

Home Care For You Limited

Homecare for you Limited Lancashire

Inspection report

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20 November 2018

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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 carried out an announced inspection of Homecare For You Limited Lancashire on 19 and 20 November 2018.

Homecare For You Limited Lancashire is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. Not everyone using Homecare For You Limited Lancashire receives a regulated activity. The care quality commission (CQC) only inspects the service being received by people provided with 'personal care' such as help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of the inspection, there were 160 people being supported by the agency.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People and their relatives told us they felt safe and staff were caring, reliable and trustworthy. Safeguarding procedures were in place and staff understood their responsibilities to safeguard people from abuse. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. Safe and appropriate recruitment procedures were followed to make sure only suitable staff were employed. People received their medicines when they needed them from staff who had been trained and had their competency checked.

People received care and support from a consistent team of staff with whom they were familiar. Staff arrived on time and stayed for the full time allocated. People told us they were always treated with kindness, care and respect. Staff had developed good relationships with people and were familiar with their needs, routines and preferences. Staff had sufficient knowledge and skills to meet people's needs effectively. They completed an in depth and structured induction programme when they started work and they were up to date with mandatory training. Staff were supported by the management team and were happy working for the agency.

People were involved in discussions and decisions about the care and support they needed and could influence the delivery of their care. Staff had up to date information about people's needs and wishes and there were effective systems in place to respond when their needs changed. People were supported to have maximum choice and control of their lives and their healthcare needs were monitored as appropriate. Staff had good links with other healthcare professionals to ensure people's healthcare needs were met. People were supported with their dietary needs in accordance with their care plan.

People were aware of the complaints procedure and processes and were confident they would be listened to should they raise any concerns. Systems were in place to monitor the quality of the service and people's feedback was sought in relation to the standard of care and support. The quality and safety of the service was monitored and appropriate action was taken to address any shortfalls. People and relatives told us that they were satisfied with the service provided and with the way it was managed.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Homecare for you Limited Lancashire

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 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection site visit activity started on 19 November 2018 and ended on 20 November 2018. The inspection was carried out by one adult social 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; in addition, the expert by experience could effectively communicate with people whose first language was not English.

In preparation for our visit, we checked the information we held about the service and the provider. This included statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send us by law. We also contacted the local authority safeguarding team for information about the service and considered information shared with us from the local authority commissioners.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We visited the office location on 19 November 2018 to meet with the registered provider, the managing director and the training manager and to review care records and policies and procedures. We reviewed a

range of records about people's care and the way the service was managed. These included the care records for four people, medicine administration records, staff training records, four staff recruitment files, staff supervision and appraisal records, minutes from meetings, quality assurance audits, incident and accident reports, complaints and compliments records and records relating to the management of the service. We also looked at the results from the most recent customer satisfaction survey completed by people using the service.

Following the visit to the agency office, we spoke with seven people using the service, three relatives and four staff over the telephone.

Is the service safe?

Our findings

People told us there were sufficient staff to provide safe, consistent care and support for people. All people spoken with told us they felt safe receiving care from staff at the agency. Relatives spoken with also expressed satisfaction with the service and told us they had no concerns for their family member's safety. Staff told us, "There are no missed visits as we have to log in and log out. We can't move onto the next client now until we have logged out at the previous one. It is all monitored by the staff at the office."

We looked at how the service kept people safe and protected them from discrimination. Staff had received training in safeguarding and policies and procedures were in place to provide them with guidance. Staff spoken with expressed an understanding of safeguarding and protection matters and were aware of the whistleblowing policy; they told us they would always report any poor practice. There was a designated safeguarding champion; we discussed the benefits of linking in with the local commissioner's forums. People using the service were also provided with information about how to recognise and report any abuse; this was available in pictures and easy to read print.

The registered manager was aware of her responsibility to report any safeguarding incidents to the local authority and the Care Quality Commission. There was evidence the registered manager worked in cooperation with other agencies. At the time of the inspection, one incident remained open and under review. The registered manager had been asked to conduct an internal investigation; this had been completed and action had been taken to address any shortfalls. A report of the investigation had been shared with the local authority safeguarding team for further discussion.

Staff told us they received additional training on how to keep people safe, which included moving and handling, infection control, basic life support and fire safety. People and staff had access to information about what to do and who to contact in an emergency and there was an on call arrangement. Staff told us they could contact the on call number for advice and support. One member of staff said, "The office staff are really good; they deal with issues quickly." People's care records contained contact details that staff may need to contact in an emergency, such as next of kin and social and healthcare professionals.

Risks to people's safety and wellbeing were assessed and managed. Each person's care plan included assessments of any risks associated with the person's environment, their care and treatment, medicines and any other factors. The risk assessments included actions for staff to take to keep people safe and to reduce the risks of harm. The assessments were updated regularly or when their needs or circumstances changed. Staff told us any changes or new risks were reported to the office and a review of the person's care documentation would be undertaken.

There were arrangements in place to review when people's equipment such as hoists and mobility aids required servicing; which helped ensure people's safety and reduce the risk of injury. We noted there was a business continuity plan, which set out emergency plans for the continuity of the service in the event of adverse events such as loss of power or severe weather.

Records were kept of any accidents or incidents. There was an accident and incident policy in place, which detailed how they should be managed. Records we looked at showed all accidents and incidents had been managed in line with policies and procedures, including action taken to mitigate the risks of further accidents or incidents. Staff knew how to inform the office of any accidents or incidents.

The agency employed a recruitment manager, who reviewed the staffing needs and requirements of the service. This ensured the right numbers of staff were employed to meet people's needs with regards to gender preference, age and first language. We looked at four staff recruitment records and found appropriate employment checks had been completed before they began working for the service. The recruitment process was supported by policies and procedures, which reflected current regulatory requirements.

Prior to our inspection, we received information of concern in relation to a shortage of staff, shortened visits and missed visits. People told us there were sufficient staff to safely meet their needs and they received support from familiar and consistent staff who arrived on time and stayed the correct length of time. The registered manager confirmed that duty rotas were prepared in advance and new care packages were not accepted unless there were sufficient staff available. Staff attendance was closely monitored and any late attendance would quickly be identified by the systems and acted on.

Staff confirmed there were sufficient staff to meet people's needs and they had adequate time to travel between visits without rushing. One member of staff told us, "If I was having problems getting to my visits on time, I would speak to the office and they would re-arrange things." We had no concerns about staffing levels, shortened visits or missed visits during our inspection.

People were happy with the support they received with their medicines. We found that there were safe and effective processes in place for the safe management of people's medicines. The level of assistance each person needed was recorded in their support plan along with guidance on the management of any risks. However, we noted the reasons for not administering medicines on one person's medicine record had not been recorded in line with the agency's procedure. This was addressed on the day of the inspection. Staff who were responsible for the safe management of people's medicines had completed appropriate training and checks on their practice had been undertaken. Policies and procedures were available for them to refer to.

There were systems in place to ensure people were protected against the risk of infections. Staff were provided with personal protective equipment, including gloves and aprons, which they collected from the agency office. People confirmed staff always used appropriate protective equipment when assisting with personal care. Staff had access to an infection prevention and control policy and procedure and had completed relevant training.

Is the service effective?

Our findings

People were confident the staff had the skills and knowledge to provide them with effective care and support. Everyone we spoke with was happy with the care and support they received and told us staff provided an individual service that met their needs. Relatives made positive comments about the service. They said, "Staff engage in conversation and have a laugh with [family member], this cheers them up", "[Family member] is always asked about her needs; they always ask if they are able to do anything additional to help" and, "The staff have the right knowledge to meet [family member's] needs."

We looked at how the service trained and supported their staff. Two training managers were available to organise and deliver the training. From our discussions with staff and from looking at records, we found they received a wide range of appropriate training to give them the necessary skills and knowledge to look after people properly. Information in the PIR indicated End of Life Care training would be provided in more detail within the next six months. Training updates had been provided on a three yearly basis; however, we were told that training for all staff would now be updated on an annual basis.

Staff confirmed the majority of training was provided by the training manager and designated staff carried out observations on their practice. Staff said their training was useful and beneficial to their role and helped them to meet people's needs, choices and preferences. They told us they could request additional training if they needed to. The PIR indicated a high percentage of staff had achieved or were working towards a recognised qualification in health and social care.

Records showed new staff received an induction into the routines and practices of the agency which was based on the Care Certificate. The Care Certificate aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care. The induction process included a period working with more experienced staff until they had the confidence and skills to work independently. One staff member confirmed their induction had been useful and beneficial.

Staff received regular supervision, which included observations of their practice, as well as an annual appraisal of their work; we observed action was taken to address issues when required. Supervision meetings provided an important opportunity for staff to discuss their progress and any learning and development needs they might have. Staff told us they were supported by the management team and could discuss anything that concerned them on a day to day basis.

Prior to receiving a service from the agency, a senior person met with people to discuss their needs and how they wished their care to be delivered. Where appropriate, information was also gained from relatives and relevant health care professionals. Information was recorded about people's religion, communication and cultural needs. However, information was not asked about people's sexual orientation. The registered manager told us this would be added to the assessment and discussed with people, if this was felt to be appropriate.

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 with appropriate legal authority and any application to do so must be made to the Court of Protection.

We noted that staff received training to ensure they were aware of the principles of this legislation. Staff spoken with understood the need to ask people for consent before carrying out care and support. Staff said, "People's capacity is recorded in the plan. We give choices at all times, respect their property and treat people equally." People using the service confirmed this approach. Care records demonstrated that people's capacity was considered as part of the assessment and care planning processes in order to identify if they required support to make decisions about their care.

People were supported at mealtimes in line with their plan of care. The agency took account of people's cultural, ethical and religious values when assisting with hydration and support. People receiving this support told us staff asked them what they preferred to eat and prepared and cooked their food to a good standard. We noted from the records that staff received basic food awareness training as part of infection control training; we were told this was being reviewed as the PIR indicated a large number of people were supported with meal preparation.

We looked at how people were supported with their healthcare needs. People's care records included information about their medical history and any needs or risks related to their health. They also contained the contact details for people's GP and next of kin to be used by staff if they had concerns about people's health or well-being. Records showed staff worked in cooperation with the community nursing team to ensure people's needs were met.

Is the service caring?

Our findings

People told us the staff always treated them with care, respect and kindness and they were complimentary of the support they received. During our discussions the management and staff were referred to as, 'brilliant', 'kind' and 'caring'. People told us, "They care for me more than my children do", "They are not my family but they are as close as them" and, "The staff respect me, my needs and my culture." Relatives were also complimentary about the approach taken by staff. They said, "By providing the same few carers, it allows them to build a good strong bond." Staff said, "I value the same clients and am able to build relationships; it's nice. People with dementia need the same staff."

Feedback received by the agency highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. We saw several messages of appreciation from people or their families and from health and social care professionals. Comments included, "Thank you for the excellent level of services that you deliver", "The carer has built up a very good rapport with [family member] and this has made [family member] feel good about themselves" and "I am very satisfied with the care and attention given to [family member] by Home Care For You."

During the inspection we did not have the opportunity to observe interactions whilst staff were supporting people. However, staff spoke about the people they supported in a kind and caring manner.

The service ensured that people were treated with kindness, respect and compassion and that they were given emotional support when needed. Staff understood their role in providing people with person centred care and support. Staff were carefully matched with people, considering their requirements for specific language skills or their preferences for male or female staff. People were provided with a consistent team of staff and had the opportunity to develop good relationships with the staff who supported them. Staff were knowledgeable about people's individual needs, backgrounds and personalities. They told us they visited people on a regular basis which helped them get to know the person and how best to support them. People told us they appreciated being visited by a 'friendly face'.

Staff had access to a set of equality and diversity policies and procedures and had received training in this area. Staff demonstrated a good knowledge of people's personalities and individual needs and what was important to them. Through talking to staff and the registered manager, we found that care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected; there was also good evidence that staff characteristics and equal opportunities were considered as part of the recruitment processes. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality. The registered manager had confirmed that additional information would be included in the initial assessment to ensure all characteristics were discussed.

People told us their privacy was respected and staff were respectful of their homes and their belongings. Staff had access to policies and procedures on maintaining people's privacy and dignity whilst providing care. Staff had received information about confidentiality and data protection to guide them on keeping

people's personal information safe.

People, and where appropriate, their relatives were consulted about the care they needed and how they wished to receive it. People were involved in developing their care plans and their views were listened to and respected. The process of developing and reviewing care plans helped people to express their views and be involved in decisions about their care. People using the service told us staff had time to ask them about their preferences and were flexible in their approach. People told us they could express their views on the service on an ongoing basis, during day to day conversations, regular reviews, satisfaction surveys and unannounced observations.

People were given a service user guide and their care plan documentation. The service user guide provided a detailed overview of the services provided by the agency and what people could expect from the service. People were also given information advising where they could access advocacy services. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members. This information was available in other more suitable formats.

Is the service responsive?

Our findings

People said staff were always responsive to their needs and they could make decisions about their care. People, and their relatives confirmed they had a care plan and said they felt part of the care planning process. People were aware of the complaints process but had no complaints. They told us, "I am involved in my care plan and asked about changes and preferences", "I cannot find any fault with them" and, "They always listen to any concerns that I have." Relatives said, "I have never had any problems with the agency but I would contact the manager or the office if I ever had to bring up any concerns" and, "We are aware of the care plan and involved with it if any changes needed to be made."

We looked at four people's care plans and other associated documentation during the inspection. The care plans were written in a person-centred way, identified people's needs and provided guidance for staff on how to respond to them. The care plans were supported by a series of risk assessments and included people's preferences and details about how they wished their care to be provided.

All people spoken with were aware of their care plan and confirmed they had discussed their plan with a member of staff from the agency. There was evidence to demonstrate the plans had been reviewed on a regular basis and more frequently if there had been a change in need or circumstance. Care plans had been explained to people and whenever possible they had signed to indicate their agreement to the plan.

Staff were confident the plans contained accurate and up to date information. Staff confirmed there were systems in place to alert them of any changes in people's needs in a timely manner. The registered manager and staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a coordinated service.

Prior to the inspection, we received information of concern in relation to difficult to read visit records. We discussed this with the registered manager. We found action had been taken to address this concern; all staff had received additional training in writing daily records and staff competence in this area had been considered and appropriate support given. During the inspection, we looked at a sample of the visit records and found they referred to people in a respectful way and were detailed and readable; the content of the records was checked by the office staff. Staff told us they used the information to monitor and respond to any changes in a person's well-being.

People and their relatives were aware of how to make a complaint and whilst they did not have any complaints, they all felt they would have no problem raising any issues. The complaints procedure was accessible for people. However, we discussed how this information could be improved to ensure people knew who to contact to discuss their concerns. There had been four concerns/complaints made directly to the agency; records showed these had been appropriately responded to. Staff knew how to respond if someone wanted to make a complaint.

We looked at how the service supported people at the end of their life. Staff told us they had experience of caring for people at the end of their life and had worked alongside other professionals to provide people

with dignified care. Where appropriate, people's choices and wishes for end of life care would be recorded and communicated to staff. One relative commented, "[Family member's] last weeks of life were so amazing thanks to your help and support." Staff were provided with basic awareness training in this area; information in the PIR indicated that additional training would be provided within a six-month period.

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We found the support plans highlighted how people could communicate and information such as the complaints procedure and service user guide, could be made available in other formats if needed. We found staff communicated well with people whose first language was not English. Information in the PIR indicated the agency used a computer program to develop communication aids to help improve people's understanding.

We looked at how technology and equipment was used to enhance the delivery of effective care and support. The agency office was equipped with computers to support the day to day management of the service and to support staff with their training. There was an electronic monitoring system in place which identified staff attendance at people's homes and handsets were also used for staff to log in and out of clients' homes. The system enabled staff to access care plans and risk assessments whilst on duty. Mobile phones were used to communicate with staff and to communicate any changes or emergencies.

Is the service well-led?

Our findings

People spoken with made positive comments about the leadership and management of the agency. Their comments included, "I would highly recommend the agency as they provide such a good and effective service constantly." All the people we spoke with told us they would recommend the service to other people without any hesitation. Staff told us the agency was managed well and all felt it was a good agency.

There was a manager in post who was registered with the commission. 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.

The registered manager was committed to the continuous improvement of the service and had a good understanding of people's needs. The registered manager was supported in their role by the managing director, training managers and care coordinators; an office manager was being recruited. She could meet with registered managers from other locations in the organisation. The registered manager kept up to date with best practice by subscribing to CQC updates and by attending regular refresher training. We discussed the importance of linking with the local commissioners training and attending local forums.

The registered manager had set out planned improvements for the service in the PIR such as reviewing the provision of training, review of care documentation and improvement of monitoring systems.

There was a management structure in place; staff were aware of their roles and responsibilities. Staff were provided with job descriptions, contracts of employment, policies and procedures and the staff handbook, which outlined their roles, responsibilities and duty of care. Staff told us they enjoyed working for the agency, had received the training they needed and were well supported by the management team. Staff could attend regular meetings and received regular memos which kept them up to date with any changes. They told us they could share their views and were listened to.

We saw regular announced and unannounced observations were undertaken to review the quality of the service provided. This included observing the standard of care provided and asking people for their feedback. The observations also included reviewing the care records kept at the person's home to ensure they were appropriately completed and to see if care was being provided according to the person's wishes.

The registered manager and management team monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. People were also given the opportunity to complete a customer satisfaction questionnaire. We looked at the results of the recent survey (August 2018); people were very satisfied with the overall service provided and would recommend the service to others.

The registered manager and the management team carried out regular checks and audits to monitor the quality of the service. These included checks on records and files, staff recruitment, training and supervision,

staff attendance, financial records, care records, medicine records and accidents and incidents. There was evidence that appropriate and prompt action was taken when shortfalls were identified. For example, a new system of attendance monitoring was being introduced as shortfalls had previously been reported; the system helped the agency to improve consistency and reliability of their services whilst improving lone worker safety. Information in the PIR indicated the auditing systems were being reviewed to increase their effectiveness. The effectiveness and quality of the service was also closely monitored by the local authority commissioners.

We found that people's care records and staff records were comprehensive, clear and up to date. They were appropriately stored and only accessible by staff to ensure people's personal information was protected. We were told that in the absence of an office manager there had been a delay in filing some of the recently audited records; the registered manager was addressing this to ensure records could be easily located.