

Homecare4U Limited

Homecare 4u NorthWest

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We completed an announced inspection Homecare 4U Northwest on 13 July 2017 and 14 July 2017. At the last inspection the service was rated as Good. At this inspection we found that the provider was meeting the required regulations. However, some improvements were required to the service provided.

Homecare 4U are registered to provide personal care. People are supported with their personal care needs to enable them to live in their own homes and promote their independence. At the time of the inspection the service supported 103 people in their own homes.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission 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.

Some improvements were needed to ensure that staff had sufficient skills and knowledge to enable them to carry out their role effectively.

Improvements were needed to ensure people felt able to contact the management staff when they needed to. The registered manager had started to make improvements, but we were unable to assess if these were effective.

Staff and the registered manager understood their responsibilities to keep people safe where abuse may be suspected.

People's risks were assessed. Staff knew people's needs and carried out support in a safe way whilst they ensured that people's independence was promoted.

There was a system in place to monitor incidents and accidents and actions had been taken to lower the risks and ensure people were protected from the risk of further occurrences.

There were enough suitably qualified staff available to meet people's assessed needs. The provider had an effective system in place to monitor the staffing levels against the needs of people who used the service.

We found that people's medicines were managed and monitored in a way that kept people safe from harm.

People consented to their care where they were able to. When people were unable to consent mental capacity assessments had been carried out to ensure people received care that was in their best interests.

People were supported to eat and drink sufficient amounts and staff understood people's nutritional needs and preferences when they supported people with their diet.

People were supported to access health professionals and referrals for advice were sought by the registered manager, which ensured people's health and wellbeing was maintained.

People received support that was kind and caring. People were enabled to make choices about their care and people's dignity was maintained when they received support from staff.

People were involved in the planning and review of their care, which was planned and carried out in a way that met their preferences.

People told us they knew how to complain and the provider had an effective system in place to investigate and respond to complaints.

Feedback was sought from people and staff, which was acted on by the registered manager to make improvements to the quality of care people received.

Effective systems were in place to assess, monitor and manage the service.

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.

People were protected from the risk of harm, because staff were aware of the signs of abuse and the actions they needed to take.

People's risks were planned, managed and monitored to keep people safe.

There were enough staff available to meet people's needs who had received appropriate checks to ensure they were suitable to provide support.

Medicines were managed safely.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Some improvements were needed to ensure staff had sufficient skills and knowledge to carry out their role effectively.

People consented to their care and where people were unable to make certain decisions assessments were in place to ensure they were supported in their best interests.

People were supported with their nutritional needs and were supported to gain health advice where required.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff. People were supported in line with their choices in a dignified and respectful way and their right to privacy was upheld.

Is the service responsive?

Good ●

The service was responsive.

People received personalised support by consistent staff who

knew people well.

People and their relatives were involved in the planning and reviewing of their care.

There was a complaints policy available, which people understood and complaints received had been acted on appropriately.

Is the service well-led?

The service was not consistently well led.

People told us the communication with the office was not always good. The provider had implemented an improvement plan with the local authority due to concerns raised about the quality of the care provided. There were still some outstanding actions that were still being implemented at the time of the inspection.

Staff felt that the registered manager were approachable and supportive.

Feedback was sought from people and staff to inform service delivery and make improvements where required.

There were systems in place to monitor and manage the quality of the care provided.

Requires Improvement 

Homecare 4u NorthWest

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 was 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 13 July 2017 and 14 July 2017 and was announced. We gave the service notice of the inspection because we needed to be sure that the registered manager and staff would be available at the office.

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.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used the returned PIR to help in the planning of our inspection. We reviewed other information that we held about the service. This included notifications we received about incidents and events that had occurred at the service, which the provider was required to send us by law. We also looked at questionnaires that we had received from people who used the service and professionals to help us plan the inspection.

We spoke with 11 people who used the service and two relatives, five care staff, the deputy manager and the registered manager. We viewed five records that showed how people's care needs and medicines were assessed and managed. We also viewed four staff training and recruitment files and records that showed how the service was monitored and managed.

Is the service safe?

Our findings

People we spoke with told us that they felt safe when they were being supported by staff. One person said, "I always feel safe. Staff are always polite and talk to me. I don't feel ignored". Staff were able to explain how they supported people to remain safe and the action they would take if they felt someone was at risk of abuse. Staff told us that they would report any concerns that someone was not being treated properly to the registered manager immediately. We spoke with the registered manager who told us the procedures they followed if they had been made aware of suspected abuse. They were aware of the professionals that they needed to inform and we saw that where there had been concerns about a person's safety they had reported this as required. This meant that staff knew how to ensure people were protected from suspected abuse.

People and relatives told us that staff knew how to help them safely, whilst promoting their independence. One person said, "I am quite independent, but staff come round to make sure I'm safe in the shower. It puts my mind at rest". One relative said, "I feel that my relative is safe and they are happy, especially now they have a regular carer". Staff were able to explain how they supported people to reduce risks. For example, staff told us how they monitored people's skin and the actions they took if they felt people's skin condition had deteriorated. One staff member said, "When I'm supporting people I look for any signs of redness on their skin and report this to the office straight away. I document this to ensure other care staff are aware too". We viewed records that showed people had been assessed for risks to their health and wellbeing. These included people who were at risk of falls, skin damage and how staff needed to support people to move safely. The assessments we viewed gave staff information and guidance on how people's individual risks needed to be managed. This meant people were supported to lower risks to their health and wellbeing.

We saw that accidents that had occurred whilst people were using the service were recorded by staff and monitored by the registered manager. We saw that the registered manager analysed accidents which ensured the appropriate action had been taken to lower the risk of a further occurrence. For example, one person had suffered a fall and the registered manager had referred this person to the local authority to assess what equipment would be suitable to aid their mobility and their records were reviewed and updated. This meant there was a system in place to monitor accidents and action had been taken to mitigate people's risks.

People we spoke with told us they felt there was enough staff available to support them. People told us that staff mostly arrived on time and staff stayed for the required time. One person said "Staff always stay for the right amount of time. Sometimes they are here a bit longer". Another person said, "Staff mostly come on time, sometimes they can be a bit late but that can be because of traffic". Staff told us that they felt there was enough staff available to meet people's needs. One staff member said, "There are enough staff. I have a regular group of people I visit and if needed we all 'chip' in and cover calls if anyone is off work at short notice". We spoke with the registered manager who told us where there were staff shortages the permanent staff covered the hours to provide consistency in care for people. We saw that the provider had a system in place to assess the amount of staff required against the needs of people. This meant there were sufficient staff available to meet people's needs and the provider had a system in place to assess these levels

regularly.

We saw that the provider had a recruitment policy in place and the registered manager had followed safe recruitment procedures. The registered manager had undertaken checks that ensured staff employed at the service were suitable to provide support to people. This included checks on people's previous employment history and to check they did not have a criminal background. This meant that the provider had ensured that staff were suitable to provide support to vulnerable people.

People told us that staff helped them with their medicines when they needed them. One person said, "I do my medicine myself but the staff check that I've taken my tablets, as I can forget". Staff we spoke with told us they felt competent to support people with their medicines as they had undertaken medicines training. The records we viewed confirmed this. We viewed medication administration records (MARs) for people who were supported with their medicines. We saw that staff had recorded when medicines had been administered and when creams had been applied. This meant that people were protected from harm because medicines were administered, recorded and managed safely.

Is the service effective?

Our findings

People and their relatives told us that they felt staff had the skills and knowledge to help them effectively. One person said, "Staff have always been good with me and know what to do". Staff told us they had received an induction before they provided support to people on their own. One member of staff told us, "I had an induction when I first started working here. I carried out training in the office and then I shadowed another member of staff, so I felt ready to go out on my own". Staff told us that they had received training, which was updated regularly. However, we found that some staff were not confident in their knowledge of the Mental Capacity Act 2005 (MCA). We also found that there had been some recent concerns regarding staff knowledge of pressure care. The registered manager had acted on these concerns and implemented training to ensure staff had the correct knowledge and skills. However, not all the staff had received the training at the time of the inspection and lacked knowledge in these areas. This meant that some further improvements were needed to ensure all staff had the appropriate knowledge and skills to provide effective care to people and the on going training programme was sustained.

The 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 people 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 did not always have a clear understanding of the actions they needed to take when a person lacked capacity to make decisions. We asked staff what actions they needed to take if they felt that a person did not have the capacity to make certain decisions and we received inconsistent responses. One member of staff said, "I'm not sure really. I've forgotten". Another staff member said, "I would tell the office. I always give people choice though". The records we viewed showed whether people had the capacity to make certain decisions about their care and how people needed to be supported in their best interests. This meant that although people's ability to make decisions about their care had been assessed and planned for some staff did not understand their responsibilities under the MCA.

People and their relatives told us that they were involved in the planning of their care and they consented to their care and treatment. One person said, "Yes I was involved. It's all written down in the folder [care plan]". Another person said, "They [staff] are very good. They always ask me how I want things done". Staff told us how they supported people to understand the care that was being provided. One member of staff said, "I always ask people what they would like me to do. It's written down but it's important to ask as well". Records we viewed confirmed that people and their relatives where appropriate had consented to their care.

People and relatives we spoke with were happy with the support they received from staff in relation to their food and drink. Staff we spoke with were aware of people's dietary needs and how they needed to support people to eat and drink sufficient amounts. For example, one person was at risk of weight loss due to refusal of meals. Staff told us and the records confirmed that they recorded this person's nutritional intake and report any concerns to the appropriate professionals. This meant people were supported with their nutritional needs.

People told us that staff knew how to support them if they felt unwell. One person told us that they had been unwell and staff helped them to be comfortable. They told us that the office staff rang and asked how they were feeling later that day. Staff we spoke with explained the actions they took if they identified a person's health had deteriorated. Staff told us that they could tell if people were unwell because of their physical signs but also by how they presented such as, being more tired than usual. We viewed the daily records of people who used the service and saw where staff had informed the office if a person was unwell and the appropriate professional had been involved. This meant that people were supported to have access to health professionals when needed.

Is the service caring?

Our findings

People we spoke with told us staff were caring and compassionate toward them. The comments we received from people and relatives included; "They are all very nice and marvellous", and "They [staff] are always very kind to me and talk to me" and, "They [staff] are very caring and understanding". Staff told us how they made sure people felt important and cared for. One member of staff said, "I love my job, it's very rewarding looking after people. I can be the only contact for some people and it's nice to be able to have a chat with people as well as helping them with their personal needs".

People told us they were treated with dignity and respect when staff were supporting them. One person said, "I find that the staff are always very respectful towards me. I feel comfortable with them". Another person said, "I can do quite a lot for myself, but if I need help the staff make me feel comfortable and I am not embarrassed at all". A relative said, "My relative can get embarrassed about having help so they need to trust the person helping and they do because they are sensitive when providing care". Staff told us that they always made sure that people's dignity and privacy was protected when they were providing care and support. One staff member said, "I always ask people if they are happy for me to help them, speak with people politely and ensure they are comfortable when I support them. It is important for people to maintain their dignity".

People were given choices in the support they had and they told us staff always asked them what they needed. One person said, "Staff always ask me what I need and listen to what I say. I choose everything and how I want help with certain things". Another person said, "Staff always listen to what I want. I choose what I want to wear and what I want to eat, everything really". Staff told us that they asked people before they provided support and took account of their wishes. One staff member said, "I always ask what people need me to do. It is very important that people are as independent as possible and have the right to make choices in what support they have". The care records we viewed detailed how support needed to be provided and were personalised to people's individual likes and dislikes. For example; one person's records stated that the person was a very proud person and liked to be as independent as possible. This person confirmed that staff asked them how much support they needed which promoted their independence. This meant that people were given choices in their care and independence was promoted.

Is the service responsive?

Our findings

People told us that their personal preferences were taken into account. One person said, "Staff know me very well. I normally get the same staff so it means I get to know them". Another person said, "I was asked what times I prefer and whether I mind being supported by a male or a female. The staff come at my preferred times unless they have been delayed". Staff we spoke with knew people's preferences and were able to describe how people liked to be supported to maintain their independence, such as food choices and how people like their care provided. Staff also understood different people's individual routines that they liked to follow and knew people's interests, which helped them to have meaningful discussions.

People and relatives told us they had been involved in the reviews of their care and changes had been made to their care when people's needs had changed. A relative said, "We were all involved when my relative first needed help from the company. If there are any concerns we are kept up dated by staff and by the office". We saw that where people's care had been reviewed and their needs had changed, the registered manager had made changes to the care plans in place. For example; one person had lost weight and this had been identified by care staff. Staff told us this person needed encouragement to eat and they recorded the amount of food they had eaten. The records we viewed had been reviewed and updated to ensure staff supported this person to maintain their weight. This meant that the registered manager had responded to changes in people's needs.

People told us that carers mostly arrived on time and they had consistent carers who they knew well. The comments we received from people included; "I get the same staff and they stay for the amount of time I need them, they are very good I never feel rushed", and "I like the staff I have, sometimes I get a different worker but that's normally when my regular staff are on holiday". A relative said, "My relative is very happy now they get the same carers and they know who is coming". Staff told us that when a new member of staff was recruited they were introduced to people they would be supporting before they provided care so that people knew who would be attending. The records we viewed showed people received personalised care that was responsive to their needs and at a time they preferred by a consistent group of carers.

People and their relatives told us that they knew how to complain and they would approach the staff if they had any concerns. One person said, "I'd talk to staff if I wasn't happy, but I haven't had any need to. The care is good". A relative said, "I have had to make a few complaints in the past, but this has improved now, so I'm happy with how my concerns were handled". Staff told us they would pass any complaints onto the office and recorded any concerns in the daily notes. We saw that there was a system in place to record and monitor complaints, which had been responded to in line with the provider's policy.

Is the service well-led?

Our findings

We received varied responses about the communication with the management staff. These included; "I don't know the people in the office, I don't have any contact with them" and, "They are okay but I don't really know who to contact" and, "It isn't always very easy to get in touch with the office, but they do sort things out when I speak with registered manager". The registered manager told us that the office staff had started to contact people to gain their views and carry out home visits to ensure people felt able to discuss any concerns with them. The registered manager told us that these telephone calls and visits would continue to be completed regularly to make improvements. We saw records that showed some monitoring calls had taken place and we will assess if these have been sustained at our next inspection.

The registered manager told us that the provider visited the service and after recent concerns had been identified the provider had visited the service. We saw that an action plan had been put in place to ensure that the concerns raised were actioned. We spoke with the commissioners of the service who were monitoring the improvements. We saw that some of the actions required had been implemented by the registered manager. However, further improvements were still required to ensure that people received support from staff that had received sufficient training and to build communication between people who used the service and the management. We will assess whether the required actions have been completed and sustained at our next inspection.

People told us they were asked for feedback on their experiences during their care reviews and a questionnaire was sent to them to complete. The records we viewed showed that the feedback received from people in May 2017 had been analysed by the registered manager and the results had been sent to people within the service newsletter. This showed that positive feedback was recognised and planned improvements to be taken such as communication with the management staff. This meant that feedback was gained from people to inform service delivery.

Staff told us that a senior member of staff had undertaken checks on their performance whilst they were providing care to people. Staff told us that these checks were useful and it meant that they could make improvements if needed. The records we viewed showed that the registered manager had ensured that checks were undertaken on staff after concerns had been raised by the local authority to ensure staff understood their role and were providing the support required. This meant that the registered manager had taken actions to feedback gained to ensure that staff were supporting people as planned.

Staff we spoke with told us that the registered manager was approachable they felt supported in their role. One member of staff told us, "The registered manager is very approachable. I can go to them if I have any issues and they always sort them out". Another member of staff said, "I have no problems in speaking with any of the management team in the office. They are all very approachable and helpful". Staff told us they received supervision and they found the opportunity to discuss issues useful. This meant staff felt supported in their role.

We saw that the registered manager had a system to assess and monitor the quality of care provided. There

were audits in place that showed actions were required in various areas, such as medicine management and care delivery. We saw that action had been taken where the audit had identified concerns. For example; we saw that the registered manager had undertaken monthly audits of daily care records and noted any changes in people's health and wellbeing. We saw actions had been taken to ensure the care records were updated. We also saw medicine audits that showed the action that had been taken where errors had been identified. The registered manager had discussed these with staff in supervisions and raised the importance of safe medicine management at staff meetings. This meant that there were systems in place to monitor and manage the service.