reported, recorded, appropriately investigated and escalated to the local safeguarding authority. This showed there were systems in place to safeguard people from potential harm or abuse.

People and their relatives told us staff were able to support them with managing risks to their safety. For example, one person told us, "The staff are very competent, they know how to move me from the chair and how to use the chair lift so I feel safe, 'they talk to me all the time which is reassuring too". One relative told us, "[My relative] had a fall and they contacted the doctor for a home visit and let me know". Staff we spoke with could describe people's risks and how they supported people to stay safe. For example one staff member said, "There are a few people that need hoists and some use turntables and bath seats, there is clear instructions on using the equipment and we always check on servicing of the equipment to make sure it is maintained". Another staff member said, "There are some people at risk of falls, the care plan has a risk assessment with some actions for us to follow to keep people safe". People's risks had been documented and there was clear guidance for staff to refer to in order to ensure people were supported safely. This meant people's risks were being assessed and appropriately managed.

Staff knew how to support people if they had an accident. One staff member said, "I haven't had to deal with an accident, but if there was one, I would seek medical attention immediately, contact the family and then record and report what happened". We saw the registered manager had a system in place to investigate accidents and incidents and we saw appropriate action had been taken to reduce the risk of reoccurrence. This meant appropriate action was taken in the event of accident and the provider was working in ways to mitigate the risks of incidents reoccurring.

Is the service effective?

Our findings

People and their relatives told us they felt staff were well trained. They told us new staff shadowed other staff and were trained on the job. One person said, "Some work differently to others but they are all trained and I am able to advise them on how to do things too, they adapt their training to suit me". Staff told us they had an induction into the role and completed shadowed more experienced members of staff when they first started work. They told us their competency was checked before they were able to work alone. The staff told us they received training and could explain how they used this in their practice. For example safe manual handling techniques and safeguarding. One staff member said, "Training is really helpful; and we get additional training to meet people's needs for example, we had one person that had a stoma bag, I had training to support with this". Staff competency was checked to make sure staff were using the skills and knowledge they had learned in practice. We saw some records of spot checks which had been completed and we could see there had been action taken to discuss any concerns with staff. This meant staff were skilled and competent to provide care and support to people.

People told us staff asked for their consent before carrying out care and support tasks. One person told us, "The staff say things like shall we do this now and check you ok to begin". Staff understood the importance of gaining consent and could explain how they sought this from people. For example one staff member said, "I always ask people if it's ok, even though I know what they want it is important to ask". This showed people were asked to consent to their care and support.

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.

Staff told us they had received training in the MCA and they could describe the principles of the MCA and how this would be applied in their practice. One staff member said, "The assessment will tell us when people can't make decisions and this is all included in the care plan along with how the decisions are taken". However, staff told us they currently were not supporting anyone that lacked capacity and required decisions taken in their best interests. The records we saw supported this. We spoke to the registered manager about MCA and they could describe how an assessment would be undertaken to determine if people had capacity to make decisions and how decisions would be taken in people's best interests where appropriate. This showed the provider worked within the principles of the MCA to ensure people's rights were protected.

People that needed support with preparing meals and drinks told us staff offered them a choice and they understood their preferences. One person said, "I am happy with the support, my relative gets the groceries and puts it all in the fridge. We check what is there and the staff ask me what I want and then they prepare it for me". Staff described how they offered support to people with their meals. Staff told us how people were offered a choice and how, where required, they would record what people had eaten and drank. Staff gave

examples of people that had been supported with specific dietary needs. One staff member said, "I don't have anyone with specific needs at the moment but in the past I have helped when people have needed thickener in drinks, there are always clear instructions in care plans for staff to follow with things like this". The care records supported what we were told. Records of peoples preferences, specific needs and their food and drink intake was recorded on their care records. This showed people had support to choose their meals and maintain a healthy diet.

People received support to monitor and maintain their health. Most people we spoke to told us they were able to seek support from health professionals themselves; however they said they were confident staff would assist them should they need it. One relative told us, "Staff have phoned the doctor to arrange a blood test or an appointment, they always let us know what's happening, we couldn't have asked for more". Staff told us there was a system in place to record any concerns about people and report this to the management team for action. One staff member said, "Most people have some level of illness and we make sure we monitor their care always, for example diabetes we have to make sure they have eaten before you leave, calls are time critical because of their medicine". People were appropriately referred to healthcare professionals where required. One staff member said, "One gentleman was poorly had an amputation planned, there was no equipment in place for this so I raised it with the manager and it was sorted". Records we looked at showed staff had raised concerns about people's health and wellbeing and detailed the action they had been advised to take, which was being followed. This showed people were supported to access support from health professionals when required and received support to monitor and maintain their health and wellbeing.

Is the service caring?

Our findings

People and their relatives told us staff were caring. One person said, "The staff are caring, they always talk to me and we chat and laugh". Another person said, "They are caring, they see that I have my knees and back rubbed and they tell me not to worry so much". One relative said, "'The staff talk to [my relative] they've got a routine going now and they have a laugh and a joke with them". Staff spoke about people in a kind and caring manner, they told us they spent time getting to know what people liked and their preferred routines. One staff member said, "I try to make sure I get to know people I have set calls this gives people continuity and helps me to build a relationship and trust between us which is important". Staff told us they made time to talk to people during calls and spent time getting to know people. They could share details with us about how people liked their care and support delivered. The registered manager told us they were confident that staff were caring in their approach. They told us this was checked when they worked alongside staff and completed their spot checks. They said it was important for staff to be polite, respectful of people's homes. This showed people were supported by caring staff.

People and their relatives told us they were able to make choices about their care and support and have their needs met in a way which they preferred. One person told us, "'I usually tell them what I want,' or 'they ask me what I want them to do next". A relative told us, "[My relative] is quite independent and very involved making their own decisions". Staff told us they offered people choices with their care and support. For example, they told us they offered choices about which tasks to do first, what people wanted to eat and drink and what they wanted to wear. One staff member said, "People can choose what they want to eat, I take items in so they can see what the choices are and decide for themselves". Another staff member said, "I take people their clothes to choose from it is important people have the chance to choose what they wear". Care records we looked at showed people had been offered choices about their care and support. For example, with meals. This showed us people were supported to make choices about their care and support.

People told us staff supported them to maintain their independence by encouraging them to do what they could for themselves and supporting with things they were unable to manage. For example, one person told us, "When my mail comes, they read it to me". Another person said, "They leave me alone in the bedroom unless I call for them to help me". Staff told us they made sure people were encouraged to do what they could for themselves where they were able to. One staff member said, "[A person's name] loves to do things for themselves and you have to allow the person to maintain their independence so we prompt and take a step back to allow them the time and space to do what they can". We saw people's care records detailed which aspects of care people could manage themselves and what levels of support they required from staff. This showed people were encouraged to maintain their independence.

People told us the staff treated them with respect and protected their privacy and dignity. One person said, "I feel respected, it's the way they talk to me and listen it makes you feel okay". Another person said, "No one else is here when they come but they put a towel across my legs when washing me in the morning and they shut the door". Staff told us maintaining people's dignity was important and could give examples of how they ensured dignity and privacy were maintained when they were supporting people. For example, one

staff member said, "I maintain privacy by not discussing things and maintaining confidentiality about the calls". Another staff member said, "I keep a towel to cover people when washing, close the curtains and doors". Another staff member said, "I leave people in private to use the toilet". The manager told us they were confident people's privacy and dignity was maintained by staff from the spot checks they carried out. This showed people had their privacy and dignity respected.

Is the service responsive?

Our findings

People told us staff understood their needs and preferences. One person said, "When they first visited the staff asked what I wanted, how I wanted things done, they were very good". Another person told us, "The staff make my bed, they know how I like it done and they do it". Staff understood people's needs and preferences around their care and support. They could describe in detail how they supported people. One staff member said, "One person has to be supported to put their clothes on in a certain way to make sure this is comfortable for them". Another staff member said, "One person has to be rolled in bed, we can only roll them one way to make sure the least amount of pressure is put on them". Staff could describe how they supported people with specific cultural needs. One staff member said, "We have supported one person that had very specific instructions when bathing, this was concerned with the persons religion". We saw peoples care records included details about their needs and preferences. For example, one plan gave staff instructions about how to communicate with the person to keep them calm. Another plan described the persons skin was dry and how staff should support them with this. This showed us people received support from staff who understood their needs and preferences.

People were involved in the assessment of their needs, care planning and reviews. People told us they, and in some cases their relatives, were involved in their care planning. One person said, "It was really good, when they came to assess me, they asked exactly what I wanted and what I expected from them". People told us they received regular reviews of their care and support needs and they were asked if they were happy with their care. One person said, "They have phoned me on a few occasions they've checked I'm okay with everything". Staff confirmed that assessments and reviews took place and they were informed of any changes to peoples care and support needs. One staff member said, "An assessment is done when the person starts using the service and these are reviewed after one month and then often through phone calls or visits". Another staff member said, "If a person's care package changes the registered manager will always inform us, for example people have a new assessment after a hospital admission, we get told individually and in meetings. Care plans are updated and if something needs changing we can also inform the manager to get the plan updated". Records we looked at confirmed what we were told. This showed people were involved in their assessments and regular reviews of their care and support needs.

People and their relatives told us they understood how to make a complaint and were confident their complaints or concerns would be addressed. One person said, "I have made one complaint and this was responded to by the registered manager, after the complaint I said I didn't want the staff member involved to attend my call again and they have not come since". Staff told us they understood the complaints policy and would always raise any concerns with the registered manager. We saw records of concerns and complaints which had been investigated and responded to by the manager with appropriate action taken. For example there had been a complaint about a member of staff not staying for the duration of the allocated time. We found this had been investigated and appropriate action had been taken to ensure this did not happen again. The person had also received a response to their complaint line with the service's complaints policy. This showed the registered manager had a system in place to investigate and respond to people's complaints appropriately.

Is the service well-led?

Our findings

The provider had systems in place to check on the quality and consistency of the service and to ensure people's care needs were met. For example care records were checked regularly and spot checks on staff were completed. We saw records of these checks and found in most cases they had identified issues or concerns and appropriate action had been taken. However checks were not consistently effective at identifying concerns. For example they had not identified the concerns we found during the inspection regarding the lack of guidance for staff to follow when administering 'as required' medicines. We also found one person's records had not been checked, this was because the record had not been brought into the office. We discussed this with the registered manager who told us they would look to make the necessary improvements. We also identified that the systems in place to monitor calls times was not being consistently used by staff, the registered manager had identified this and was working with staff to encourage them to use the system. This meant there were some improvements needed to how the checks were carried out to give an assurance people had received the care and support they needed.

People and their relatives told us the registered manager was approachable and they acted on feedback given about the service. One person told us, "The registered manager is very good indeed, they listen attentively and always act on what you say". People shared examples of how they had raised issues with the registered manager and had these resolved. People and their relatives had been asked for their feedback on the quality of the service they received. We saw records of quality surveys which showed people had shared their views about the service. These checks had identified people were not happy with the continuity of staff delivering their care. The registered manager had taken action to recruit more staff to enable them to improve continuity. Further reviews of the quality of the service were planned as an annual process.

Staff told us they were able to approach the registered manager and make suggestions to make improvements. One staff member said, "The management team are approachable, for example, in the past it felt like we didn't get told things straightaway, now we get kept informed". Another staff member told us, "I saw a call would be better for the person if it was delivered earlier, the registered manager discussed this with the person, their social worker and made the change". We saw records of requests made by people that used the service had been followed through and feedback had been provided.. For example, one person had requested they did not receive support from male staff and this was acted on immediately. This showed people were able to approach the registered manager and could influence how the service was delivered.

Staff told us they had regular contact with the registered manager and the management team. The staff told us they had good communication systems in place and received support to perform their roles. One staff member said, "The on call is always effective and when you ring the calls are answered promptly and you can always access support". Another staff member told us, "Staff meetings are held approximately every three months, and supervisions are every three months, any issues I can raise at this point or request training". We saw records of supervisions and meetings which supported what staff told us.

The registered manager understood their statutory responsibilities. A provider is required to submit a

statutory notification to notify CQC of serious incidents such as injuries, deaths or allegations of potential abuse. Where these were required, the registered manager had submitted them.