

Homecare4U Limited

Homecare4u Doncaster

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

We undertook an announced inspection of Homecare4u Doncaster on 29 and 30 August 2017. We gave the registered manager short notice that we would be coming because the location provides a domiciliary care service and we wanted to ensure the registered manager was available.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Homecare4u Doncaster' on our website at www.cqc.org.uk

There was a manager at the service who was registered with CQC. 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 and associated Regulations about how the service is run.

People spoke very highly about the staff who visited them. People told us the staff were always kind and caring towards them. People who used the service and relatives also said staff interacted in a positive and warm way towards them.

People were protected from harm because the registered provider had systems in place to minimise risks to them from abuse. This included a recruitment process which involved completing thorough checks on people before they were offered a job.

People benefited because they were supported by staff that had been trained to understand how to provide effective care that met their needs.

People received care that was delivered in line with the Mental Capacity Act (MCA) because they were supported to make day to day choices and decisions about their lives.

People enjoyed the food provided and were supported by the care workers to receive adequate food and drink to remain healthy.

The majority of people told us they had the same small number of care workers, who they had built up positive relationships with and who they trusted. They also said all expected tasks were completed before staff left their homes and they felt staff were supportive and considerate in their approach.

We found there were enough staff to make sure people received the care they had requested and at the agreed times. People told us their care workers were generally on time and if they were likely to be late for any reason, the care worker or the office staff would phone to let them know.

Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. However, people's care plans could be further personalised to reflect their

specific needs and wishes.

Staff supported people to maintain their independence and continue to join in with social activities and hobbies that they enjoyed.

Clear information about the service, the management, the facilities, and how to complain was provided to people. People's views were sought and acted upon and the registered manager took account of people's comments and suggestions.

Staff told us they felt supported by the registered manager. Quality assurance audits were carried out to identify how the service could improve and the registered manager had an on-going and effective improvement plan for 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 supported with their medicines. Records of topical medicines were not always fully completed.

Staff visits were planned in a way that meant people received safe care that met their needs.

People were supported by staff who understood how to protect them from abuse.

There were robust employment checks in place to ensure suitable staff were recruited safely.

Is the service effective?

Good ●

The service was effective.

The home acted in line with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) guidelines.

People who used the service had access to health and social care professionals to make sure they received effective care and treatment.

Staff received regular training and supervision to ensure they had relevant skills and knowledge to support people they cared for.

Is the service caring?

Good ●

The service was caring.

Staff knew people well, communicated effectively with them, responded to their needs promptly, and treated them with kindness and respect.

Staff respected people's privacy and promoted people's independence. They encouraged people to do as much for themselves as possible.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before care was provided. People's care plans could be further personalised to reflect their specific needs and wishes. Care plans and risk assessments were reviewed and updated when people's needs changed.

People knew how to complain and people's views were listened to and acted upon.

Staff supported people to maintain their interests and continue to be involved in social activities.

Is the service well-led?

The service was well led.

There was an open and positive culture which focussed on people.

The registered manager sought people who used the service and staff's feedback and welcomed their suggestions for improvement.

There was an effective system of quality assurance in place. The registered manager carried out audits to identify where improvements could be made and took action to improve the service.

Good ●

Homecare4u Doncaster

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.

Our inspection was discussed and arranged with the registered manager two working days in advance. This was to ensure we had time to visit and contact people who used the service and speak with the registered manager and staff.

Before the inspection visit we reviewed the information we held about the service, including notifications of incidents that the registered manager had sent us and feedback from the local authority. Before the inspection the registered provider was asked to complete a provider information return (PIR). A PIR asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of this inspection the agency was supporting 50 people who wished to retain their independence and continue living in their own home. Some people had their care purchased by a local authority, some were funding their own care through direct payments and others were paying privately for the service.

The inspection team consisted of one adult care 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. The expert by experience had experience of supporting and caring for older people.

On 29 August 2017 we spoke with three people and six relatives over the telephone and visited four people who used the service at their home to ask their opinions of the service and to check their care files. Whilst on visits we also met with one relative and spoke with one of the care staff that was providing care to a person who used the service.

On 30 August 2017 we visited the agency office and spoke with the registered manager and six care workers. We also reviewed a range of records about people's care and how the domiciliary care agency was

managed. These included care records for four people, including their medicine administration record (MAR's), four staff training, support and employment records, quality assurance audits and findings from questionnaires that the registered provider had sent to people.

We also sent out questionnaires to people who used the service, relatives and healthcare professionals. We received information back from 18 people who used the service and four relatives.

Is the service safe?

Our findings

People spoken with told us they had no concerns and all felt safe with the care and support provided. Their comments included, "The carers all do a good job. They do extra for me if I need them to. I feel safe when they're here," "I'm very independent. I keep going; the carers keep me safe in the shower. If they are late I wait for them, they are fine and always say do you want a cup of tea? The lady from the office asks how I'm getting on and says, don't have any more falls" and "The carers know me well and know how to keep me safe."

One relative told us, "They [care workers] are good at keeping [family member] safe and well. I can't fault them."

Questionnaires showed that 100% of people who used the service and 100% of relatives felt safe from abuse and harm with their care worker. Eighty three percent of people and 75% of relatives said their care worker did all they could to prevent cross infection by using Personal Protective Equipment (PPE) such as gloves, aprons and hand gel.

All people who received support with medicines told us they received them on time. One person told us, "The staff run everything by the office first. I asked the carers to put some cream on a pressure area, but they wouldn't do this until the district nurse had seen it." Another relative told us they were "Very relieved" the care workers had agreed to give their family member their medicines, because another care agency had refused to do this.

People were supported to take their medicines safely in their own home and were given them when they needed them. We saw in the main medicine administration records (MAR) charts were completed and up to date. Where a staff member had not signed the MAR we saw evidence this was investigated and action taken to prevent any further omissions. For example, staff had received further training and this had been discussed with them in a formal supervision session.

Whilst out on home visits we found two topical MAR charts where it was not clear where staff should apply cream. We found information from the previous MAR chart had not been fully transferred onto the new chart. The registered manager told us she had asked the care workers to do this, in the absence of there being any senior staff available. When we spoke with people they told us the staff knew them well and were fully aware of where they had their cream applied and that their cream had been applied accordingly. The registered manager told us the error on the topical MAR charts would have picked up when they were returned to the office at the end of the month. The registered manager was confident that the recruitment of two new field care supervisors would prevent this happening in the future. She also said she would discuss with all staff the importance of reporting any errors or omissions to the office as soon as they were found.

People were supported by staff who understood what to do to minimise risk and keep them safe from abuse. The staff told us they had read the agency's procedure for safeguarding people from abuse. They told us they were given a copy of the procedure in the staff handbook. They said this was so it was readily

available to them in the event of them being concerned that someone may be at risk from abuse. The information in training records showed staff had been on training sessions to learn about keeping people safe from abuse.

Staff understood what 'whistleblowing' at work meant. They knew it meant reporting dishonest or abusive activities at work to relevant authorities. The whistle blowing procedure was up to date. It had the contact details for the organisations people should use if they felt they needed to report concerns at work.

A record of incidents and occurrences that had happened was kept. Staff recorded what actions had been put in place after an incident or accident. The registered manager looked into each incident and completed follow up action to ensure people were safe. Risk assessments had been updated or rewritten if needed, after any incident where a risk was identified. For example, one risk assessment had been updated following changes to a person's physical health.

People said they felt there was enough staff to support them at each visit. Staff also said there was enough staff to provide safe care in a timely way to each person. People told us the majority of their visits were completed by their regular care workers who they knew well. The registered manager confirmed there was enough staff to cover staff sickness, vacancies and extra calls in the event of an emergency.

To check people received safe care there was a call monitoring system in use. This was used by staff who logged in when they arrived at people's home, and logged out when they were leaving. This system alerted the office staff and showed staff had arrived at a person's home within their agreed visit time. The office staff monitored where staff were and could then plan alternative cover to attend people's homes if staff were running late. This was done to ensure the needs of people were being properly met and staff had enough time to provide individualised care to each person they visited.

To protect people from unsafe staff there was a recruitment procedure to reduce the risk of unsuitable staff being recruited. New employees were taken on after a number of checks had been undertaken. These checks included references, proof of identification and Disclosure and Barring records checks. Disclosure and Barring checks are carried out to help employers to recruit only safe and suitable staff to work with people who may be vulnerable. Staff we spoke with told us they had undertaken these checks before they were offered a job at the service.

Is the service effective?

Our findings

Ninety four per cent of people surveyed said staff were skilled and knowledgeable. People and relatives spoken with all said they felt the staff were well trained. One person said, "Yes staff are trained. I'd give them nine out of ten, quite good." One relative told us, "They seem to know what they are doing. At first I watched [care being provided], but the carers are getting to know [family member] now."

People and relatives spoken with said there were no issues regarding missed calls or carers leaving before the allotted time. Eighty nine per cent of people surveyed said they received consistent care from familiar care workers and staff completed all their care and support tasks before they left. Seventy eight per cent said they would recommend this service and 82% said their care workers arrived on time. One person surveyed said, "Its different carers each visit. I would be much happier to have regular carers. I never know who will come through the door. One relative surveyed said, "The staff don't always arrive at agreed time. Whilst it doesn't matter if they arrive earlier it can cause problems if they arrive late. My spouse never knows who is going to turn up and has problems trying to remember carer's names." As this information was given to us anonymously we were unable to speak with the registered manager about resolving this concern.

One hundred per cent of relatives surveyed said the care and support their family member received helped them to be as independent as they could be, that the care workers completed all of the care and support tasks during each visit and stayed the agreed length of time. Seventy five per cent of relatives told us they would recommend this service, that care workers arrived on time and that care workers had the right skills and knowledge needed to give the required care and support.

People were supported with a range of care needs by staff that were suitably trained and able to provide them with effective support. The staff showed they had a good understanding of how to effectively support the people they looked after. Staff told us they were well prepared before seeing new people and they also read each person's care records before they first visited them. The staff went on to tell us how they were also told by senior staff when care records had been updated if a person's care needs had altered. Staff said they supported people with a variety of daily living tasks. These included personal care such as, bathing and showering, assistance with medicines, meals, shopping and domestic duties. All of the staff we spoke with told us they enjoyed their work. This showed people were supported by well-motivated staff.

Some people required assistance with their nutritional needs. They were assisted to eat nutritious food and drink that they enjoyed. People told us how the staff helped them to prepare and cook meals and snacks. Two people spoken with told us the care workers prepared their meals to their satisfaction. One person spoken with had help with their shopping. They told us, "I can ask [care worker] and they will do anything. They are a lot of nice girls, ten out of ten, I've never heard anything against them, and it's a very good service. Another person told us, "They always ask me what I would like to eat and they prepare it for me". The staff team had attended training on the subject of how to understand and how to support people effectively with their nutritional needs.

People received support to meet their physical healthcare needs. People told us they were able to see their

GP if they were concerned about their health. Care plans contained information that showed how people were to be supported with their physical health needs. The staff told us they regularly liaised with the community nurses about people's health and wellbeing. For example, if they were concerned about someone's skin integrity and the risk of skin breakdown into a pressure ulcer.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where someone is living in their own home, applications must be made to the Court of Protection.

We saw all staff had completed basic training in MCA and Deprivation of Liberty Safeguards (DoLS). Staff spoken with had an understanding of this legislation. The care files seen at the agency office and in people's homes showed people had consented to receiving care and support from the care agency. People and their relatives told us they had held discussions with staff from the service about how they wanted their care to be provided and what was important to them. We saw evidence their wishes had been listened to and acted upon. The registered manager told us further more in-depth training was being provided to all staff and would be completed by the end of September 2017. We saw evidence of this.

Some people were aware that staff had spot checks carried out on them in their home. They said a senior member of staff observed how the care worker was supporting them. People said they had been asked their opinions of the care workers and said it was important to them that these checks took place to make sure staff were doing things in the way they wanted. The registered manager and staff said spot checks were an important way of making sure they were caring for people effectively.

Staff supervision and appraisal records confirmed staff were supported and developed in their work with people. The staff also said they met with the registered manager regularly to discuss with them any care and work matters and reviewed how they were meeting the needs of people they were supporting. Staff also told us their training needs and any performance related issues were raised with them at each meeting. Staff told us there was always support and someone they could contact any time for guidance. They said there was an out of hours telephone number they could use to speak to someone for advice and guidance.

Staff told us, and training records confirmed they had completed a full range of training in subjects relevant to people's needs. These included health and safety, food hygiene, first aid, infection control, medicines management and dementia care. New staff were provided with induction training and completed the 'Care Certificate' when they began working for the service. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The staff induction programme included areas such as how to support people with complex health needs, safeguarding adults and caring for older people. Staff were also supported to continue their learning and development by signing up to complete a nationally recognised award in care.

Is the service caring?

Our findings

There were many positive comments from people who used the service regarding the care workers. Comments included, "They would do anything. I tell them I don't want a lot of fuss. They come and do what they need to and go they're very good," "The care received is great. They are friendly, caring and helpful. Both carers and office staff are helpful and friendly," and "The carers are brilliant, ten out of ten. I don't come every day so we have a book and we leave little notes so everyone knows what is happening. The carers ask my views and keep me informed. They do everything they can."

Relatives told us, "They are talkative and my [family member] likes to talk," "The carers have got to know my [family members] likes and dislikes over time," "The care company is 100% better than the previous company which my relative was with for many years" and "The carers talk to [family member] and involve them. I'd give the regular carer nine out of ten and the others who cover are very acceptable"

People and relatives spoken with said they felt they were treated with dignity and their privacy was respected. They told us, "Yes definitely. We have a laugh as well," "So far they have shown respect," "Yes they do respect our dignity and privacy," "They are careful with [family member]. They make sure they don't feel embarrassed when they are helping them onto the commode, they are very good," "They always ask me questions. Are you alright? Do you want anything? They always knock before they come in, I don't want them waiting at the door, but they do always knock. They'll say I'm here" and "Yes they protect [family members] dignity. They have a wash in the living room, if I need to go in for any reason, on the rare occasion, they put a towel over [family member] to protect their dignity from me."

Everyone we surveyed, with the exception of one, said their care worker was kind and caring and they were treated with dignity and respect. Eighty nine per cent of people and 100% of relatives said they were happy with the care and support they received from the service. One person surveyed disagreed that they were always treated with dignity and respect. They said, "I do not like the really young ones coming, especially on bath days. I find this degrading; someone younger than my grandchildren comes to bath me."

Eighty three per cent of people and 75% of relatives told us they were introduced to new care workers before they provided care for them.

Everyone spoken with said the staff knocked on the door before entering and showed their identity badges.

All the people we spoke with told us they were encouraged to do as much for themselves as they wished. Staff gave examples where they promoted people's independence. For example by enabling them to mobilise using equipment and by encouraging them to do aspects of their personal care where they were able to. People were supported to retain their independence and be involved in their care as far as possible.

Is the service responsive?

Our findings

People received care that was responsive to their individual needs. People told us the staff provided care that met their needs and preferences.

People and relatives spoken with all said they felt involved in the planning and reviewing of their care and support and were able to speak with the care workers and registered manager about anything. Their comments included, "I feel I could talk to the manager. They came out at the beginning and we've had a review of my care package since then," "I was involved in planning for my [family members] care and they did listen to me," "I have no reason to complain, I'm very pleased. [Family member] would not be alive today if not for the care they receive. Medication is always taken on time and food and drink is no longer an issue. I have chosen to stay with Homecare4U even though it's not in [family members] area" and "I stuck with them when direct payments came in because [family member] liked their regular carer. Consistency of staff is the major thing for me, if staff change [family member] gets upset."

One relative told us they had complained, "Once or twice about carers being late." They said this had improved and they felt they had been listened to. The relative said, "I'm happy now." Another relative said, "Yes I think they would act but I've never had to complain. You can't alter them, they are so good."

The main contact for people and their relatives was with the care workers, although the office staff were also seen as approachable and pleasant. Everyone spoken with told us they had the office number to ring if they were concerned about an issue. Whilst we were at a person's home looking at their care file they said to us, "I leave their telephone number at the front of the book because I can just ring whenever I want to and someone will talk to me."

The registered manager carried out an assessment of people's needs and risk assessments before care was provided. This included people's mobility, daily living skills, nutrition, mental health, social needs, physical health and their communication needs. Care plans were then developed with people's involvement. The care plans included information about people's assessed needs, but could be further improved to give more personalised detail about how these needs should be met. For example, one person told us their needs varied from day to day which meant they sometimes required assistance from staff to mobilise around the home. However, the plan did not specify how staff may need to provide additional support sometimes.

People's care plans included information about their family and key people involved in their life. The plans included very brief information about their life history and social background. This information may help staff in the delivery of care. However, it was very evident staff were clear about how to meet the needs of the people they supported. We discussed with the registered manager that care plans should be further developed to include more personalised information about people to ensure a consistent approach to care delivery.

People's individual assessments and care plans were reviewed every year or sooner if people's needs changed. People were involved in reviewing their plans and their views were acted upon.

One hundred per cent of people surveyed and 75% of relatives said they were involved in decision making about their care and support needs. Seventy six per cent of people and 25% of relatives said staff from the agency responded well to any complaints or concerns they raised. The remaining relatives said they were unable to answer this as they had never raised a complaint or concern.

The registered provider had a clear complaints policy and procedure. People were made aware of the complaints procedure to follow as this was provided at the start of their care package, within the service user guide. People were also asked if they had any complaints at their care plan review meeting. We saw evidence that complaints received were investigated and actions taken to resolve people's concerns. At the time of the inspection there were no outstanding complaints. We also saw a number of thank you cards and letters and client discussion records received from people and relatives who were satisfied with the service provided to them.

We saw examples of people being supported by staff to avoid social isolation. Staff encouraged and supported people to continue to follow their hobbies and interests. For example we spoke with one person who said staff were assisting them to attend their local church so they could continue to be involved with the local community. Another person told us, "Yes the staff are well trained. They take me in the car wherever I want to go, Asda, Tesco, I'd give them nine out of ten they are quite good'. 'They ask me where I want to go and they take me."

Is the service well-led?

Our findings

When we spoke with people we asked what was good about the service and what they felt the service could do better. Comments included, "The attentiveness of the staff, being jolly and chatting to [family member], companionship is very important," "The improvement would be more regular staff, more consistency," "They come do what they need to and go, they are very good," "The good thing is having regular carers," "All the carers are very pleasant and do the job, the improvement would be more mature, regular staff," "I think the agency is well run. They have never let us down for [family members] night call. I would recommend them," "Yes they are well run and well organised, they see me on time, they are good at what they do" and "All the staff are brilliant, I can't fault them."

All relatives surveyed and 83% of people surveyed said they knew who to contact at the agency if they needed to and that the information provided by the agency was clear and easy to understand.

Staff we spoke with demonstrated person centred values and gave examples of how they delivered care in a way that respected people as individuals. Staff told us they felt valued and supported by the registered manager. Members of staff were welcome to go into the office to speak with the management team at any time. One staff told us, "We're made welcome here any time and often come in for a chat." During our office visit we saw staff approached the registered manager in the office during the day to clarify issues and discuss their work. Staff told us they were happy in their roles.

An effective system of quality assurance checks was in place and implemented. The way staff provided care for people was monitored through regular checks that recorded staff performance. Staff told us, "The manager will come out and do observations of our work." The registered manager carried out spot checks of staff, whilst they were carrying out their work, as part of performance monitoring. Staff were provided with feedback on any areas for development. Audits were carried out to monitor the quality of the service and identify how the service could improve. The registered manager had carried out improvements in the way the service was run, for example, they had introduced the Care Certificate for all new staff. There was an on-going improvement plan in place. This included the introduction of two new field care coordinators whose role would include supporting the registered manager to audit and monitor the service.

Staff told us they received support and advice from the registered manager via phone calls, texts, formal supervision, appraisal and staff meetings. Staff felt the registered manager was available at any time if they had any concerns.

Some people spoken with could recall completing surveys asking their opinions of the service. People told us they felt they were listened to and where possible changes were made to resolve any issues they had.

The registered manager told us in June 2017 quality assurance surveys had been sent to people who used the service, relatives and staff. When these were returned and issues or concerns were reported the registered manager said they would go and see, or make telephone contact with the person to try and resolve their concerns. We saw evidence of this. The registered manager had also sent out a newsletter to

people who used the service giving an overview of the feedback received and to inform people of any actions they were taking in response to the information they had given.

The registered manager notified the Care Quality Commission of any significant events that affected people or the service. Records indicated the registered manager took part in safeguarding meetings with the local authority when appropriate to discuss how to keep people safe, and kept them involved in decisions concerning their safety and welfare.

People's records were kept securely. All computerised data was password protected to ensure only authorised staff could access these records. Records were maintained of any contact that people, their families or health professionals made with the office to discuss the service provided. Daily records of the visits made to people outlined the care provided as required by their individual plan. The records were sufficiently detailed to allow the registered manager to monitor that people received the care they needed.