

Home Care For You Ltd

# Home Care For You Blackburn

## 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 Blackburn is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of the inspection there were 114 people using the service.

Not everyone who used the service received personal care. The Care Quality Commission (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 told us they were happy with the service they received and felt safe. They said staff were kind and friendly. Safeguarding adults' procedures were in place and staff understood how to protect people from abuse. Recruitment processes ensured new staff were suitable to work for the agency. There were enough numbers of staff deployed to meet people's needs in a punctual, consistent and flexible way and to ensure their safety. People received their medicines when they needed them from staff who had been trained and had their competency checked. Risk assessments were carried out to enable people to retain their independence and receive support with minimum risk to themselves or others.

People were given choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's care and support needs were assessed prior to them using the service to ensure their needs could be met. Improved arrangements were in place to ensure staff received ongoing training, supervision and support. People were supported at mealtimes in line with their support plan and staff worked in partnership with healthcare professionals, when needed.

Management and staff had developed friendly, caring and respectful relationships with people using the service and their families. Staff knew about people's backgrounds and about their routines and preferences; this made sure people's care was tailored to their specific needs. People, or their family members, had been consulted about their care needs and had been involved in the support planning process. People had access to activities if this was in line with their support plan. People were aware of how they could raise any complaints, concerns and compliments and had access to a complaint's procedure.

Improvements had been made to the way the quality of the service was monitored. Any noted shortfalls were addressed. The values of the service were known to staff. Staff told us they received support from management and they felt valued. People's views and opinions of the service were sought and acted on. People told us the service was well-managed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 13 December 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This was a planned inspection based on the previous rating.

### Enforcement

Since the last inspection, we recognised that the provider had failed to display their ratings. This was a breach of regulation and we issued a fixed penalty notice. The provider accepted a fixed penalty and paid this in full. During this inspection we found the web site reflected the current 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Home Care For You Blackburn

## **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 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.

The service had a manager registered with the Care Quality Commission (CQC). 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

This inspection was announced.

We gave the service 48 hours' notice of 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. Inspection activity started on 5 December and ended on 6 December 2019. We visited the office location on 5 December 2019.

#### What we did before the inspection

We looked at the information we held about the service. This information included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

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. We also contacted local commissioners and asked them for their views about the service. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We visited the registered office and spoke with the registered manager, the quality manager, a training manager, a care coordinator and the management consultant. We also spoke with five people who used the service, one relative and four care staff on the telephone about their experience of the service.

We looked at the care plans and associated records for four people who used the service. We reviewed records relating to how the service was managed; these included staff training and recruitment records, seven medication records, induction and supervision records, quality assurance systems and policies and procedures and responses from the recent customer satisfaction survey. We also looked at the outcome from the recent commissioner's report (September 2019).

#### After the inspection

We reviewed information sent to us by the registered manager in relation to training and visit attendance.

# 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

- The provider had systems to protect people from the risk of abuse. People told us they felt safe and were happy with the support they received. One person said, "Yes, definitely I am safe." A relative told us, "I am comfortable with the care."
- Management and staff understood safeguarding and protection matters and were clear about when to report incidents and safeguarding concerns to other agencies.
- The provider had taken suitable steps to ensure staff knew how to keep people safe and to protect them from discrimination. This included access to appropriate training and to policies and procedures. Staff had no concerns about the service.

Assessing risk, safety monitoring and management

- The registered manager and staff assessed and managed any risks to people's health, safety and wellbeing. Staff had clear guidance on how to manage the risks in a safe and consistent manner in relation to areas such as, moving and handling, skin integrity, personal care, home environment and medicines.
- Staff ensured people had maximum choice and control over their lives, including those with protected equality characteristics.

Staffing and recruitment

- The provider followed clear recruitment and selection processes and carried out appropriate checks on potential staff prior to employment. We discussed how improvements could be made to the recruitment process regarding health information and the auditing of files.
- The registered manager ensured there were enough staff to meet people's needs, and support was flexible around people's lifestyles. People told us they received care from the same team of staff who were familiar with their needs and preferences. They told us they would be notified if a carer was going to be delayed.
- People and staff told us there were enough numbers of staff to meet people's needs in a punctual, consistent and flexible way and to ensure their safety. Two people were unsure about their commissioned hours; we discussed this with the registered manager who agreed to follow this up.
- A matching process ensured, where possible, staff skills were matched to people's care, support and communication needs.
- The registered manager used effective systems to monitor staff attendance. This ensured staff arrived safely and carried out their visit in line with agreed times.

Using medicines safely

- The registered manager and staff followed safe processes to ensure people's medicines were managed

safely.

- The service had access to best practice guidance in relation to medicines management and revised policies and procedures were available to all staff. Staff were trained to administer medicines and checks were carried out on their practice.

Preventing and controlling infection

- The provider had an infection control policy in place, staff had received appropriate training and had access to gloves and aprons when required.

Learning lessons when things go wrong

- The provider promoted an open culture in relation to accidents, incidents and near misses. Lessons learned were discussed at management and staff meetings.
- Management and staff completed records of any accidents and incidents and reported them to the appropriate agencies. The registered manager carried out an analysis of the accidents and incidents to determine whether there were any trends or patterns.

# 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 requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection we found the provider had failed to act in accordance with the Mental Capacity Act 2005 and had not undertaken mental capacity assessments when people were believed to lack capacity. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 11.

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.

- The provider had improved the training, systems and processes to ensure the service was compliant with the principles of the MCA.
- The registered manager and staff worked appropriately with people, their representatives and other agencies to ensure people's best interests were maintained under the MCA. People's capacity to make decisions was assessed and recorded; where possible.
- People were supported to make a variety of decisions. Staff sought people's consent and supported them to make choices and decisions, to maximise people's control over their lives. People confirmed staff always asked before providing support.

Staff support: induction, training, skills and experience

At the last inspection, we recommended the provider reviewed the provision of training to ensure staff had

the necessary skills and knowledge particularly in areas such as equality and diversity and end of life care. The provider had made improvements.

- The provider ensured staff were provided with a range of appropriate induction and training to carry out their role effectively. The training was delivered and monitored by a team of trainers. All training had been reviewed and improved following the last inspection. People felt staff were experienced and competent.
- The management team provided staff with support and supervision. Staff were given opportunities to discuss their responsibilities, concerns and to develop their role. They were complimentary about the support they received from each other and from the management team.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager ensured assessments of people's needs were carried out before they started using the service to ensure they could be looked after properly. Assessments from health and social care professionals were also used to plan effective care.
- Management and staff applied their learning in line with expert professional guidance such as the management of nutrition, skin integrity and falls. This led to good outcomes for people and supported a good quality of life.
- Policies and the initial care assessment supported the principles of equality and diversity. Staff considered people's protected characteristics, such as sexuality, religion or belief. However, people's sexual orientation was not considered. We discussed this with the registered manager who agreed to address this.
- Management and staff used technology and equipment to deliver effective care and support. The service had internet access, call monitoring systems, fall detectors, movement sensors and pressure relieving mattresses.

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

- Staff supported people to eat and drink enough in line with their support plan and with their preferences.
- Staff supported people with healthy eating and with specific dietary needs based on health and cultural needs.

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

- The registered manager and staff made sure people received appropriate support to meet their healthcare needs.
- Staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a coordinated service. Appropriate information was shared when people moved between services. In this way, people's needs were known, and care was provided consistently.

# 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

- Management and staff focussed on building and maintaining good relationships with people and their families. People and their relatives told us staff always treated them with respect and kindness and were complimentary of the support they received. People said, "Always very nice people [staff], I look forward to them coming" and "They are very good."
- Staff knew about people's preferences and how best to support them. People said, "Excellent care. Staff took time to go above and beyond" and "They know me very well." Staff talked about people as being part of their family.
- People's equality, diversity and human rights were respected and recorded as part of the care planning process. We found some positive examples of how staff had supported people's diverse needs with care and sensitivity.

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

- The registered manager and staff ensured people were consulted and involved in decisions about their care needs, the way the service was managed and about new staff. People confirmed staff were respectful of the choices they made and felt they were treated fairly.
- People were encouraged to make decisions about their day to day routines, in line with their personal preferences and encouraged to express their views in daily conversations, review meetings and customer surveys.
- The registered manager gave people information advising where they could access advocacy services and how to contact other useful agencies. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

Respecting and promoting people's privacy, dignity and independence

- The registered manager and staff respected people's privacy, dignity and independence. One person said, "They get me going in the morning."
- People's information was stored and held in line with people's preferences, the provider's confidentiality policy and with government regulations.

# 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

- The registered manager and staff planned people's care and support in line with their needs, choices and preferences. People's care plans included enough information to make sure they received care and support that was person-centred and to ensure they lived the lives they wanted to. The registered manager and staff recognised the importance of promoting equality and diversity and respecting individual differences.
- Staff wrote daily records, which documented the care people had received, in a detailed and respectful way. We noted some entries were not written clearly; we discussed this with the registered manager who agreed to address this.
- Staff understood people's care and support needs. People's care plans were kept under review to make sure they received the correct care and support. People, or their representatives, were involved in the care plans and decisions about care needs.

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.

- The registered manager and staff understood about the AIS. People's communication needs were identified and recorded in their care plans. Information could be made available in a variety of formats to meet people's communication needs and to give people more control over their lives. We found staff communicated well with people whose first language was not English.

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

- The registered manager supported people to attend the events and activities they valued, if this was in line with their plan of care. Care records included information about important relationships and how the person preferred to be contacted.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure. We reviewed the complaints log and found they had followed their policy and concerns had been recorded and responded to.
- People knew how to make a complaint or raise a concern. We saw information about this in the service user guide. However, the information incorrectly directed people to CQC in the first instance. The registered manager assured us this would be addressed.

- People said they had not needed to raise any complaints but were confident they would be listened to. One person said, "If I have a problem, I telephone, and they sort it out."
- The registered manager and staff encouraged people and their relatives to discuss any concerns during review meetings and during day to day discussions. People also participated in a satisfaction survey where they could air their views about all aspects of the service.

#### End of life care and support

- The provider supported people to remain at home at the end of their lives with support from community-based health professionals. People's preferences and choices in relation to end of life care and their cultural and spiritual needs would be explored and recorded.
- Staff received appropriate training to help them support people at the end of their lives. A relative had commented, "The care [family member] received was faultless, [family member's] wishes were paramount."

## 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 requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

Following the last inspection, we found the provider had failed to display their ratings. This was a breach of regulation and we issued a fixed penalty notice. The provider accepted a fixed penalty and paid this in full. At this inspection, we found the provider had made improvements to the web site and the ratings were displayed.

At the last inspection, we recommended the provider reviewed the quality monitoring systems to ensure that they were sufficiently robust to identify issues of concern and drive improvement. The provider had made improvements.

- The registered manager and the management consultant had improved the quality monitoring systems and there was a good standard of organisation within the service. All aspects of the service, including spot checks on staff practice were monitored. When shortfalls were discovered, improvements were actioned. We discussed with the registered manager the further improvements needed to the visit records and recruitment file audits. The registered manager agreed to action this.
- The registered manager understood their legal responsibilities. Any notifications they were obliged to make, had been made to CQC and to the local authority. The current inspection rating was displayed on the web site.
- The management team ensured records were accessible, organised and used for auditing purposes.
- The registered manager made sure staff understood their individual responsibilities and contributions to service delivery. They had access to a set of policies and procedures.

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

- The provider had a commitment to providing people with positive outcomes. Staff were familiar with the aims of the service and the quality of care expected. Management and staff knew people well and encouraged people to make decisions about their care and support. People told us they were satisfied and happy with the service.
- Staff were committed to providing high standards of care and support and felt valued and supported. Staff told us they enjoyed working at the service and received appropriate support from the registered manager. From our discussions, we found staff genuinely cared about the people they supported. Care records were

person centred and people had been involved in reviews.

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 duty of candour responsibilities. Good relationships had been developed between management, staff and people using the service and their family members.
- The registered manager was aware of their responsibility to be open and honest when something had gone wrong. Any incidents were discussed with staff during meetings or in one to one support sessions and practices were improved.

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

- The registered manager sought feedback from people using the service to ensure they were happy and to ensure their diversity and personal and cultural needs were met. A recent customer survey indicated people were satisfied with the service provided.
- The registered manager had systems that ensured all staff were kept up to date and promptly notified of any changes. Staff told us they were kept up to date and they felt communication was good. They were confident the service was well managed.

Continuous learning and improving care; Working in partnership with others

- The registered manager encouraged continuous learning and development within the service. Staff training, supervision sessions and meetings were used to ensure learning and improvements took place. Plans to continue improvements within the service were available. Staff told us they were comfortable in raising any issues or concerns.
- The registered manager and staff had close links and good working relationships with a variety of professionals to enable effective coordinated care for people.
- The registered manager worked in partnership with other agencies, including the local commissioners who conducted their own reviews of the service. There had been no recent concerns highlighted.