

Homecare4U Limited

Homecare4U Rochdale

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

This was an announced inspection which took place on 20 and 21 January 2016. Two days before our inspection we contacted the service and told them of our plans to carry out a comprehensive inspection. This was because the location provides a domiciliary care service and we needed to be sure that the registered manager would be at the office.

Homecare 4U Rochdale is a Domiciliary Care service that provides personal care to people in their own homes. At the time of the inspection there were twenty eight people using the service. This was the first inspection of this service.

The service has a registered manager who was present on the day of our inspection. 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.

People who used the service told us they felt safe. Policies and procedures were in place to safeguard people from abuse and staff had received training in safeguarding adults. Staff were able to tell us how to identify and respond to allegations of abuse. They were also aware of the responsibility to 'whistle blow' on colleagues who they thought might be delivering poor care to people.

There was a safe system of recruitment in place which helped protect people who used the service from unsuitable staff. Staff received the induction, training, support and supervision they required to ensure they had the skills and knowledge needed to carry out their roles effectively.

People we spoke with told us the service was reliable and they had never had a missed visit. We found the service was reliable and had a good system in place to alert if staff were late for a visit. Visits were planned well, staff had enough time to provide people with the support they required. Each person who used the service had a small team that supported them so that there was continuity of care and the staff and people got to know each other.

Person centred risk assessments were in place which gave staff guidance on how to minimise and manage identified risks. Care records were detailed and person centred. They contained information based on people's needs and wishes and were sufficiently detailed to guide staff in how to provide the support people required.

Care records including care plans and risk assessments had been reviewed regularly to ensure they reflected people's needs and wishes. We saw that people and their relatives had been involved in the reviews.

There was a safe system in place for managing people's medicines.

Procedures were in place to prevent and control the spread of infection and systems were in place to deal with any emergency that could affect the provision of care.

People's rights and choices were respected. We found appropriate arrangements were in place to assess whether people were able to consent to their care. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). These provide legal safeguards for people who may be unable to make their own decisions.

People we spoke with told us the staff were caring and were very complimentary about the attitude of the staff and the service they received. We found the registered manager and staff all spoke in a caring and compassionate way about people who used the service. They had detailed knowledge of people who used the service and were able to tell us what was important to the people, their likes and dislikes and the support they required.

There was a robust system of quality assurance in place. Weekly and monthly checks and audits were used to assess, monitor and review the service. The registered manager regularly worked alongside staff on visits to assess the quality of the service provided.

The registered manager and staff were enthusiastic and committed to providing a person centred service. People who used the service, relatives and staff we spoke with were very complimentary about the registered manager. Staff were positive about working for the service and felt very supported in their roles.

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 who used the service told us they felt safe. Staff were trained in safeguarding adults and were aware of how to identify and respond to allegations of abuse. Staff were aware of the whistleblowing (reporting poor practise) policy, and how to raise any concerns.

A safe system of recruitment was in place. Recruitment processes were robust and helped protect people from the risk of unsuitable staff. There were sufficient staff to provide people with the care and support they needed.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People told us the service was reliable and they were supported by staff who knew them well.

Staff had received the induction, training, supervision and support they required to ensure they were able to carry out their roles effectively.

People's rights and choices were respected. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). Staff gained people's consent before care or support was provided.

Is the service caring?

Good ●

The service was caring.

People who used the service said the staff were caring. They were very complimentary about the service they received and the attitude of the managers and staff.

The registered manager and staff all spoke in a caring and compassionate way about people who used the service. They

had detailed knowledge of people and were able to tell us what was important to the people, their likes and dislikes and the support they required.

Is the service responsive?

Good ●

The service was responsive.

Initial assessments, care plans and risk assessments were detailed and person centred. They contained information about people's needs and wishes. They provided staff with the information they needed to support people appropriately.

Staff were organised into small teams for each person who used the service so that there was continuity of care and the staff and people got to know each other.

Is the service well-led?

Good ●

The service was well-led.

The registered manager and staff were enthusiastic and committed to providing a person centred service.

Staff were positive about the registered manager and working for the service. They felt very supported in their roles.

We found there was a robust system in place for assessing, monitoring and reviewing the service.

Homecare4U Rochdale

Detailed findings

Background to this inspection

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

This was an announced inspection which took place on 20 and 21 January 2016. Two days before our inspection we contacted the service and told them of our plans to carry out a comprehensive inspection. This was because the location provides a domiciliary care service and we needed to be sure that the registered manager would be at the office. The inspection team consisted of one inspector and one inspection manager.

Before the inspection 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 what improvements they plan to make. Before the inspection we reviewed the PIR and looked at information we held about the service and provider, including notifications the provider had sent us. We also asked the local authority and Rochdale Healthwatch for their views on the service; they raised no concerns.

The service supports people who live in their own homes. During our inspection we spoke with three people who used the service and their relatives, the registered manager, a service director and five care staff.

We looked at a range of records relating to how the service was managed these included; medicines administration records, the care records of three people who used the service, three staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

Is the service safe?

Our findings

People who used the service and their relatives told us they felt safe with Homecare 4U. One person described how staff used a hoist to help them get out of bed, they said; "They are experts."

We found that suitable arrangements were in place for safeguarding people who used the service from abuse. Policies and procedures were in place that provided staff with guidance on identifying and responding to the signs and allegations of abuse. Training records we looked at showed us staff had received training in safeguarding. The service had not had any safeguarding incidents but the registered manager and staff we spoke with were aware of the signs of abuse, what they would do if they witnessed it and who they should report it to. Staff we spoke with told us they were confident the registered manager would deal with any issues they raised.

The service had a whistleblowing policy. This told staff how they would be supported if they reported abuse or other issues of concern. It also gave staff contact details of other organisations they could contact if they were not happy with how the service had dealt with their concern. Staff we spoke with were aware of the company's policy.

We saw that a safe system of recruitment was in place. We looked at three staff files. The staff files we saw contained a full employment history, contract of employment, job descriptions and two professional references. We saw that checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. We saw policies and procedures on staff recruitment, sickness, disciplinary, training and appraisal.

Records we looked at showed that there were sufficient staff available to provide people with the support they required. People told us they always received the care they were assessed for and two carers were always provided where it had been assessed as needed.

Care records we looked at contained detailed risk assessments. We found they were person centred and gave staff guidance about how to manage and minimise identified risks in order to promote people's safety and independence. These included risks to the individual and environmental risks in people's homes such as; how to support people who had restricted mobility to move around their home, medicines management, supporting people transferring in and out of bed and using hoisting equipment and trip hazards. We saw the service also had a risk report form that staff used to notify managers if changes occurred and risk assessments needed to be updated. This included what the issue was, when it was identified, who it had been reported to and what had been put in place to minimise the risk. This ensured that risk management was kept up to date.

We found there were safe systems in place for managing people's medicines. We saw medicines management policies and procedures were in place. These gave guidance to staff about the storage, administration and disposal of medicines. The registered manager and staff we spoke with told us that staff

received training and competency assessments before they could administer medicines. Records we saw showed staff were trained in medicines administration and regular competency checks were carried out by senior staff, including spot checks of records and medicines in people's homes.

We looked at two months medicines administration records for three people. We found that all records were completed to confirm the person had received their medicines as prescribed. We saw that medicines files were audited monthly by managers within the service to ensure accurate records were being kept. We saw that any issues were highlighted and any action taken was documented.

The service had an infection control and cleanliness policy; this gave staff guidance on preventing the spread of infection; effective handwashing and use of personal protective equipment (PPE) including uniform, disposable gloves, aprons and hand gel. We saw that PPE was available and staff we spoke with told us PPE was always available and used.

The service had a business continuity plan. This informed managers and staff what to do if there was an incident or emergency that could disrupt or endanger people who used the service. This included staff illness, loss of office building, loss of gas or electricity, breakdown of essential equipment, damage to the building and severe weather. We asked the registered manager and the staff we spoke to about how the service had maintained operation during the recent floods over Christmas. Examples were given of how staff had responded with initiative and ensured that everyone who needed assistance received it.

Is the service effective?

Our findings

A person who used the service told us "They keep me informed." A relative we spoke with told us the staff "Have training when they start, they always work with someone experienced". Another said " They keep in touch with me, they suggested the board for messages".

People we spoke with told us staff were reliable and they had not had any missed visits. One person told us "I can't remember ever being let down". The registered manager told us the service used an electronic system for tracking if care workers had arrived at people's houses on time, this alerted the office within five minutes if a visit was late. If they received an alert that a staff member was late they would contact the staff member, the person who used the service and arrange another staff to cover if needed. This system allows the provider to be sure that people receive the time commissioned.

Staff we spoke with told us visits were planned well, they had enough time to provide people with the support they required and were given enough time to travel in between visits. They told us if they were going to be late due to unforeseen circumstances they would telephone the office. Managers would then contact the person who used the service and keep them informed of when the care worker would arrive. People we spoke with told us that staff were rarely late and that the managers did contact them if this ever happened.

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

We checked whether the service was working within the principles of the MCA. We found the service was working within the principles of MCA. Care records we looked at contained evidence the service had identified whether a person could consent to their care and had been signed by the person to indicate they agreed to the planned care. People we spoke with also confirmed staff sort their consent when supporting them. One person said " They tell me what they are going to do, they ask me if its ok." We found staff were trained in the MCA to ensure they were aware of the principles.

The registered manager told us staff completed an induction programme and completed the care certificate. We saw this included completing a work book, attending training and completing tests of their knowledge and competency. Records we looked at showed that staff received the training they needed to enable them to carry out their role. This training included; principles of care, care planning and risk assessments, policies and procedures, communication, health and safety, first aid, infection prevention and control, medicines administration and moving and handling. The staff files we looked at contained training certificates and competency assessments. The registered manager told us that the service had an electronic system that alerted managers when staff needed updates in training.

We saw that new staff were given a detailed staff handbook which contained information to help them

understand what was expected of them and what needed to be done to provide the support people required and to ensure the safety of people who used the service. It included information about policies and procedures. Staff we spoke with told us they had found their induction useful and said it had helped them understand their role.

The registered manager told us that new staff also work alongside an experienced staff member and are shadowed by a manager until they are assessed as competent. We saw shadowing evaluation forms in the staff files which showed that managers had assessed staff capability. Staff told us that after the shadowing shifts they had also been asked if they felt confident to start to work on their own. This was confirmed by one relative we spoke with.

Records showed that staff received regular supervisions. The registered manager told us staff could choose which manager supervised them, they said this was "So they will be comfortable and honest" and monthly team meetings were held. We saw that staff meetings were used to highlight areas of practise and discuss policies. The service also produced staff memos that give staff urgent information. The registered manager told us all staff have a gap in their visits every Friday afternoon, this enabled staff to visit the office for supervisions and gave staff an opportunity to meet up with each other. Staff told us they feel very supported in their work and said the office was "Homely."

Staff were trained in food hygiene and supporting people with nutrition and hydration. People we spoke with said that their relatives bought or prepared their food but that staff cooked it.

Care records showed that people had access to a range of health care professionals such as their own G.P. dentist and optician. People we spoke with told us staff arranged appointments for them if needed. A relative we spoke with told us the registered manager had helped when their family member needed to go into hospital.

Is the service caring?

Our findings

People we spoke with said the staff were caring. They were very complimentary about the service they received and the attitude of the staff. They told us "They are cheerful", "Its service with a smile" and "They pamper me."

People also told us staff were "Brilliant" and said of the staff, "They are like family, cheerful, friendly and pretty efficient." One person said of their regular staff they were "Lovely" and said " [carer] lights up the room"

We spent time observing how staff interacted with people who used the service. We found staff were kind, respectful and there was a good friendly rapport. We saw staff knocked on doors before entering rooms within people's homes and waited to be invited in. We heard staff explain to people what they were going to do and ask people if it was ok.

The registered manager and staff all spoke in a caring and compassionate way about people who used the service. They had detailed knowledge of people and were able to tell us what was important to the people, their likes and dislikes and the support they required. Care records we looked at described people in positive ways and included information on how to promote peoples independence, including things the person liked to do for themselves.

One person told us they had been admitted to hospital and had been worried they would lose their regular staff. They said that when they came home the service had kept the same carers for them. The registered manager told us they did this for continuity of care and because "People shouldn't be scared to go into hospital."

Policies and procedures we reviewed included protecting people's confidential information and showed the service placed importance on ensuring people's rights, privacy and dignity were respected. We saw staff had received awareness training in confidentiality and data protection to guide them on keeping peoples personal information safe.

Is the service responsive?

Our findings

People who used the service told us; "It couldn't be better, I can't think of anything I would change" another said "If I need anything they get it for me on their way here." A relative told us they were included in care planning, "I see them every day, if it's not working we review it"; another said "If there was anything, if they were concerned they would get hold of me."

We were told the service always received an assessment of people's needs from the council prior to people starting to use the service. The registered manager then met the person and their relatives to carry out an assessment that covered all aspects of their health and social care requirements. Care records we looked at contained assessments which were detailed and showed what support the person required and how and when the service planned to provide it. This included a timetable and individual service delivery plan which told people the times and day's staff would be with them and what the staff would do. We saw that the assessments were used to develop care plans and risk assessments.

Care records we looked at were detailed and person centred. They gave information about things that were important to the person including routines, preferences, food likes and dislikes, health conditions, medicines, how they wanted to be supported with their personal care, equipment that staff needed to use and how best to communicate with the person. Records we saw were sufficiently detailed to guide staff in how to provide the support people required. One care plan we saw included information on what might make the person upset, what they would do if they were upset and what staff should do. The registered manager told us they personally provided the support for the first visits, this enabled them to ensure the person was happy with the service and the information provided for staff was detailed enough.

The registered manager told us that staff were organised in small teams so that each person who used the service had regular staff visiting who knew them well. People who used the service told us they usually had the same staff and this allowed them to get to know each other. Relatives we spoke with told us they had regular contact with staff. People we spoke with liked knowing which staff were going to visit; one told us "I don't like change."

To ensure continuity cover for sickness or annual leave was usually provided by staff from within the small teams or one of the managers. When new staff start working with someone they usually work alongside one of the persons regular staff so that people get to know each other.

We found detailed records were made in daily logs by staff after each visit. Staff told us that if people's needs changed they wrote in daily logs, reported to the office and managers would update care records. We found care records including care plans and risk assessments had been reviewed regularly to ensure they reflected people's needs. We saw that people and their relatives had been involved in the reviews.

We found the service had a detailed policy and procedure which told people how they could complain, what the service would do about it and how long this would take. It also gave people details of managers and other organisations they could contact if they were not happy with how their complaint had been dealt with.

The service had a system for recording any complaints; the registered manager told us they had not received any complaints. They told us if something was wrong or was not working for someone they met with the person and reviewed how the care was being provided before the person needed to complain. People we spoke with knew how to complain and were confident the managers of the service would deal with any issues they raised.

Is the service well-led?

Our findings

The service has a registered manager who was present on the day of our inspection.

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.

People who used the service and their relatives told us the registered manager was; "Very good" and "Very, very nice" and that she "Goes out of her way to be helpful". A relative said of the registered manager and other managers "They are always laughing, it cheers my [relative] up"

Staff spoke positively about the managers of the service. They told us "If you say something it gets sorted straight away." "[Registered manager] is proactive and does the extra bit." Staff told us "If I had a problem I would go to [registered manager] she would have it sorted pronto, [registered manager] doesn't stand any messing."

We found the registered manager to be confident, enthusiastic and passionate about providing a person centred service and said they wanted to "Make a difference to people's lives". Staff we spoke with shared this enthusiasm and commitment to person centred care.

Staff liked working for the service and told us they felt supported in their work. One said "It's like a family" another said "You get the support you ask for." The registered manager and service director told us the service placed great importance on staff wellbeing. We saw they had started an employee of the month award that recognised staff who went "That extra mile". They had also organised a Christmas party for staff, that staff and their families had attended.

The service had an on call system for staff to ring when the office was closed between 7am and 9am and then 5pm and 10pm. The registered manager told us that one of the management team was always available on the telephone during these times. Staff told us the managers on call system was "Awesome", "They all know what they are doing, ever body is dead nice" and "They are always there for you". People who used the service also had access to an emergency call service that could be used to summon help and assistance.

We found there was a robust system of quality assurance. There were a number of weekly and monthly checks and audits including; care plans, risk assessments, medicines records, daily records and call visits. We saw that any issues were highlighted and any action taken was documented.

The registered manager told us they completed a minimum of ten care calls per week to check the quality of the service being provided. The said on some visits they worked alongside staff ,others are 'spot checks' which were unannounced and which included feedback to staff on how they carried out their role. During these spot checks they also asked people who use the service if they were happy with the support they are

receiving. People we spoke with told us they had regular visits from managers of the service. Records we saw showed that 'spot checks' were documented and kept on staff files.

Before our inspection we checked the records we held about the service. We found there had been no notifications. Notifications of significant events such as accidents, incidents and safeguarding allegations allow us to see if a service has taken appropriate action to ensure people are kept safe. The registered manager told us there had been no such events, but was able to tell us what should be notified and how they would do this.

We were told by the service director that the provider undertakes a survey in June each year to identify if people are happy with the service they receive and to guide them on any future improvements. The service had not been open a year yet so had not undertaken a survey although one was planned.