Homecare4U Limited

Homecare4U Staffordshire

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?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Homecare4U Staffordshire is a domiciliary care agency that provides personal care and support to people in their own homes. At the time of inspection, the service was providing support to 44 people.

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 did not always receive personalised care that was appropriate to meet their needs. People's call times were regularly late and inconsistent and call times were not provided in line with people's preferences.

People were not always supported by staff who the provider had ensured received adequate training to ensure they could provide consistent care.

People were supported to have maximum choice and control of their lives and staff mostly supported them in the least restrictive way possible and in their best interests; however, the policies and systems in the service did not always support this practice. For example, staff did not always understand the principles of the Mental Capacity Act and the provider did not complete their own mental capacity assessments.

People's end of life wishes were not always discussed with them if they were not at the end stage of their life so their preferences were not known.

Some actions identified by audits undertaken to check the quality of the service were not always addressed immediately. Staff told us that communication was poor and they did not always feel heard when they raised concerns.

People were safe. Systems were in place to protect people from abuse. Risks to people were identified and staff understood how to manage risks effectively. Medicines were administered safely and medicine errors were addressed appropriately when needed. People were supported by staff who used appropriate Personal Protective Equipment (PPE) and understood how to reduce the risk of infection. People were supported by safely recruited staff. When things went wrong and people's safety was put at risk, action was taken to address this and reduce the risk of similar occurrences happening again.

People's needs and choices were assessed and reviewed when needed. People were supported to maintain a balanced diet in line with their care plans. People were supported to access healthcare support when needed and referrals were made in a timely manner.

People were supported by kind and caring staff. People were encouraged to express their views and be involved in making their own decisions. People were encouraged to be independent and do what they could for themselves. People's privacy and dignity was respected by staff.

People's communication needs were considered and staff communicated with people in a way they understood. People were supported by staff who engaged and built rapport with them to try to reduce their social isolation. People's concerns and complaints were listened to by the manager, investigated and action taken where needed.

Audit systems in place were mostly effective in checking the quality of the service. The manager understood their responsibilities and statutory notifications were submitted to CQC as required by law. People, relatives and staff were encouraged to provide feedback to improve the service. The registered manager had identified areas for learning and was taking steps to improve the quality of care provided. The service worked closely with other agencies to ensure people's needs were met.

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

Rating at last inspection
The last rating for this service was good (published 29 April 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?

Requires Improvement

The service was not always 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?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Homecare4U Staffordshire

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 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.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

The service had a manager registered with the Care Quality Commission. This means that 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 1 October 2019 and ended on 3 October 2019. We visited the office location on 3 October 2019.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 nine people who used the service and eight relatives about their experience of the care provided. We spoke with nine members of staff including the operations manager, area manager, registered manager, a deputy manager, a field supervisor and four care workers.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two 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.

After the inspection
We continued to seek clarification from the provider to validate the evidence found. We looked at audit records and quality assurance data.

Good

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 told us they felt safe. One relative told us, "The care provided keeps [Person's name] safe, settled and secure."
- Effective systems were in place to protect people from abuse and staff understood how to keep people safe. A staff member told us "Physical, emotional, mental and sexual are all types of abuse. If I had a concern, I would phone the office. There are body maps in people's folders so I would put bruise markings on there and then do a statement and managers would deal with it. If they didn't, I could go higher or speak to a social worker or the CQC if it wasn't being dealt with."
- Accidents and incidents were monitored and trends analysed to identify any patterns. Action was taken when needed to reduce risk to people.
- Safeguarding referrals were made to the local authority when needed.

Assessing risk, safety monitoring and management

- People's risks were assessed and reviewed when needed. For example, we saw risk assessments were in place for smoking, catheter care and diabetes and these had been reviewed when people's needs had changed.
- The provider was proactive in addressing any risks they identified. For example, one relative told us, "They organised a company to sort out a switch for the cooker as [person's name] kept leaving it on. My relative cannot access it now but the carers can. This was good as the staff recognised the risk and organised everything."
- Staff understood how to manage risks to people. For example, one staff member told us how they used a hoist to support a person to safely transfer out of bed and reduce the risk of them falling.

Staffing and recruitment

- The provider was currently undertaking a recruitment drive following a high number of staff leaving the service recently. The registered manager told us the reduction in staff was not impacting upon people's safety but an increase in staff numbers would mean staff rotas could be managed more effectively.
- People and staff also told us staffing levels were not impacting upon their safety.
- People were supported by staff who had been safely recruited.
- Safe recruitment practices were followed to ensure people were supported by suitable staff. Disclosure and Barring Service (DBS) checks were undertaken and references were requested prior to staff commencing employment.

Using medicines safely

● Medicines were administered safely. People were given time to take their medicines and staff completed Medicine Administration Records (MARs) to show when medicines had been administered. A person told us, "They give me my medicine and always record it in the book."
● Body maps were completed to ensure topical creams were administered safely and as prescribed. A staff member told us, "I apply creams to [Person's name], there is a body map on the MAR chart to show where the cream has to be applied to."

Preventing and controlling infection
● People were supported by staff who understood how to prevent infection. One relative told us, "There is no problem with safety and infection control as the standards of hygiene are very high."
● Staff wore appropriate Personal Protective Equipment (PPE) to reduce the risk of cross contamination. One relative told us, "They always wear gloves and aprons and wash their hands in between tasks."

Learning lessons when things go wrong
● When things went wrong, the provider took action to reduce the risk of this happening again. For example, when a medicine error was made, this was investigated and the medicine administration process for the person concerned was changed.

Requires Improvement

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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were not always supported to ensure they had effective training opportunities.
- Staff provided mixed feedback regarding the quality of the induction and training provided to them. One staff member told us, "The induction was rubbish. There's no training, they say there is but there is not. The training is shambolic, you go in and out the door."
- Staff told us the induction involved completing a training booklet. However, staff feedback regarding the induction was inconsistent as one staff member told us they had undergone shadowing of an experienced carer but another staff member told us they had an induction for a couple of hours and then started their role.
- Staff told us this was not impacting upon the care provided to people as most staff were experienced and had received training with other providers. However, we could not be assured the way training was delivered and overseen was sufficient to ensure all staff had the required skills and experience to provide effective care to people.
- Despite staff feedback, people told us they were supported by staff who had the skills to provide effective care. One person told us, "They are very professional, and I am amazed how specialised they are in providing care to meet my needs." A relative told us, "I have no problems with this company as they are skilled and well trained."
- A training matrix was in place that indicated staff were up to date with training and identified when training was due. However, we could not be assured this training was effective as some staff told us they had not received training in some areas despite the training matrix indicating they had completed the training.
- The area manager told us the provider was currently looking into further external training opportunities which would improve training provided to staff.

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.

● Staff did not always understand the principles of the MCA. Some staff told us they did not know what the MCA was and did not recollect undertaking MCA training. We checked the training matrix and this indicated they had completed the training.
● The registered manager confirmed the provider did not complete MCA assessments and documentation and made referrals to the local authority when a mental capacity assessment was required.
● Staff asked people for their consent before supporting them. People were supported to make decisions for themselves and staff helped people with decision making when needed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs and choices were assessed holistically. People's care plans were personalised and considered each individual's diverse needs. However, the registered manager told us no-one who currently used the service had any specific needs in relation to any protected characteristics.
● Care was delivered in line with the assessment of people's needs and choices. One person told us, "I can talk to the carers and they will do anything I ask."

Supporting people to eat and drink enough to maintain a balanced diet
● People were given a choice of food and drinks.
● People were supported to eat and drink sufficiently. One relative told us, "[Person's name] has put weight on as the carers ensure they are well fed."
● People's care plans clearly identified their dietary needs and detailed food preferences which staff followed. For example, one person's care plan detailed that they had to follow a healthy, balanced diet and stated that the person understood the risks around sugary and high fat foods. Staff encouraged this person to eat a healthy diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People's health was monitored and staff supported people to maintain good health in line with their care plans. One relative told us, "The staff check [Person's name]'s pressure sores and have contacted the district nurse to review when ulcers flare up, they are very good."
● People were supported to access healthcare services when needed in a timely manner. One relative told us, "The carers contacted the GP when my relative was not feeling very well and arranged a GP visit."

Good

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 now 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 were supported by staff who were kind and caring. One relative told us, "I feel very confident about the staff as they are very kind and friendly".
- People were supported by staff who treated them with empathy and compassion. One person told us, "Most of the carers are lovely and will give me a cuddle, you can tell they really care". One staff member told us, "[Person's name] gets embarrassed about me giving them a shower. I talk to them and make them feel comfortable and put them at ease."

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

- People were encouraged to express their views and make decisions regarding their care. One person told us, "They make me a drink of choice when I want one."
- People's care plans encouraged staff to give people choice and staff followed this. For example, one person's care plan clearly documented that the person should choose their own clothes and staff told us this person did so.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity. One person told us, "The staff are very kind and treat me very well. They always cover me up when they are getting me washed so I have lots of dignity."
- Staff respected people's privacy. A person told us, "They do treat me with some dignity and cover me with towels to give me privacy when washing me". One staff member told us, "If I was washing someone, I would close doors and curtains and make sure no-one else was there."
- People were encouraged to be independent and do what they could for themselves. A relative told us, "[Person's name] can still wash and dress themselves but the carers keep them company and make them breakfast and drinks and really try to encourage them to eat and drink." A staff member told us, "[Person's name] is really determined to do so much for themselves. We pass the sponge with shower gel and they wash themselves, they are beginning to use their hand again, they are really independent."

Requires Improvement

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 now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was not always planned in a personalised way to ensure they had choice and their needs were met in their preferred way.
- Although people's preferences related to when they received their care was known and understood by the registered manager, the impact of the departure of staff members recently meant these preferred call times could not always be met.
- People's call times were inconsistent and did not always reflect their preferences and needs. For example, one relative told us, "[Person's name] doesn't get continuity. I ask the carers to call at 8 in the morning as my relative goes to day centre. If they don't come at the correct time, it causes great stress trying to get my relative ready in the morning." We saw documentation that showed this had been raised with the registered manager but call logs showed the person was still getting inconsistent morning calls that were later than the preferred time.
- Staff confirmed that call times were inconsistent and did not always meet people's needs. One staff member told us, "Sometimes times are all over the place on the rota rather than consistent."
- We discussed this with the registered manager who confirmed that call times were inconsistent at the moment and this was mainly due to a reduction in staffing levels. The registered manager assured us this was being addressed and people would receive calls consistently at their preferred times once staffing levels had increased.
- People told us their care was planned and delivered in the way they preferred once staff had arrived for their calls.
- People's care was regularly reviewed and people and their relatives were involved in care planning and review meetings. A relative told us, "We have a care plan that I was involved with and the carers follow it."

End of life care and support

- The registered manager told us they were not currently supporting anyone who was at the end stage of their life.
- Care plan documentation indicated whether people were at the end stage of their life. However, as no-one currently using the service was at the end of their life, discussions regarding their wishes and preferences at this time had not taken place. The registered manager told us they would rectify this and discuss end of life preferences with all people who used the service going forward.

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 carers.

● People were supported by staff who understood how to meet their communication needs. One relative told us, "[Person's name] is blind but the girls all know this and talk away to them as they recognise voices." A staff member told us regarding understanding a person they supported who had difficulty with communicating reliably verbally, "I keep an eye and look out for different signs."

● People's review meetings were held either by telephone or face to face depending on the person's communication needs.

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

● People who wished to access the local community were supported to do so by staff.

● People told us staff built a good rapport with them which supported them to feel less isolated. One person told us, "The carers always have time to chat."

Improving care quality in response to complaints or concerns

● A complaints policy was in place and was followed by the registered manager.

● Where complaints had been made, they were thoroughly investigated, action was taken to address any concerns and a response was provided to the complainant.

Requires Improvement

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 now deteriorated to 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.

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

- People were not always supported by a provider that promoted a positive culture amongst staff.
- Staff told us communication to them was not always effective and they did not always feel listened to. One staff member told us, "The rotas and communication are the worse things. The managers say the rota is done but if they add one person on, they don't tell me and just expect me to do it. I've raised this with the office but they haven't done anything about it."
- Staff also told us the way in which rotas were organised made it difficult to attend calls on time. One staff member told us, "I'm late for almost every one of my calls. Sometimes I have to get 20 minutes away with no travelling time allocated between calls." A person told us, "The head office cannot organise rotas and staff to come at the time you want".
- The registered manager told us they were aware of the concerns regarding rotas but had not yet been able to address this effectively due to current staffing numbers and the number of none drivers. The registered manager showed us they were currently in the process of recruiting a significant number of staff and would be addressing this immediately once more staff were in post.

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

- Audit systems were not always used effectively to ensure quality care was provided to people.
- Effective audit systems were in place to check the quality of the service. For example, we saw that trends regarding accidents and incidents were analysed by the registered manager, the area manager and by the operations manager to ensure any patterns were identified and addressed.
- Medicine audits were undertaken by the compliance manager to check the quality of medicine administration and action was taken where needed to address any medicine errors.
- However, actions identified by audits were not always addressed. For example, thorough call log audit checks were completed regarding the length and time of calls. This had identified people had been receiving consistently late calls but no immediate action had been taken to rectify this.
- The registered manager was aware of their statutory responsibilities in relation to submitting notifications to CQC. The last inspection rating was clearly visible on display at the premises.

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

● The provider supported staff to attend staff meetings and supervisions where they were encouraged to put forward their views. However, staff told us they did not always feel that these views were heard.
● The provider continually sought to engage people and relatives in the service. For example, people's feedback was sought at review meetings and people and relatives told us they were sent feedback forms. One person told us, "I complete surveys and feedback forms."

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 provider complied with the duty of candour and was open and honest with people when something went wrong. For example, most people told us the provider contacted them if their calls were going to be late.
● The managers who were present during inspection were open and informed us of the difficulties they were currently having regarding organising rotas and ensuring calls were on time.

Continuous learning and improving care
● The registered manager told us they were engaging training providers with a view to provide additional training for management to aid their continuous learning.
● The operations manager also told us they were looking at different computer databases with a view to improving care through the introduction of online care planning.

Working in partnership with others
● The service worked proactively with other agencies such as training providers and healthcare professionals to meet people's needs.