Homecare4U Limited

Homecare 4U Cheshire

Inspection report

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Date of inspection visit:
10 January 2019
11 January 2019

Date of publication:
06 February 2019

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 inspection took place on 10 and 11 January 2019 and was announced. The service was last inspected on 31 August and 1 and 5 September 2017. At that time, we found three breaches of regulations and the service was rated as requires improvement.

Following the last inspection, we met with the provider to confirm what they would do and by when to improve the key questions safe, responsive and well-led to at least good. At this inspection we found that improvements had been made and the provider was no longer in breach of the regulations. We have rated this service as good.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, younger disabled adults, children. There were 68 people using the service at the time of the inspection.

Not everyone using Homecare 4U Cheshire receives a regulated activity; The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in place. 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 were positive about the support they received because they knew the carers well and told us they benefitted from consistent and familiar staff. There were sufficient staff and care calls were usually on time and rarely missed. The provider had implemented a new app which enabled staff to easily access the rotas and other important information.

Relevant checks continued to be completed before staff worked unsupervised at the service.

People were protected from avoidable harm as staff received training and understood how to recognise signs of abuse and who to report this to if required. Improvements had been made to risk assessments, which were undertaken and further action taken to mitigate risks where necessary.

Medicines were managed safely. Staff were trained and were supplied with personal protective equipment (PPE) such as gloves and aprons. We noted some minor recording issues relating to medicines, which the registered manager addressed straight away.

People's needs continued to be assessed before they started using the service and were reviewed to develop their care plans. People received appropriate support to meet their nutritional needs.

Staff had the appropriate skills and knowledge necessary to deliver effective care and support. Staff undertook an induction when they started with the service. They had ongoing supervision and appraisals to support their development.

Carers asked for people's consent before providing any care. We found the service was working within the principles of The Mental Capacity Act 2005 (MCA).

People were supported to maintain their health and wellbeing through access to a range of community healthcare services and specialists. Where necessary staff contacted health care professionals to provide support.

People were positive about the approach and attitude of staff. They told us that overall, they received support from caring staff who knew them and their needs well. Staff respected people's dignity and privacy.

People continued to be involved in decisions about their care and were involved in the development of their care plans. They were supported to make choices and staff respected their routines and preference.

The provider had taken action to improve care plans and had included further information which was person centred and contained details about people's preferences, likes, interests and personal histories.

People received care and support that was personal to their needs and was responsive to their changing needs.

People knew how to raise a complaint. Everyone spoken with felt able to contact the management team with any concerns or issues and felt that appropriate action would be taken.

There was a complaints log in place, however, we recommend that the provider consider keeping a record of smaller issues that are raised, which may not be considered formal complaints, but require some action to be taken to improve service user satisfaction. This would further enhance the quality monitoring practices and support the provider to drive improvements.

People, their relatives and staff were positive about the way the service was managed. The service monitored and assessed the quality of the service they were providing to people. Improvements had been made since the last inspection. Care plans and risk assessments had been re-written to include information which was focused on a person-centred approach.

People's views were sought to help develop the service and action plans were in place for ongoing improvements.

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.

Risks were assessed and people were supported to stay safe.

People were positive about the staffing of the service.

Systems were in place which safeguarded people from abuse.

The management of medicines was safe.

Is the service effective?

Good

The service was effective.

People's needs were sssessed before they started using the service.

Care staff were trained, supervised and well supported to enable them to provide effective care.

We found the service was working within the principles of the MCA and staff sought people's consent to provide care.

People received appropriate support to meet their nutritional needs.

Is the service caring?

Good

The service was caring.

People were positive about the approach and attitude of staff. They received support from regular staff who knew them and their needs well.

We found that people's dignity and privacy was respected and promoted by the service.

Independence was encouraged by staff where possible.

Is the service responsive?

Good

The service was responsive.

Care plans had been re-written and were comprehensive and person- centred.

People and their relatives were involved in reviews of their care plans and the service was responsive to people's changing needs.

There was a complaints procedure and people felt able to raise any concerns with the management team.

Is the service well-led?

Good

The service was well-led.

Notifications had been submitted to CQC and the management team were clear about their responsibilities.

Systems and audits in place to monitor the service, were effective.

Staff felt well supported by the management team and were motivated and enthusiastic.

People's views were sought about the development of the service.

Homecare 4U Cheshire

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.

We gave the service 72 hours' notice of the inspection visit because the manager is sometimes out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 10 January and ended on 11 January 2019. It included visits to people in their own homes. We visited the office location on 10 and 11 January to see the manager and office staff; and to review care records and policies and procedures.

This inspection was carried out by one adult social care inspector, one assistant inspector and one 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.

Before the inspection we checked the information we held about the service. We looked at any notifications received and reviewed any information received from the public. We also contacted the local authority to seek their views about the service. They told us they had no current concerns. The provider completed 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 improvements they plan to make.

During the inspection we spoke with eight people who used the service and four carers or relatives. We also visited two people at their homes. We spoke with several staff including the registered manager, the deputy manager, the operations director (Northwest) and five care staff.

We reviewed six people's care records, looked at three staff files and reviewed records relating to the management of medicines, training and how the registered persons monitored the quality of the service.

Good

Is the service safe?

Our findings

During our last inspection in August/September 2017, we rated this key question as Requires Improvement. We found the provider had continued to be in breach of the regulations relating to safe care, because risk assessments were not robust enough. At this inspection, we found that improvements had been made, and the provider was no longer in breach of this regulation.

We asked people and their relatives whether they felt safe with the support provided by Homecare 4U Cheshire, they told us, "I feel safe with them (carers) and I trust them all"; "I'm happy with the care and it keeps my relative safe, especially regarding the meds" and "I do feel safe with (the carers). I feel a lot safer now that they're coming."

Risks were assessed and people were supported to stay safe. Since the last inspection new risk assessments had been introduced, which included more detailed information about the action staff needed to take to manage any identified risk. Each person had a care and risk assessment plan, which included risks to the individual and assessed environmental risks in people's home. A section had been added to include risks associated with bed rails. There were also separate risk assessments for specific areas of risk such as diabetes management or the risk of pressure ulcers. Staff told us about the needs of the people they supported and the actions they took to minimise risks to people and keep them safe. We saw for example that the local fire service had been out to assess a person who smoked and provide advice to reduce the risk of fire, which was included on their care file.

People were positive about the staffing of the service. They told us that care staff were usually on time and there were very few missed calls. They were positive about the support they received because they knew the carers well and overall, told us they benefitted from consistent and familiar staff. Comments included, "Sometimes they (carers) are spot on time, and sometimes not but they're never very late" and "They (carers) stay as long as they need to and do whatever's needed, they cover everything." We saw from the rotas that there were sufficient staff to meet the needs of people currently using the service. The registered manager explained that recruitment was on-going and any new packages of care would only be accepted if the service had enough capacity to undertake these calls.

Staff told us they had sufficient time within each call and did not need to rush people. There was an electronic appointment system in place and staff were given time to travel in-between calls. Staff were required to log in and out of calls in real time, which alerted the management if visits were late and meant that immediate action could be taken. This extra safeguard meant that the likelihood of a missed visit was greatly reduced. The provider had recently implemented a new secure app which staff accessed through their mobiles phones and enabled them to view the rotas electronically, as well as other important information.

Records relating to the recruitment of new staff showed relevant checks continued to be completed before staff worked unsupervised at the service. These checks identified if prospective staff were of good character and were suitable for their role. This allowed the registered manager to make safer recruitment decisions.

The provider had policies in relation to safeguarding and whistleblowing. These set out how to recognise abuse, staff's responsibility to report any concerns and the responsibility of the provider to contact the local authority who were the lead agency for safeguarding. Staff had received training in how to safeguard people. Staff spoken with understood the importance of reporting any signs or symptoms of abuse, knew how to report concerns and felt confident that the registered manager would act on any concerns they raised. Staff also had access to a handbook which included the provider's whistle blowing policy. The provider had obtained a copy of the local authority adult safeguarding policy and was aware of their responsibilities to notify the local authority and CQC of any concerns. Where necessary records demonstrated that appropriate referrals had been made to the local authority.

The registered provider ensured that if things went wrong that lessons were learnt and improvements made. Staff spoken with understood their responsibility to report any concerns and report any accidents or incidents. We saw that accident and incident forms were completed where necessary and these were reviewed to consider any further actions necessary to improve the quality and safety of the service. We saw in some cases that the need for further training and supervision had been identified and provided to staff members.

Medication processes were reviewed during the inspection and found to be safe. Medication was administered by staff who had received the relevant training. Medication administration records (MAR) were appropriately completed by staff and there was an up to date medication policy in place. However, we noted in one instance that staff had not used the correct codes within the MARs to indicate that a family member had supported the person with medication rather than the carer. We raised this with the registered manager who advised us that she would remind staff to use the correct code.

Care plans included information about the level of support people required with their medicines. We noted that one care plan viewed needed to be updated to reflect a change to aspects of the support provided. The registered manager arranged for the records to be reviewed straight away. Monthly MARs audits were completed to identify any shortfalls and if necessary further action was taken. People said, "The carers are all very diligent about the tablets" and "The carers make sure you've taken your medication". Staff had regular 'spot checks' to monitor and assess their competency.

Care workers received training in infection control and food hygiene and understood their responsibilities relating to these areas. There were systems in place to reduce the risks of cross infection including providing care staff with PPE (personal protection equipment), such as disposable gloves and aprons. During the inspection we saw staff collecting this equipment from the office.

The registered provider had a business continuity plan in place for the service, which ensured that all relevant contact numbers were easily available in the event of an emergency.

Good

Is the service effective?

Our findings

At the previous inspection we rated this key question as good. At this inspection we found that the provider continued to be good.

People and their relatives told us, "I think (the carers) are fine; I have no problem with them at all and they're all very reliable"; "The 'girls' that come are very good, exceptional really" and "I'm very pleased and very happy I've got these carers."

People's needs continued to be assessed before they started using the service and were reviewed to help develop their care plans. The management team met with people and where appropriate, their relatives prior to the service starting, this enabled them to discuss their choices and preferences. Each person's file also contained an assessment document from the local authority to help inform the provider's assessment.

Staff had the appropriate skills and knowledge necessary to deliver effective care and support. The provider supported staff with suitable training and supervision. New staff received an induction, which was in line with the Care Certificate. This is a nationally recognised set of standards health and social care staff must meet to demonstrate they are competent to deliver safe, effective and compassionate care. Records demonstrated that staff also completed annual refresher training in topics such as safeguarding, medicines, moving and handling and health and safety. Staff told us "We have regular refresher training for everything, including medication. We have spot checks within three months of starting and they're then done every three or six months." New staff continued to be given a staff handbook which contained information to help them to understand what was expected of them, including the policies and procedures. Carers were encouraged to enrol onto QCF (Qualifications and Credit Framework) qualifications to help to continue to develop in their role.

Staff received one to one supervision meetings and a yearly appraisal with their line manager, which they told us were supportive. Staff said they had regular meetings and found these to be supportive and encouraged their development. Records were maintained which enabled the management team to keep a track when supervisions and appraisals were due.

Staff told us that communication was good within the service. Information and updates were shared through phone calls, visits to the office and by reading people's care plan documentation. New technology was being implemented through use of a new app, which ensured all staff had up to date information about the rotas and important aspects of each person's care needs. Team meetings were held and a newsletter was sent out on a regular basis which provided updates to people and staff about the service. On call support was provided to ensure staff always had a senior available to support with any emergencies or to provide information if necessary.

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 found the service was working within the principles of the MCA. Staff had been trained in the MCA and had an understanding of mental capacity. They were aware of their responsibilities to ensure people's consent was sought before providing care and support. One relative explained, "The carers ask, for example 'do you want your hair washed?' because they know (relative) doesn't always want it done."

Where possible, people had signed their care records to show that they had consented to their planned care and terms and conditions of using the service. Care plans provided guidance about people's mental capacity. The registered manager told us that all the people who currently used the service had capacity to make their own decisions. She was aware of the MCA and principles which needed to be followed if there were concerns about people's capacity and that mental capacity assessments and best interest decisions would be arranged if necessary.

Some people were supported by staff with meal preparation. Care plans included information about the support they required and their specific requirements. Where there were any nutritional risks, this was highlighted and recorded in their care plans. For example, we saw that risk assessments were in place for those people who had diabetes.

We saw evidence of the service working effectively to deliver positive health outcomes for people. People were supported to maintain their health and wellbeing through access to a range of community healthcare services and specialists. The management team told us that they were in regular contact with professionals such as social workers, district nurses, GPs, specialised nurses and others where required. For example, an occupational therapy assessment had been requested in response to changes in a person's mobility. One person told us, "I think (the carers) know me pretty well. For example, one-day last year a carer found me in bed and recognised there was something wrong so they called an ambulance."

Good

Is the service caring?

Our findings

At the previous inspection we rated this key question as good. At this inspection we found that the provider continued to be good.

People and their relatives were positive about the way they were treated by care staff. They told us, "(Staff) are great and their attitude is fine. I can say what I want and most of them have a good sense of humour; we have a good laugh at times,"; "The carers are friendly and very gentle when they support me."; "(Staff) are always polite; there's no rudeness. They call me by my first name, say good morning and ask me how I am" and "They (staff) listen all the time; I like them very much."

People were positive about the approach and attitude of staff. They told us that overall, they received support from regular staff who knew them and their needs well. We found that the management team had a thorough understanding of the needs of the people they supported. They continued to undertake care calls themselves to enable them to get to know people. They aimed to provide consistent support to people and be as flexible as possible to respond to individual needs.

Staff told us they were given time to get to know people and would read their care plans and risk assessments. They said that within the care calls, they had sufficient time to talk and listen to people. Staff gave examples of a caring approach through extra support they had provided, such as providing transport to prevent a person waiting in the cold for a taxi. We saw that the service had received several thank you cards and compliments about the care provided.

People continued to be involved in decisions about their care and were involved in the development and reviews of their care plans. They also told us they were supported to make choices and staff respected their routines and preferences. Information about the service was available in a 'service user guide', which was issued in each person's home. This provided relevant information about the service, how to contact and discuss any questions or issues. The management team were in regular contact with health and social care professionals and were able to access appropriate support for people such as advocacy services.

We found that people's dignity and privacy was respected and promoted by the service. People spoken with confirmed this and comments included, "The carers that come to me, treat me with respect." Staff were aware of importance of promoting people's dignity and could provide examples of how they did this, such as keeping people covered and keeping curtains closed during personal care. The management team undertook regular spot checks and made observations to keep a check on this. Staff were aware of the need to keep people's personal information confidential and we saw that records were stored securely in the office.

Staff were trained in equality and diversity. The provider had an equality and diversity policy in place and considered people's diverse needs. For example, the provider's assessment form had been updated to prompt staff to ask how people's sexuality, religious or cultural needs should to be considered when planning their care. The registered manager could provide examples of how the service had respected

people's diverse needs. People's communication needs were considered by the service. Care plans included information about people's preferred communication methods, such as the need for hearing aids or glasses was included. The registered manager provided an example where staff had used a translation service to support a person who did not speak English as their first language

Independence was encouraged by staff where possible. Staff told us that people were supported to do as much for themselves as possible and this was included in their care plans. For example, one person commented, "The carers do try to let me be independent: they'll stand back as appropriate if I think I can manage on my own."

Good

Is the service responsive?

Our findings

At the last inspection we rated this key question as requires improvement, this was because improvements were required relating to care and complaint records. At this inspection was found that improvements had been made and we have rated this key question as good.

We asked people and their relatives whether the service was responsive, they told us, "They are very good at trying to accommodate whatever you want doing"; "After a few requests, it settled to the same two carers. My (relative] needs this because of their communication difficulties" and "The carers are very sensitive to (my relative's) needs.

Staff understood the importance of providing care that was individualised and were aware of people's likes and preferences. Staff commented "You don't presume what people want" and "We really try hard to meet all the client's needs." When a person began with the service, a member of the management team undertook a "meet and greet" visit, to find about the person's needs and preferences. People confirmed "I'm fully involved and I've signed it (Care plan)" and "(Staff) asked me loads of questions and (relative) was there also."

Since the last inspection new care plan documentation had been introduced and all the care plans were being re-written. We found that care plans were comprehensive and used the person's own words to describe the level of support they required. They provided detailed information about all aspects of people's support needs including their preferences. For example, we saw details about the way people liked to take their tea or aspects of personal care they preferred to do independently.They also contained information about equipment and aids such as hoists, specialist cushions and mattresses, as well as details about communication, dietary, medication and moving and handling needs, amongst other information. Staff told us that they would report any concerns or changes straight to the management team and changes were made to people's care as necessary.

Regular reviews of people's care continued to be held. A review would be held six weeks after the start of the care plan and then again at six months. People said, "I had a review earlier this year but everything was kept the same" and "It was reviewed yesterday, actually. They bring different paperwork and we go through things". The management team also contacted people by telephone to monitor the service

The registered provider was aware of the Accessible Information Standard (AIS). The AIS aims to ensure information for people and their relatives can be created in a way to meet their needs in accessible formats, to help them understand the care available to them. The registered manager advised us that information could be made available in a larger format for people with visual impairments.

The provider had a complaints procedure and we saw that people had access to this information through a service user guide in their own home, which included the contact numbers for the management team. People knew how to complain and felt able to raise any concerns should they need to. Everyone spoken with told us that they knew the management team well. People told us, "I just pick up the phone and the

office staff are fine. They listen and deal with any problem you have" and "I ring the office (if I have a complaint). I generally find the office staff friendly and approachable."

The registered manager kept a log of any complaints. We reviewed the complaints file and saw that overall complaints were recorded, as well as any actions taken to investigate and resolve the issues. However, we were advised that a relative had raised a concern about the care provided on one occasion with the management. When we discussed this with the registered manager we could see that appropriate action had been taken to resolve the concern and the relative was satisfied, however the records were not sufficiently robust to confirm the concerns raised and action taken.

We recommend that the provider consider keeping a record of smaller issues that are raised, which may not be considered formal complaints, but require some action to be taken to improve service user satisfaction. This would further enhance the quality monitoring practices and support the provider to drive improvements.

At the time of our inspection, the service was not supporting anyone who required end of life care. However, the registered manager was aware of how to access support from other healthcare professionals if required.

Good

Is the service well-led?

Our findings

During our last inspection in August/September 2017, we rated this key question as requires improvement. The provider had continued to be in breach of the regulations. We found that the provider had failed to notify us about events as legally required to do so and systems to monitor the service had not been sufficiently effective. At this inspection, we found that improvements had been made, and the provider was no longer in breach of these regulations.

People and relatives were positive about the management of the service. Not everyone said that they had met the registered manager but said they could contact the office with any issues. They told us, "I have only spoken to the manager on the phone; I've never met them. I have met the deputy a couple of times and they're very nice"; "The company is very flexible. They have a form you fill in to change what you want" and "(The manager) comes out, pops in and has a chat for a while; they're very nice."

There was a registered manager in post. 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.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. CQC check that appropriate action has been taken. At the last inspection we found that the provider had not ensured that CQC had been notified of all relevant events. At this inspection we found that notifications had been submitted appropriately and the management team were clear about their responsibilities. The provider's latest CQC rating was also displayed on their website as legally required.

Previously we found that whilst the provider had some quality assurance systems in place, these had not been sufficiently robust to achieve compliance in all areas. Since the previous inspection the provider had acted to improve and develop the service. Care plans and risk assessments had been re-written to include information which was focused on a person-centred approach and detailed how people liked to receive their care and support. Systems were in place and technology had been implemented by the provider to ensure that information was accessible, organised, maintained and up to date. All information requested during the inspection was readily available. Policies and procedures were available and up to date.

We saw from the records that monthly audits of the medicine administration records and the daily progress notes were completed. Action was taken in response to any issues identified from these audits. Full branch audits were undertaken on a yearly basis and the operations director visited the service regularly. We saw that the service had an action plan in place for further development in 2019.

There were good communication systems in place. These included up to date care plans, regular text, telephone and face to face communication between the staff team, team meetings and an on-call system were available to staff. Weekly conference calls between the registered manager and operations manager took place and enabled the provider to monitor issues such as complaints, incidents or any safeguarding

concerns.

The registered manager told us there had been some changes to the management team. She had the support of a deputy manager, two care coordinators and an operations director. There was a positive staff culture and staff spoken with were motivated and enthusiastic. Staff told us overwhelmingly that they felt well supported by the management team and described them as approachable. They told us there was good team work in place. We saw from meetings minutes that staff had the opportunity to express their views at staff meetings. Staff also had the opportunity to provide feedback in staff surveys. They spoke positively and told us they felt able to discuss any issues and were confident they would be listened to. They said, "If we think there is an issue, they would listen and give feedback."

The service aimed to keep up to date and continue to learn, to improve the quality of the service. The registered manager attended provider forums and training with the local council and subscribed to updates from the CQC. She also undertook annual training with an external consultant. The management team maintained links with professionals in the community. Positive feedback had been recently received from a social worker about the support staff had provided to a person.

People's views were sought about the service. As the registered manager undertook care visits herself to people using the service, she was able to gather their views and feedback on a regular basis. The management team also undertook reviews, spot checks and telephoned people which enabled them to seek their views about the care provided. Yearly questionnaires were also sent out to people and we saw that people were informed about the results through a newsletter. The majority of responses were positive and an action plan had been devised in response to any points or issues noted.