

Homecare4U Limited

Homecare4u Dudley

Inspection report

Haldon House
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Dudley
West Midlands
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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

Homecare4u Dudley is a domiciliary care agency that provides personal care and support to people in their own homes. At the time of the inspection, the service was providing support to 152 people

Not everyone who used the service received personal care. 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 felt safe when supported by a group of staff who had the skills to meet their needs. People felt comfortable in the company of staff who supported them. Staff were aware of the risks to people and how to manage those risks. Where safeguarding concerns had been raised, they had been responded to and acted on appropriately.

Staff had received an induction that provided with the training, information and support they required to effectively and safely meet people's needs. Staff felt well trained and supported in their role. They felt listened to and able to contribute to the running of the service. Staff practice was regularly observed to ensure people were supported safely and in-line with their care needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Accidents and incidents were routinely recorded and acted upon. Information was analysed for any trends and actions were taken to reduce the risk of reoccurrence.

People were supported by a consistent group of staff who were aware of their health care needs and liaised with other health care professionals to support their wellbeing. People were supported where appropriate at mealtimes.

Staff treated people with dignity and respected and encouraged them to maintain their independence.

People were routinely encouraged to be involved in decisions regarding their care. People received care and support based on their individual assessment, needs and preferences.

People were confident that if they raised a complaint they would be listened to and it would be acted on. Where complaints had been received, they had been responded to appropriately and analysed for any lessons to be learnt. A number of compliments had been received regarding the service.

People and staff were complimentary of the service, and of the positive impact the registered manager had had on service delivery and considered it to be well led. People's views were sought of the service.

A number of quality audits were in place in order to drive improvement in the service. Staff were aware of and on board with, the registered manager's vision for the service, which was to provide people with person centred care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 6 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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

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.

Good ●

Is the service effective?

The service was effective.

Good ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was well led.

Good ●

Homecare4u Dudley

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. 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

We gave the service 48 hours' notice of the inspection. This was because we wanted the provider to make arrangements for us to see staff during the inspection and to contact people who used the service who would be happy to receive a phone call from us.

Inspection activity started on 5 July 2019 and ended on 10 July 2019. We visited the office location on 5 July 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

During our visit to the office, we spoke with the registered manager, the deputy manager and five members of care staff. An Expert by Experience also spoke with 4 people who used the service and 13 relatives.

We reviewed a range of records. This included three people's care records. We also looked at a variety of records in relation to staff training, staff supervision, complaints, safeguarding concerns and numerous audits that provided the registered manager with oversight of the service.

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 now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who had received training in how to recognise abuse and knew what actions to take if they thought a person was a victim of abuse. A member of staff told us, "I would report [concerns] immediately to the manager, I would never keep it to myself".
- Where safeguarding concerns had been raised, they had been acted on and responded to appropriately. We saw where one safeguarding concern had arose, action was taken to reduce the risk to the person and keep them safe from harm.
- People told us they felt, or their relative felt safe with the care staff who supported them and provided us with numerous examples as to why they felt this way. One person told us, "They are all very good at their job and I always feel safe. I have to use a standing aide to get into my wheelchair and they are all competent with it, I am confident they know what they are doing".

Assessing risk, safety monitoring and management

- Systems were in place to ensure prior to offering people support, risk assessments had been completed to ensure all risks to the person had been considered. For example, risks to people's environment, risk of falling or of choking.
- Staff were fully aware of the risks to people they supported. They told us people's care records provided them with the information required to help manage those risks and they were kept up to date with any changes in people's care needs. For example, a member of staff told us, "[Person] is at risk of falling, you make sure they feel secure and have a good grip [on their frame] when they are standing up and make sure they're ready for you to start [providing personal care]". A relative described current risks to their loved one and the actions taken by staff to reduce those risks. They told us, "They [care staff] immediately let me know [if there is an issue]. They write everything down so I can see what they are doing to keep [person] safe".

Staffing and recruitment

- People were supported by sufficient numbers of staff who knew them well. Staff were divided into teams that covered particular areas. People told us this worked well, they were used to seeing the same familiar faces and staff were always on time and did not miss calls. A person told us "I get people I know and they are fantastic, brilliant" and a relative said, "We tend to get the same group of carers and they normally come together. Sometimes they will send a new one, but it is usually with a carer who knows [person]".
- Safe systems of recruitment were in place to help minimise the risks of employing unsuitable staff. Staff spoke with confirmed reference checks and checks with the Disclosure and Barring Service had been undertaken prior to them starting work with the service.

Using medicines safely

- At our last inspection people told us they were supported with their medication and had no concerns. At this inspection, people told us this remained the same. A relative said, "[Person's] meds come in packs which we keep in a locked box, the staff administer them and sign. It all seems to be going ok at present".
- Staff had received training in how to administer medication safely and effectively and had their competencies observed. Staff confirmed that if people refused to take their medication, they would try and encourage the person, but ultimately it was their choice. A member of staff said, "If a person was in pain and they asked for paracetamol, I'd check the time on the MAR [Medication Administration Record] first and check that it's been over the four hours since the dose".
- Medication audits were in place to ensure staff were following the correct procedures.

Preventing and controlling infection

- People told us staff used personal protective equipment prior to offering personal care. Staff told us they had access to supplies of gloves and aprons and we observed this.

Learning lessons when things go wrong

- Systems were in place to ensure lessons were learnt when things went wrong. Information on complaints, accidents and incidents and safeguarding concerns. Individual lessons were learnt and acted upon, and the information was also analysed to identify any trends that may require further action.

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 good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The assessment process in place was comprehensive and meant staff were provided with the information they required to effectively meet people's needs. We saw people's needs were assessed to ensure the service was able to support them effectively and safely. We found all the protected characteristics under the Equality Act had been considered when planning people's care, including discussions of sexuality and gender identity.
- People told us they were fully involved in conversations regarding their needs, prior to being offered support.

Staff support: induction, training, skills and experience

- Staff felt well supported in their role and were provided with an induction that included shadowing more experienced staff and completing the care certificate. The care certificate is an identified set of induction standards for care staff. One member of staff told us, "The induction is everything you need it to be really; it does what it says on the tin".
- People were supported by staff who considered themselves to be well trained. Staff were complimentary of the training they received. One member of staff said, "I've had two days training and learnt how to use the activity hoist. It's a new piece of equipment and it really does make a difference to people". The service had their own training room which was used carry out practical training sessions. A training matrix was in place which provided the registered manager with an oversight of staff training needs. Staff spoken with confirmed they received annual refresher training on all mandatory training subjects. A relative said, "On the whole I think the staff have the right skills, they seem to do a lot of training. We have an electric hoist and [person] has two carers, they all know how to use it safely".

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

- For those who required support at mealtime, this was provided by staff who were aware of people's preferences and dietary needs. A member of staff told us, "I've been supporting [person] for 16 years, I try and offer them choices but they always like the same thing! Still offer them choices though".
- A relative told us "We are trying, with the help of the carers, to encourage [person] to eat more. So, the girls are doing microwave meals for them and we're monitoring how much they are eating".

Staff working with other agencies to provide consistent, effective, timely care

- We noted staff worked alongside other agencies to provide person centred and effective care. From records seen, we could see staff worked closely with other agencies and each other, to ensure people were

provided with person centred and effective care.

Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff who were aware of their healthcare needs and how to access healthcare services on people's behalf. A relative was keen to praise a particular member of staff and told us, "Everyone seems to like [staff name] and get on with them. The other day they came and sat with [person] whilst waiting for the ambulance. [Staff name] is very proactive and spoke to me about [person's] lack of appetite, they contacted the GP and he has prescribed some fortified drinks".

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

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

- Staff were aware of the importance of obtaining people's consent prior to offering support. People told us staff obtained their consent prior to supporting them. A relative told us, "They [care staff] always check [person] is ready to do something and make sure they are comfortable and relaxed. The staff just know how to approach them".

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

- Staff presented as kind and caring individuals who enjoyed their work and the feeling of satisfaction it gave them to help others. We received many positive comments from people and relatives regarding the caring and compassionate of care staff. One person told us, "they are very nice staff, very polite and caring. They do things at my request, they will do anything I ask, within reason of course. They use my key safe and always shout 'hello' as they are coming in". A relative said, "The carers are really good and very patient with [person]. They understand their condition and are very caring with them. They ring me to tell me things like medication needs ordering and they will have done it. I am very impressed with them. I trust them and know they keep me up to date with what is going on. I feel very involved in [person's] care".
- Staff spoke warmly of the people they supported, many of whom they had supported for a number of years and knew them and their families well.

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

- People told us they were involved in the planning of their care and we saw evidence of this.
- Staff respected people's views and listened to how they wished to be supported.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect. One member of staff told us, "[Person] shares a home with another service user, so when we bring them out the shower, we always make sure they are covered appropriately and the door is shut when we are providing personal care". One person said, relative said, ""I certainly think they have the skills to look after (relative) They will always check he is comfortable before moving him and are very considerate of dignity". Another relative describe how staff chatted to their loved one, as a distraction, whilst providing personal care, adding, "They [care staff] will check [person] is comfortable and will not rest until they are. They have just fitted so well into our daily routines. The package has become a partnership between myself and the carers".

- People were supported to retain their independence where possible. Staff were mindful to encourage and support people to do as much as they could for themselves and help them retain some level of independence. One person told us, "I sort my meals and medication as I like to do as much as I can for myself and the staff recognise this and encourage me, they would never rush me".

- Care records seen demonstrated there was an emphasis on supporting people to maintain their independence and this was reflected in conversations held with staff.

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

- People told us they were involved in the planning and review of their care and we saw evidence of this. The deputy told us, "We ask people how they'd like care to be delivered at each call, then write the care plan and go through it with them and make any amendments they want". A person told us, "There were two of them [care staff] that came at the start, I think one was [registered manager's name]. They did a risk assessment and things and we sorted out the care plan. The staff will always show me if I want to see it. I sometimes look at it and they are doing what they should be doing".
- People's care records reflect the person as a whole, not just their care needs and included information such as communication needs, personal preferences and who was important to the person. The registered manager told us, "A lot more detail goes into care plans, there's a lot more about the person and we try a get a story and build a picture so when staff go in they have something to discuss from that little story". A relative said, "The care plan is very good, and the carers update it is as needed, they are on top of the situation".
- Discussions with staff confirmed they knew people well, what was important to them, how they liked to be supported and any particular routines that staff needed to be mindful of.
- The service was responsive to people's changing needs. A relative told us, "I've not met [registered manager's name] but have spoken to her a few times to have messages passed on to the carers. The messages seem to get through. I feel as a service they are quite responsive when it come to my relative's needs". We saw one person's package of care was changed to accommodate their relatives needs to that the person was never alone for a period of time.

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.

- Communication care plans were in place where required, to provide staff with the information required to communicate effectively with people. For one person whose first language was not English, interpreters were sourced to assist staff to communicate with the person.

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

- Efforts were made to keep in touch with friends and relatives in order to help people maintain relationships and support networks.

- Connections were made with people and different agencies that would help them avoid social isolation and access the community.

Improving care quality in response to complaints or concerns

- People had no complaints regarding the service but were confident that if they did raise concerns they would be dealt with appropriately. Where complaints had been received, they had been responded to and acted on appropriately. People told us they had no hesitation in contacting the office if they had any concerns. One relative told us, "I certainly have no complaints, on the whole they are very good".
- The service had received a number of compliments, which were copied and passed onto the staff they referred to. For example, one person had taken the time to write, "[Referring to staff] They are a credit to your company. Always smiling and always going the extra mile – we don't know what we do without them".

End of life care and support

- The service was able to provide care and support to people at end of life care, who wished to die in their own homes. One relative had written to the service, "You all played such an important part in enabling mom to stay independent at home. She always wished to end her days there and she did. You provided a personal and amazing service".

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

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

- People and staff alike, were complimentary of the service and considered it to be well led. Staff felt valued and supported. One member of staff said, "This is a good place to work, I would recommend it. We are very focussed on person centred care which is the right ethos and we do deliver a quality service". All staff spoken with were complimentary of the registered manager and described her as 'supportive' and 'approachable'.
- People knew who the registered manager was and were confident in their ability to run the service. A number of people who used the service had previously been supported by another agency. Homecare4u Dudley took over their packages of care and employed the staff who supported them. People and staff told us this process was 'seamless' and had worked well for all concerned. A relative described how previously they had had a bad experience with another agency, they told us, "I can't praise them enough. From the start [registered manager's name] has taken time and discussed everything at length and has had such a level of understanding about everything we have been through. It got to such a point that (relative) had lost her confidence and was very low. At the start we did have 'blips' but not everything is on track. I can't stress enough how they have been supportive and committed and have achieved such a trusting relationship with [person]. I have so much confidence no that I have been able to withdraw a little and have even been on holiday".

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

- Staff spoken with were aware of their responsibility to report and act on any concerns and we saw evidence of this.
- The registered manager was open and honest about the challenges they faced providing a safe and effective service and had systems in place to ensure lessons were learnt when things went wrong.
- A member of staff told us, "[Registered manager's name] is approachable, I've never had a manager like her, she's down to earth, she's like us, she's done it, worked her way up. If you have a problem she will sort it out and she's always available. She is 'Homecare4u Dudley' – the branch would not be the same without her".

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

- Staff were clear about their roles and responsibilities. They were fully aware of their responsibilities to report and act on any concerns that may arise and were onboard with the registered manager's vision for

the service. The registered manager told us, "We just want to make sure the service is run how it should be run and we deal with things appropriately. We've had a lot of people who have had a bad experience and the local authority ask us to take people on". They told us they were constantly recruiting new staff and would not commit to accepting new packages of care unless they had the skilled staff available to meet people's needs.

- The registered manager felt well supported in their role and was complimentary of their staff group. They told us, "I've got some lovely staff, if you do something for them and invest in our staff they reward you back".
- People and relatives told us the service was accessible and they had no problem getting hold of people to discuss any issues or concerns they may have. A person told us, "The office staff and on call service are very good. Staff are polite and listen to what you need and sort it out".

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

- People told us their feedback of the service was regularly sought, either through phone conversations or surveys. One person told us, "I filled in a questionnaire not long since. I told them I am very happy". We noted all forms received contained positive feedback regarding the service and all reported they had been involved in the development of their care and were happy with the service they received.

Continuous learning and improving care

- There were a number of audits in place to assess the quality and effectiveness of the service provided. Information regarding accidents and incidents, safeguarding concerns and complaints were collected and analysed for any lessons to be learnt.
- Staff surveys, staff meetings and service user surveys were all in place to obtain feedback on the service.
- Monthly audits of paperwork completed in people's homes provided management with an oversight of the care and support people were receiving and any areas for immediate action. Weekly meetings took place with the area manager to report on any areas of concern and provide support for any immediate areas that required action.

Working in partnership with others

- We saw the service worked in partnership with a number of agencies to ensure people received the care and support they needed. For example, social workers, mental health services, Age UK and the Red Cross to support people who were leaving hospital required some additional support and guidance.

