

Home Care For You Limited

# Homecare For You Bolton

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Homecare For You provides personal care and daily living tasks to support people to remain in their own homes.

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

People felt safe with the service and staff knowledge of safeguarding issues was good. Concerns were documented and followed up. Individual and general risk assessments were in place and updated regularly. Where people needed assistance with medicines this was done safely.

Staff were recruited safely and there were sufficient staff to meet people's needs. Communication around staff changes or lateness needed to be improved.

Full assessments were carried out prior to a person commencing at the service and care needs documented. People's nutrition and hydration requirements and risks were recorded.

Staff had a full induction programme and training was on-going. People we spoke with were satisfied with the level of skills and knowledge staff demonstrated.

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 felt they were treated well and the support was good. Diversity was respected and people were invited to participate care planning and reviews. On visits to people's homes we saw that staff were mindful of people's privacy and delivered personal care in a discreet and respectful manner.

The service tried to ensure people were matched with care workers who were suited to them and to ensure a small support team was assigned to the person for consistency of care.

The complaints procedure was outlined in the service user guide. Complaints were documented and responded to in a timely manner.

Notifications were sent in to CQC as required. Staff had a clear understanding of their role.

Audits and quality checks were regularly undertaken, analysed and any patterns or trends addressed with

actions. This demonstrated that the service took learning from the checks.

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

The last rating for this service was good (published 27 March 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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.

# Homecare For You Bolton

## 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 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of the inspection there were 125 people receiving support.

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

#### Notice of inspection

The provider was given 48 hours' notice because the location provides a domiciliary care service and we provided notice to ensure that the management would be available to facilitate our inspection.

Inspection activity started on 3 September 2019 and ended on 4 September 2019. We visited the office location on 03 September 2019 and undertook visits to people who used the service on 3 and 4 September 2019.

#### What we did before the inspection

We reviewed statutory notifications and safeguarding referrals. We liaised with external professionals including the local authority commissioning team. We reviewed previous inspection reports and other information we held about the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 10 people who used the service by telephone and visited three people in their own homes. We spoke with three relatives by telephone and one in their own home. We spoke with eight staff members, including the registered manager, the trainer, care co-ordinator, a senior care worker and four care staff.

We reviewed a range of records including six care files held in the office and one held in the person's home. We also looked at personnel files for seven staff members. We reviewed policies and procedures, training records, audits, meeting minutes and other records relevant to the running of the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the service and the staff who supported them. Comments included, "The care workers are there for my safety and I have absolutely no complaints at all. [My care worker] always makes sure before leaving, that all my doors are locked, because I could forget. [Staff member] listens to me locking the door behind them"; "I feel safe with my regular care worker [but] don't feel quite so safe with the others so we usually cancel stand-ins"; "I definitely feel safe, they are a lot better than my previous company". Family members told us, "There is a risk assessment, in the file"; "If [relative] can't manage their walking frame, the care workers use the commode on wheels to move them about. It has been discussed and agreed that it's safe; it's in the file".
- The service had policies in place regarding whistle blowing and safeguarding. Staff received initial training and annual refreshers in safeguarding and those we spoke with demonstrated knowledge and understanding of the issues involved.
- Any safeguarding concerns were logged and followed up appropriately by the service.

Assessing risk, safety monitoring and management

- Care files included information about general and environmental risks and hazards, with measures in place to mitigate these risks.
- Individual risk assessments were completed around issues such as moving and handling, medication and nutrition. These were reviewed and updated regularly to help ensure information remained current and relevant.
- There was an 'on call' system whereby staff were able to contact a senior member of staff out of office hours if they required assistance. Staff felt this was a good system and told us that their calls were answered promptly and assistance provided very quickly when needed.

Staffing and recruitment

- Staff were recruited safely. Staff files evidenced a safe recruitment programme, with any gaps in employment being explored, references taken up, proof of identity and right to work documentation completed.
- Staff we spoke with told us there were enough staff to cover calls when someone was off sick or on leave. A senior staff member said they would cover with hands on care if no one was available, to ensure people continued to have the support they required.
- People we spoke with had mixed feelings around how they were communicated with when care workers were running late. Comments included, "[The care workers] are pretty reliable"; "[The care workers] just seem to please themselves. Oh, they can come at any time; they're supposed to come to do my tea for me, but I never know when they're coming, unless it's [a named care worker]"; "My regular care worker is usually

here [on time]. [Care worker] rang once and said they were with someone who had collapsed, to warn me they would be late"; "My regular care worker is brilliant, usually on time; when [care worker] is off, it can be any time.; "They are always here for 9:15 in the morning. They were only late once and apart from that, they've been brilliant; "Bedtime can vary according to who's been off. It's supposed to be 9:30pm but it can get to 10:45pm. I don't mind late calls if I know who's coming and when, but if somebody's off, you don't know". We spoke with the registered manager who agreed to ensure communication improved around calls being late or different care workers attending calls.

#### Using medicines safely

- Not all people who used the service needed medicines to be administered. However, where this was relevant, 100% were satisfied with care workers' management of medication. One person said, "I take my medication myself but my regular care worker keeps an eye on them and makes sure I've taken them." Other comments included, "The care workers check that I've taken [my medication]; "[The care workers] always give me my medicines"; "The care workers put my tablets ready for me, for when I need them".
- People's medication needs were recorded and forms consenting to administration of medicines were signed where relevant.
- There were clear policies and procedures in place, including procedures to be followed in the event of medicines errors.
- Medicines training and competence assessments were undertaken on induction. Refresher training was carried out annually and regular competency checks undertaken to help ensure staff's skills remained up to standard.

#### Preventing and controlling infection

- Appropriate Personal Protective Equipment (PPE), such as plastic aprons and gloves were used to help prevent the spread of infection when delivering personal care.
- Adequate supplies of PPE were purchased and supplied to staff. Staff told us they always had enough PPE.
- People who used the service said, "[My care worker] always wears gloves; when they come in; that's the first thing [care worker] does. When [care worker] prepares food, [care worker] takes gloves off, washes their hands and dries them on kitchen paper before preparing the food. Relatives told us, "The care workers wear disposable aprons and gloves [when giving personal care]; "Gloves, aprons and ID, always"; "[The care workers] change the bedding when they need to".

#### Learning lessons when things go wrong

- Accidents and incidents, complaints, safeguardings were audited and any issues addressed appropriately. For example, we saw a member of staff had been given extra education with regard to a safeguarding concern around missed visits.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Full and comprehensive assessments of need were carried out prior to a person commencing at the service.
- Care and support needs were documented and these included all relevant health and personal information. Care plans were updated as people's needs changed.
- Individual care programmes were signed by the individual, where they were able to do so, to acknowledge their agreement to the support offered.

Staff support: induction, training, skills and experience

- Staff completed an induction programme. The induction followed the Care Certificate, which sets out the standards that care workers are expected to adhere to. In addition to this training there was an introduction to the company and staff shadowed an experienced staff member
- The training courses deemed by the company as mandatory, such as moving and handling, medicines administration and safeguarding were refreshed on an annual basis. The training matrix and certificates within staff files evidenced that training was up to date.
- Staff received spot checks and medicines competency assessments on a regular basis, to help ensure their skills remained up to standard.
- People we spoke with were satisfied with the level of skills and knowledge staff demonstrated. Staff felt there were plenty of opportunities for training and development offered.

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

- People's needs with regard to nutrition and hydration were recorded within the care files and any risk around these areas clearly outlined.
- Any special needs were documented and followed. Staff explained techniques they used to encourage people to maintain health via good nutrition and hydration.
- People who used the service told us; "[Staff] make me toast and a cup of tea, and bring me a yoghurt"; "[Staff] make my breakfast the way I like it"; "I've got the cups here in front of me [from drinks left by staff]; I'm never left without a drink". A family member said, "[Staff] put the sandwiches out that I've left in the fridge, and make a cup of tea to leave [relative] before they go".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- There was evidence within the care files that the service referred to other agencies and health and social care professionals as required. For example, an issue with the use of equipment prompted an immediate

referral to the occupational therapy team for a new assessment.

- One person said, "The care workers look after me and phone my [relative] if I'm ill". Another person told us, "When I had a fall, the care worker phoned for the ambulance" and a third commented, "The care workers will tell me if they notice something, on my skin or whatever and say, 'ring the doctor or the nurse'". A family member told us, "The care workers will phone up and tell me if they think [relative] needs the doctor. They've done that a couple of times".
- The service worked closely with the local authority quality and improvement team and the safeguarding team to help ensure good cooperation between disciplines.

## 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.

- Relevant signatures were sought when required, for example, to authorize administration of medicines. Consent for care and support were also signed by the person who used the service or their representative, as appropriate.
- Consent was subject to six monthly review to ensure this was still relevant.
- Staff had training in MCA and were able to provide examples of best interests decision making.
- People told us they were asked what they needed and care workers ensured they asked for consent before providing any assistance. Everybody was happy that people's consent was sought as necessary.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 felt they were treated well and the support was good. One person told us, "They [care workers] do anything I require. Whatever I want". Another person said, "I'm happier now, since I have a later bed visit. It is now 9ish instead of 7,30". A third person told us, "[The care workers] are very, very nice, and down to earth, which is good. I'm not a person who likes a fuss". Only one person had a criticism regarding some care workers [if they were not the regular care workers] not going to the shop for them.
- Relatives commented, " [Staff name] is really good, and you can really talk to them"; "The care workers chat all the time when they're here; they tell [relative] to go at their own pace and that they're there to help. They talk to us both and we have a laugh together. The care workers generally are very helpful, and ask if there's anything else they can do for us"; "The care workers talk to [relative] and involve them in what they're doing – have a little joke with them".
- People's diversity was respected, their culture, religion and beliefs were documented and the service ensured their specific requirements were met via gender of care worker, language spoken and support to follow their beliefs.

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

- Care files evidenced people were invited to participate in care planning and reviews.
- We saw 'Have your Say' paperwork was completed and people's opinions recorded. One person had expressed that care workers were always punctual and things were working well, another had mentioned some issues with timings of visits. These comments had been taken on board by the manager to inform improvements to the service.
- General surveys were sent out to people quite regularly and the results collated and analysed to ensure people's opinions were taken into account.

Respecting and promoting people's privacy, dignity and independence

- People told us their dignity was respected. One person told us, "I've no issues. My care worker never discusses any other clients". Another person said, "Staff are respectful and polite". A third person told us, "I can wash myself now, but previously had assistance; the care workers will always ask, but they leave me to manage because that's what I want. When they come in, they help me dress. [My care worker] changes the bed for me; takes the bedding off so I can wash it myself".
- Family members commented; "I hear the care workers asking [relative] 'Do you want to wash yourself or do you want me to do it'"; "[The care workers] do give encouragement. They say to [relative] 'Can you manage to get into the kitchen and make a cup of tea?' If not, they'll do it, but they give them the chance to try".

- On visits to people's homes we saw that care workers were very mindful of people's privacy and delivered personal care in a discreet and respectful manner.
- Care files evidenced that people's independence was promoted, for example, instructions included to 'give time and encouragement to eat'.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Care plans included information about people's backgrounds, family, hobbies and interests, beliefs and religion, culture and preferences. This helped care staff provide person-centred support to each person.
- When assessing people for support, the service tried to ensure people were matched with care staff who were suited to them. For example, able to speak the person's preferred language, were of the gender required by the person, or had similar backgrounds and interests.
- The service also tried to ensure a small support team was assigned to the person for consistency of care. Some people felt their care team was consistent, but others complained that they often had 'stand-in' staff and were not told when someone different was coming.
- Some people were able to talk about the company being flexible in responding to requests for changes to support, including ad hoc arrangements or for temporary periods. One person said, "The 'girls' see to anything I want and they're happy to just have a chat if that's what I want. It was set up as a flexible package, so anything I want doing, house-wise or personal-wise, they will do." A relative commented, "[The care worker] is really, really good and knows what [relative] likes."

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 care workers.

- The service had developed symbol supported versions of many of their documents, as an aid to communication. They were able to access documentation in other languages as required and, where appropriate, the paperwork was discussed with and explained to the person involved.

Improving care quality in response to complaints or concerns

- The complaints procedure was outlined in the service user guide. Complaints were documented and responded to in a timely manner.
- Complaints were analysed for themes and, when a theme was identified, this was addressed. For example, people generally said they had no complaints other than around timings of visits. This was being addressed by the service via discussions around narrowing the local authority time bands to make visit times more consistent.
- Another theme had been around care staff being late or not staying the allocated visit time. The service had addressed this via a new call monitoring system. A significant improvement had been noted by the

registered manager via a reduction in the number of complaints.

- A number of compliments had been received via the 'you tell us' form. Comments included; "We had a great experience with our care workers. They are very punctual, polite and compassionate in their work" and "I just want to say a big thank you! You're an absolute credit to your profession."

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Policies and procedures were in place and up to date.
- People's diversity was respected at the service and people were treated with equal consideration.
- People felt the service was person-centred. One person said, "This company is much better than my previous company. They're more reliable and I think the care workers are more efficient and better trained." Another person told us, "The care workers that come are very good. They notice [my specific health issue] and ask me about it, check if I'm all right." A third person commented, "Every one of [the care workers] does the job well."

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 demonstrated an understanding of the duty of candour.
- Notifications of significant events, such as deaths, injuries and allegations of abuse, were submitted to CQC as required.

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

- The registered manager was also the nominated individual. They had decided to remain as the nominated individual and employ a new registered manager. This would free them to concentrate on provider level governance and oversight of the service.
- Staff we spoke with had a clear understanding of their roles and senior care workers were able to explain how they supported other staff.

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

- People told us staff were approachable. One told us, "When I've rung about care workers not arriving, they've always been helpful. They say they will ring the care worker to make sure they are coming." A relative said, "When I ring, they're all very friendly."
- Staff supervisions were carried out every three months. These gave staff the opportunity to raise any concerns, make suggestions and discuss their training and development needs. Staff also received annual appraisals.
- Regular staff meetings were undertaken. Two time options were given but staff were aware that they had to

attend one or other of the meetings.

#### Continuous learning and improving care

- A number of audits were regularly undertaken. For example medication audits, care plan audits, accidents, incidents and safeguarding concerns audits. These were analysed and any patterns or trends addressed with actions. This demonstrated that the service took learning from their quality checks.
- Spot checks and competence assessments were regularly carried out on staff to help ensure their skills and knowledge remained current.
- We saw that 37 quality surveys had recently been completed by people who used the service. There was some dissatisfaction with communication when changes were made to staff or times of support, but most surveys demonstrated a high level of satisfaction with the service provision.

#### Working in partnership with others

- The service worked well with other health and social care professionals and agencies. For example they had good links with occupational therapists, district nurses, social work colleagues and hospital assessment teams. This helped the service ensure good collaboration and team work.