

Homecare4U Limited

Homecare4U Rochdale

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Homecare4u is a domiciliary care agency (DCA) located in Rochdale, Greater Manchester. The service provides personal care to people living in their own homes. At the time of the inspection the service provided care and support to 59 people.

At our last inspection the overall rating of the service was 'good'. At this inspection we found that 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.

Safe recruitment practices were in place to protect people from unsuitable staff. Staff were aware of their responsibilities to safeguard people from abuse. There were sufficient staff to care for people. Risks to people's safety were assessed and medicines were administered safely.

People said staff protected their privacy and their dignity was respected. People involved in their care and were supported to be independent.

There was good support in place for staff. This included an induction that covered key areas of knowledge, shadowing experienced members of staff, competency checks and spot checks by senior staff.

The registered manager had arranged refresher training on the Mental Capacity Act (MCA) to ensure that the service is consistently working within the principles of the MCA. We will check this when we next inspect the service.

People's care needs were met and people were supported to access services in the community. The service received good feedback through compliments, cards and surveys and had only received one complaint in the previous twelve months. Independent advocacy was also promoted to safeguard people's rights where required.

The service was well led. The registered manager was committed and accessible to staff who received good support. The service had good systems in place to monitor performance and an open culture where further learning can continue to take place to drive further improvement.

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? The service remains good	Good ●
Is the service effective? The service remains good	Good ●
Is the service caring? The service remains good	Good ●
Is the service responsive? The service remains good	Good ●
Is the service well-led? The service remains good	Good ●

Homecare4U Rochdale

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.

The inspection took place on 23 and 24 August 2018 and was announced. The provider was given 48 hours' notice because the location provided a domiciliary care service to people who lived in the community. We needed to ensure there would be someone present at the office to facilitate the inspection.

The inspection was carried out by one adult social care inspector. The onsite visits gave us the opportunity to speak with the manager and office staff and review care records, policies and procedures.

Before this inspection we reviewed information we held about the service and used the information to decide which areas to focus on during our inspection. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about events which the service is required to send us by law.

We contacted Healthwatch Rochdale and the Local Authority Commissioning and Safeguarding teams to obtain their views about the provider. They raised no concerns about the service.

We reviewed the Provider Information Record (PIR) before the inspection. This is a form that asks the provider to give some key information about the service and tells us what the service does well and the improvements they plan to make.

During the inspection we spoke to the registered manager and eight staff members. We visited three people in their own homes and spoke to three people by phone.

During the office visit we looked at policies and procedures, incident and accident records, safeguarding records and complaint records. We reviewed care records and risk management plans of six people using the service and checked other records relating to people's support plans which included medicines administration records to ensure these were accurate and completed correctly. We looked at three staff

recruitment, training and supervision records, team meeting minutes, satisfaction surveys and a range of auditing tools and systems and other documents related to the management of the service.

Is the service safe?

Our findings

At our previous inspection we found the service was safe. At this inspection we had no concerns and the service continued to be good in this area.

All the people we spoke with told us they felt safe when using the service. One person commented, "Yes I feel safe, I am very happy with the service."

Policies and procedures for safeguarding people from harm were in place. Induction and training helped to ensure that staff were competent and confident to identify and respond to signs and allegations of abuse. All eight staff told us what action they would take if they suspected abuse was taking place. In addition to this the registered manager and one senior member of staff attended the local council's safeguarding training.

Staff were recruited safely and policies and procedures had been followed. The service had recruitment procedures in place. This helped to protect people from the recruitment of unsuitable staff. We looked at three staff personnel files to check that the procedure had been followed. They confirmed that the required checks had been carried out before staff began working for the service.

The service provided sufficient staff to meet people's needs. We based this judgement on our observations, what people told us and on feedback from evaluation surveys and the low level of complaints received by the service. The staff we spoke to also said there were enough staff and people said staff were rarely late and if a visit was missed it was a one off and someone else would be sent on the same day.

Risk information was routinely collected and assessed and measures put in place to mitigate any risks. This was evident in all six care files that we looked at. The content included risk assessments for medication, mobility and an assessment of the home environment including checks on smoke detectors and recording the location of the water stop cock.

Medicines were safely managed. Policies and procedures had been followed. We looked at three people's Medication Administration Records (MARS) kept in their homes and we also looked at one month's MARS for three different people stored in the office. The medications were listed clearly and we found that all records were completed to confirm the person had received their medicines as prescribed. We saw that medicines files were audited monthly by senior staff to ensure accurate records were kept. The registered manager told us that there was a discussion with staff if there were any gaps or errors and a verbal warning if an error or gap occurred a second time. Records confirmed that routine staff spot checks were completed within four weeks of starting in the role and again every six months to ensure good standards were maintained.

The service had an infection control policy; this gave staff guidance on preventing the spread of infection; effective handwashing and use of personal protective equipment (PPE) including uniform, disposable gloves, aprons and hand gel. Further guidance was also in the staff handbook and was covered through the induction and the annual refresher training course provided to all staff. Staff understood their

responsibilities and this was confirmed by the people we spoke to.

Is the service effective?

Our findings

At our previous inspection we found the service was effective. At this inspection we had no concerns and the service continued to be good in this area.

All six people we spoke with reported being happy with the care they received. One commented, "The staff are easy to talk to and they bend over backwards to help." Feedback in the compliments log and an annual survey returned by thirty-four people was consistent with this. One compliment stated, "Brought five boxes of chocolates for the five girls that carried out visits in extreme weather conditions. Mum received all her calls, girls on foot after abandoning their cars."

The records we looked at demonstrated that the service supported people to access healthcare professionals when they needed to. The people we spoke with confirmed this. One relative commented in a compliment to the service, "Great staff go out of their way, thanks for supporting mum to the appointment when I was away."

Newly appointed staff received an induction to prepare them for their job. This involved shadowing an experienced member of staff and an assessment of their competency to work effectively and safely with people. We looked at three personal files and could see that spot checks and reviews were completed within six weeks of a new staff member starting followed by a spot check and review every six months.

Supervision provided managers with the opportunity to evaluate the performance of staff and included sections on how staff were feeling, examples of good practice, safeguarding and space to record any required actions. We could see that poor practice had been addressed in one file where a staff member had received a written warning for dropping shifts at short notice. This demonstrates that the service was effective at maintaining the standard required to provide a good service.

We looked at training records for all twenty-one staff. The induction covered key areas such as medication, safeguarding, health and safety, moving and handling and an annual refresher course covering these key areas again. An induction workbook was completed followed by a questionnaire to test knowledge. The induction included enrolment on the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers.

One staff member we spoke to felt that more training was required in addition to the induction and one had not had a good experience with the on-call support. All other staff that we spoke to confirmed that there was good support in place and were pleased with the induction and the support from management and on call. One commented, "We receive good support from the manager, they are always there to help."

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.

Policies and procedures were in place to guide staff and the registered manager had a good understanding of the legislation. The people we spoke with told us that before receiving any care, staff always asked them for their consent. All staff had MCA training in their induction but not all could give examples of what this meant in practice. The registered manager has arranged refresher training on the MCA to ensure that the service is consistently working within the principles of the MCA. We will check this when we next inspect the service.

Is the service caring?

Our findings

At our previous inspection we found the service was caring. At this inspection we had no concerns and the service continued to be good in this area.

The service had a service user guide containing relevant information about the service. Care plans showed people were involved in decisions about their care and they were involved in regular reviews. Three files in the office that we looked at recorded reviews at two weeks, six weeks, six months and annually.

All the people we asked felt they were treated with dignity and respect by staff. One compliment to the service stated, "To all of you to say thank you very much for all the care and friendship you have given over the last 18 months. You have shown respect and dignity in all aspects of care". Thirty-two people out of thirty-four responses confirmed in an annual service user survey that staff met their cultural and religious needs and treated them with dignity and respect.

Staff received training in confidentiality and data protection and all the records we asked to look at were stored securely.

People who used the service told us the care was not rushed and they were supported to maintain their independence. Staff were all able to explain how they supported people to be independent and gave examples about encouraging people to complete their personal care and preparing food.

The registered manager had a good understanding of independent advocacy services and updated the service user guide during the inspection to make sure this information was more visible to people using the service. Independent advocacy services can support people to participate in meetings about their care and support and can help people to secure their rights.

The service met the Accessible Information Standard. They routinely asked what people's communication needs and preferences were and these were clearly recorded in the people's files that we looked at. The Accessible Information Standard aims to 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 from health and social care services.

Equality and Diversity information in the care files was revised in January 2018 to bring it up to date. This ensured that people were given the opportunity to share relevant information if they chose to in line with the Equality Act 2010. The legislation identifies nine protected characteristics such as religion and sexuality that people should be given the option to share and discuss. This is important as it can help to inform care planning and to remove barriers to good care.

Is the service responsive?

Our findings

At our previous inspection we found the service was responsive. At this inspection we had no concerns and the service continued to be good in this area.

Care records showed people's needs were assessed prior to them using the service. All six files that we looked at contained copies of council assessments. The registered manager confirmed that these needs were incorporated into a support plan that was produced in partnership with the person to confirm what their health and social care needs were.

Care records were detailed and showed what support the person required and how and when the service planned to provide it. The people we spoke with confirmed that all the tasks detailed in their support plans were completed.

The registered manager told us that staff were still organised into small teams so that each person who used the service had regular staff visiting them. Cover for staff sickness and annual leave was usually provided by staff from within the small teams to ensure continuity of care as far as possible.

We found that detailed records were made in daily logs by staff after each visit. Staff told us that if people's needs changed they recorded this and reported it to the office where the manager would update the care records.

The service user guide contained useful information about what the service provided. It told people how they could complain, what the service would do about it and how long this would take. It also provided details of managers and other organisations to contact if they were not happy with the way the complaint was handled. The guide also contained information about how to contact independent advocacy services. Independent advocacy services can help to safeguard people's rights and can support them to participate in their care.

The people we spoke with told us they knew how to complain if they needed to. The service had received one complaint in the last 12 months. We could see that the registered manager had been proactive in dealing with the complaint and that the complaint policy had been followed appropriately. All but one of thirty-two people had responded in an annual survey to say that the manager would deal with their problems effectively and the service had produced an action plan to respond to any concerns brought up in the survey.

The service was proactive at promoting activities and access to the wider community. The registered manager provided two examples where one person had been supported to go on holiday for the first time in 15 years and a second person was taken to a wheel chair exercise class after an Occupational Therapist had recommended it.

Is the service well-led?

Our findings

At our previous inspection we found the service was well-led. At this inspection we had no concerns and the service continued to be good in this area.

There was a registered manager in post who had been registered with the service since 2015.

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 role and spoke in a caring and compassionate way about the people who used the service. Staff gave examples of where she had gone the extra mile. On one occasion a person had required admission to an acute mental health ward and the registered manager had agreed to drive them to hospital, instead of using an ambulance, as this was more person centred.

Policies and procedures were available and up to date. There were good communication systems in place. These included up to date care files, regular text and email communication between the team, team meetings and an on-call system that was responsive and valued by staff. All staff stated that they felt able to raise concerns and would be able to whistleblow if required to do so.

Staff felt supported in their roles and could seek guidance, when they needed it, from senior staff. One staff member stated, "The on-call system is good they make you feel comfortable when you call for guidance".

We saw spot checks and direct observations were carried out with staff to ensure that standards of care were maintained. We looked at a sample of these and determined they were carried out regularly and any shortfalls were recorded and resolved. Any action taken regarding staff performance issues was also recorded.

The service had internal quality assurance systems in place to monitor performance and to drive improvement.

The law requires that providers of care services send notifications of changes, events or incidents that occur within their services to the Care Quality Commission. We checked and found that since our last visit we had received appropriate notifications from the service.

We saw that the service had received twelve compliments in the previous year and cards from family members and people who used the service. One card read, "Thank you for the care and support your carers gave to my husband...it was only for a few short days, but their efforts on the day he died and their concern for me will never be forgotten".