

Home Care For You Ltd

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 Bolton is a domiciliary care agency, registered to provide personal care to people of all ages. At the time of inspection, the service was providing support to 180 people across areas in Bolton, Rochdale and Bury.

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

People and their relatives reported feeling safe when receiving care. Staff wore PPE appropriately and showed a good understanding of donning and doffing, including how used PPE should be disposed of. Staff reported having access to PPE stock and said this was plentiful. Medication was managed safely, with staff receiving training and the provider carrying out competency checks. Staffing levels had remained manageable despite staff leaving caring roles; the provider had increased hourly rates for carers and recognised the difficulties they faced in recruiting new staff. We recommend the provider continues to try and recruit new staff and promote roles within the care team.

The provider demonstrated assessments relating to people's care were person centred. Risks associated with the provision of people's care were clearly identified and guidance was provided for staff to follow. The provider actively promoted a staff team made up of people from a diverse range of cultural backgrounds; this was done specifically to meet cultural needs of people.

Staff received an induction programme and there were robust systems in place for ongoing training, competency checks and assessments of staff knowledge. When the training manager identified gaps in staff's knowledge a support programme was implemented.

We found there was sufficient audits and oversight systems in place. However, there were areas where increased detail would benefit the providers oversight. The provider had begun to address this before we inspected and was implementing an electronic data system which would increase daily oversight, enable the provider to respond in real time and provide detail for audits to be carried out regularly.

People and relatives felt carers were responsive to their needs and reported that they felt in control of their care. Feedback relating to people, relatives and staff being able to contact the office or on-call, was mixed. Some people reported having no issues contacting the office and some explained they were unable to speak with anyone and concerns were not always followed up. We discussed this with the registered manager following the inspection and they explained they would implement extra on call contact numbers, create a new schedule for on-call that meant two staff members could be contacted and build in checking messages people had left into the daily tasks for co-ordinators. We have recommended that these systems are implemented in a timely manner.

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.

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

Rating at last inspection (and update)

The last rating for this service was Good (published 19 September 2021).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Homecare For You - Bolton on our website at www.cqc.org.uk.

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 two inspectors and two Expert's by Experience. An Expert by Experience is a person who has personal experiences of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means 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 a short period of notice for the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

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 and professionals who work with 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 ten people who used the service and eight relatives about their experience of the care

provided. We spoke with eleven members of staff including the provider and registered manager, training manager, operational manager, care co-ordinators and care workers.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at eight 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 evidence found. We looked at training data, quality assurance records, further policies and rotas and call logs. We spoke with one professional who is in regular contact with 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; Learning lessons when things go wrong

- The provider had robust safeguarding systems in place. People felt safe while receiving their care. One person said, "Very much (I feel safe), I've got a good team and we work well together, I am used to them and they know what I need."
- Staff had a good understanding of different types of abuse. They understood when and how to raise a safeguarding concern. Staff had received safeguarding training and policies reflected processes of safeguarding adults.
- One staff said, "I'd report it to the office to (Co-ordinator) and (Manager). I would report it to Bolton Council, CQC or the police, depends on the situation, what's happened and who it's about."
- The provider had robust systems in place that evidenced they learnt lessons when things had gone wrong. Responses to complaints showed a reflective culture where lessons learnt informed improvements implemented. For example, the provider had set up meetings with people and relatives when they had raised concerns and outcomes were positive.

Assessing risk, safety monitoring and management

- Risks to people's health were assessed and managed safely. People had individual risk assessments in place providing staff with clear guidance on how to mitigate risks associated with the provision of people's care.
- Staff understood where to find information relating to the management of risk and the provider had a robust review system in place to ensure risks were identified and addressed.
- The provider had reported risks associated with people's care to relevant professionals and sought support where needed.

Staffing and recruitment

- The provider had sufficient numbers of staff to meet people's needs safely. However, the provider acknowledged that maintaining staffing levels had been difficult due to the COVID-19 pandemic and a decrease in applications for carer roles.
- The provider had increased hourly rates to promote retention of staff and attract more applicants; they had also assessed any new packages of care robustly to ensure people's needs could be met and risk assessed packages of care to inform contingency plans should they be needed.
- People felt staff were generally reliable; however, some people reported when regular staff were not working, the times of their calls were sometimes late. People understood this was because of the difficulties relating to staffing levels and said their care was not affected. One person said, "For me yes, when (named carer) is off I do have a few issues. Sometimes they come late, but when (named carer) is here I have no

problems at all."

We recommend the provider continues to promote recruitment and work closely with respective local authorities in regard to managing staffing levels.

Using medicines safely

- Medicines were managed safely and the provider had a policy in place which reflected best practice. Staff had received training in the administration of people's medicines and competency checks were carried out regularly.
- The provider had employed a manager to focus on auditing medication systems and staff's practice. Additionally, the provider had started to move to a digital system for the recording of people's medication. This meant any missed medication would be highlighted to care co-ordinators and managers immediately, so it could be addressed in a timely manner.
- The provider had carried out internal audits which showed that medicines were managed safely and errors were kept to a minimum. The local authority's pharmacy team had also carried out an audit within the last six months, which confirmed the provider's own findings.

Preventing and controlling infection

- Infection prevention and control policies and training provided guidance to staff on how to keep people safe from the risk of contracting illnesses through poor practice. Policies had been updated to reflect changes in guidance regarding the risks of COVID-19.
- People reported staff wore personal protective equipment (PPE) appropriately. Staff showed a good understanding of when and what PPE should be used, they also understood how to dispose of PPE safely. One person said, "They always have all the PPE on."
- Staff reported having access to enough PPE, one staff said, "I have enough PPE, I collect mine from the office once a week."

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 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

- People's needs were assessed in line with their protected characteristics, such as age, disability and religion. People's support and health needs were assessed prior to taking on packages of care to ensure the provider could meet their needs.
- The provider recruited staff who could speak different languages specifically to support people whose first language was not English. The provider also discussed staff's knowledge of different cultures during recruitment, to ensure people's support was provided in line with their culture and religious beliefs.

Staff support: induction, training, skills and experience

- Staff had the knowledge and experience to support people effectively. Staff received a robust induction and were expected to complete the care certificate. The care certificate is a work based, vocational qualification for staff.
- Some care certificate observations were still outstanding. However, this was for newly recruited staff and there was a plan in place for these to be completed in a timely manner.
- Staff completed an annual knowledge assessment; this checked their knowledge of training they had completed to ensure they were still aware of best practice. Where gaps were identified in staff knowledge, the provider's training manager had set up workshops and offered one to one support.
- One staff said, "I had an induction and I've been doing my care certificate, I'm on my second module and (the training manager) from the other office comes out to do observations. The induction was good and then I did shadowing and was assessed while I was out working."

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

- People received support to ensure their nutritional needs were met. Staff promoted people's independence and offered choice. One person said, "Yes, they always ask what I want to eat (and drink)."
- Staff received training in diet and nutritional needs as part of the care certificate. Where needed people were supported with maintaining their nutritional intake by staff preparing snacks, sandwiches and drinks for later in the day when they did not have a call.

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

- None of the people we spoke with accessed support from other agencies, as they either did it independently or their relatives offered support in this area. However, records showed the provider referring concerns about people's welfare through to relevant professionals when appropriate.

- Staff reported working in line with other professionals such as occupational therapists and district nurses when a need was identified such as a need for specific equipment or clinical care.

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 had received training in MCA and had a good understanding of supporting people in the least restrictive way, working in people's best interests and how to report related concerns.
- People's capacity had been assessed as part of their initial assessment and specific areas where people needed support were identified. People told us they were asked for consent by staff when support was provided. One person said, "Oh Yes, they don't do anything without asking first."
- Staff obtaining people's permission to provide care was evidenced from their feedback. One staff said, "We give them control and give them the choice whether they want me to help and (support them) them to be independent. I always treat people like I'd want to be treated one day."
- We observed that signed consent had been provided by people in their care records.

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 were supported with care and warmth. Staff showed understanding of how to support people from diverse backgrounds with respect and dignity. One staff said, "We support people from diverse backgrounds. We have to communicate, be patient and understand the person's needs. We have a lot of carers from different cultural backgrounds and we can ask advice, the company promotes supporting people how they want to be supported."
- Another staff said, "I speak to people all the time, keeping the person involved, respecting their privacy. I make sure I communicate and be caring when I'm providing care."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and relatives were supported to have choice, control and involvement in the care provided by staff. One relative said, "Yes, they do talk and listen to us, I make sure I'm listened to."
- People's care was reviewed 28 days after their care started. Following this reviews were carried out annually or as people's needs changed. Review records evidenced people, relatives and relevant professionals involved in the review of people's care.
- The registered manager explained the importance of ensuring time allocated to people's calls incorporated time to talk about things important to the person. They said, "It's about more than just the carer doing what's on the sheet, sometimes we might be the only people they see that day and the carers need to have the time, to sit and talk to the person as well as just do the tasks in the plan."
- People's privacy, dignity was respected and their independence was promoted.

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

- People's care was personalised to meet their needs. Care records evidenced people being treated as individuals and feedback from staff evidenced a person centred approach.
- Care plans were person centred and people's wishes, likes and dislikes were clearly recorded, giving staff guidance on how people wanted to receive their care.
- Staff understood where to find information that enabled them to provide person centred care. One staff said, "I do read the care plans often, you get to know the clients and you find out what they like and dislike, it's about asking and giving them a different choice, what choice they want to do their routine, for example, do they want to get dressed before or after breakfast. So, they know I'm there for how they want to be supported."

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 and relative's communication needs were considered, and related support was documented in people's care plans and records. The provider ensured staff teams consisted of staff who either spoke people's language or had skills to communicate with people in a way they would understand.
- Care plans evidenced when people had impairments relating to communication, such as hearing difficulties and provided guidance for staff on how the people wished to be supported.

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

- Care plans highlighted activities that were important to people; calls were scheduled around times where support was needed to access the community for both recreational activities and activities related to cultural and religious support.

Improving care quality in response to complaints or concerns

- The provider had systems in place to receive and respond robustly to complaints. Records we reviewed showed a reflective practice where people's concerns were addressed. However, people, relatives and staff's feedback was mixed with some feedback indicating it was difficult to contact the office and receive updates about concerns raised. Other people reported no concerns in this area.
- One person said, "I have called the office and they don't always return calls." Another person said, "It's

quite easy to contact the office and on call."

- We discussed this with the registered manager, who explained a review would be carried out of the current contact and on call systems. The registered manager advised that another contact number would be added for people to contact the office for support and a scheduled time would be built into office staffs daily tasks for messages to be checked and responded to.

We recommend the new contact systems are implemented in a timely manner.

End of life care and support

- The provider wasn't supporting anyone with end of life care at the time of inspection. However, an end of life policy was in place and the registered manager explained staff would work as part of a multi disciplinary team, to provide a holistic approach to supporting people with end of life care.

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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider promoted a person centred approach in all aspects of care and governance of practice. People felt in control of their care and staff felt supported by the management structure and cultural needs of both staff and people were considered by the provider.
- Supervisions for staff were developed to include supportive conversation around any issues staff may have along with competency checks around areas relating to their day to day roles and responsibilities.
- One staff member said, "The managers are good, I've never had any problems whatsoever. We're really good at supporting people with diverse needs because we have carers from different cultures and backgrounds. We also have a good team and our manager really supports us."
- The registered manager was open to suggestions on how to improve and explained it was important they continued to identify lessons, to improve the quality of people's care. They said, "We record everything, any complaints, any issues, any compliments. We record calls as well. We go through every single complaint to see if there's anything we can learn and improve on. We talk to other agencies to see what works for them and what doesn't. We work with our external partners to look at how we can make care better for people."

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 understood their responsibility to be open and transparent and inform people, relatives and relevant professionals and organisations when things went wrong. The registered manager was open and transparent about a recent complaint that had been received and was happy to identify areas where improvement could be made.
- The registered manager said, "Duty of Candour is about being open and honest with you (CQC), the local authority, people and relatives when something has happened. We don't want to cover anything up, we want to hold our hands up and say sorry we got that wrong, how can we make it better."

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

- The provider had auditing systems in place which were currently being replaced. An electronic system was being implemented to provide the management team, with live oversight, which would then be analysed as part of overall audits in areas such as medication, accident and incidents, call times and safeguarding's.
- Audits currently in place were completed with internal oversight tools or in partnership with the local

authority. We found these identified where errors had occurred and evidenced action and support to ensure they were addressed.

- The registered manager had responded to areas for improvement which were identified through local authority quality assurance visits. For example, the local authority identified that original assessments completed by the local authority were not always in people's care files. In care records we reviewed these were all present along with the provider's assessment of people's needs.
- The registered manager and wider management team demonstrated a willingness to monitor the quality of people's care and use monitoring and analysis to improve people's service and develop systems.

Working in partnership with others

- The provider worked alongside external professionals and bodies to ensure people's care was provided holistically. The provider was able to evidence they worked alongside social workers, quality assurance teams and other health and social care professionals. For example, the provider had contacted social workers when they felt further support was necessary to support people safely.
- The provider was able to evidence occasions where they had declined to provide support to new people referred by other agencies as they didn't feel they were able to commit the staff to meet their needs. This demonstrated a commitment to working with other agencies only when the provider was sure they could provide the support requested. In turn this gave other agencies confidence the provider could meet people's needs when they accepted new packages of care.