Moran Homecare Ltd

My Homecare Sutton and Surrey

Inspection report

Park House
1-4 Park Terrace
Worcester Park
Surrey
KT4 7JZ

Tel: 02083379324

Date of inspection visit:
05 December 2018
06 December 2018

Date of publication:
10 January 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?	Requires Improvement

Summary of findings

Overall summary

This comprehensive inspection took place on 5 and 6 December 2018 and was announced.

My Homecare Sutton and Surrey is a home care agency that provides personal care to people living in their own homes in the community.
On the day of our inspection this agency was providing personal care to 11 older people who lived in North Surrey and the London Borough of Sutton. Most people who received a home care service from this agency were also living with various forms of dementia.

One person the agency supported did not receive a regulated activity from them. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care', which includes help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has had the same registered manager in post since they registered with us 12 months ago. A registered manager is a person who has registered with the CQC to manage a service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

This provider was newly registered with the CQC in December 2017. This is the first time this new home care agency will have been inspected and rated by us. We have rated the service 'Good' overall and for all four out of the five key questions, 'Is the service safe, effective, caring and responsive?'

However, we have rated them as 'requires improvement' for well-led. This was because we identified a number of issues about this key question. Specifically, we found the provider had not maintained sufficiently detailed and easily accessible records in relation to people using the service, persons employed and the overall management of the home care agency. We have recommended that the provider considers ways to improve how they maintain and organise records they are required to keep.

This issue notwithstanding, we found there was no evidence or information from our inspection and ongoing monitoring that demonstrated any serious risks or concerns about My Homecare Sutton and Surrey. For example, although some aspects of the service were not well-led, the monitoring of service provision was effective because repeated shortfalls were identified and resolved. There was also an open and transparent culture. People the provider supported, their relatives and staff were complimentary about the leadership approach of the registered manager. People, their relatives and staff were asked to share their feedback about the service action was taken in response.

People the provider supported, their relatives and professional representatives were all extremely complimentary about the standard of the service they, their loved ones or clients received from this home care agency.

People received a safe service where they were protected from avoidable harm, discrimination and abuse. Risks associated with people's needs had been assessed and planned for and these were monitored for any changes. Staff were usually punctual and never missed their scheduled visits. There were safe staff recruitment procedures in place and used. Where people needed assistance with taking their medicine this was monitored and safely managed in line with best practice guidance. Accidents and incidents were analysed for lessons learnt and these were shared with the staff team to reduce further reoccurrence.

People received an effective home care service. Staff received the training and support they required, including specialist training to meet people's individual needs. People were supported with their nutritional needs. Staff identified when people required further support with eating and drinking and took appropriate action. The staff worked well with external health care professionals, people were supported with their needs and accessed health services when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The principles of the Mental Capacity Act (MCA) were followed.

People received support from staff who were kind and compassionate. Staff treated people they supported with dignity and respect. Staff ensured people's privacy was always maintained particularly when they supported people with their personal care needs. Staff had developed positive relationships with the people they supported, they understood people's needs, preferences and what was important to them. Staff knew how to comfort people when they were distressed and made sure that emotional support was provided. People's independence was promoted.

People received a responsive service. People's needs were assessed and planned for with the involvement of the person and or their relative where required. Care plans were personalised and up to date. There was a complaints procedure and action had been taken to learn and improve where this was possible.

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.

There were robust procedures in place to safeguard people the provider supported from harm and abuse. Staff were familiar with how to recognise and report abuse.

Risks people might face were identified and managed appropriately. The provider had suitable systems to monitor accidents and incidents and learn from these.

Staff recruitment procedures prevented people from being supported for by unsuitable staff. Staffs scheduled visits were well coordinated and staff were usually punctual.

Medicines were managed safely and people received them as prescribed where the service was responsible for this.

Is the service effective?

Good

The service was effective.

Staff had the right mix of knowledge and skills to meet the needs and wishes of people they supported, through effective training and supervision.

Staff routinely sought the consent of the people they supported. Managers and staff were knowledgeable about and adhered to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to eat and drink enough to meet their dietary needs where staff were responsible for this. People received the support they needed to stay healthy and to access health care services as and when required.

Is the service caring?

Good

The service was caring.

People said staff were kind, caring and respectful.

Staff were thoughtful and considerate when delivering care to people. They ensured people's right to privacy and to be treated with dignity was maintained, particularly when receiving personal care.

People were supported to do as much as they could and wanted to do for themselves to retain control and independence over their lives.

Is the service responsive?

Good

The service was responsive.

People were supported to maintain relationships with people that mattered to them. People had an up to date, personalised care plan, which set out how staff should meet their care and support needs. This meant people were supported by staff who knew them well and understood their individual needs, preferences and choices.

People were involved in discussions and decisions about their care and support needs.

The provider had suitable arrangements in place to deal with people's concerns and complaints in an appropriate and timely manner.

When people were nearing the end of their life, they received compassionate and supportive care.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led. Records kept by the service had not always been maintained in such a way as to ensure they were sufficiently detailed and easily accessible. We have recommended that the provider considers ways to improve how they maintain and organise records they are required to keep.

The provider routinely gathered feedback from people using the service, their relatives and staff. This feedback alongside the provider's own audits and quality checks was used to continually assess, monitor and improve the quality of the service they provided.

The provider worked in close partnership with external health and social professionals, agencies and bodies.

My Homecare Sutton and Surrey

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.

This comprehensive inspection took place on 5 and 6 December 2018 and was announced. We gave the provider three days' notice of the inspection because managers are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure the registered manager and office based staff would be available to speak with us during our inspection.

The inspection was conducted by one inspector.

Prior to this inspection, we reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered information that had been sent to us by other agencies. However, due to technical problems, the provider was not able to complete a Provider Information Return. 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 took this into account when we inspected the service and made the judgements in this report.

During our inspection we spoke in-person with the registered manager, two office-based compliance and administrative officers, a field supervisor and a care worker.

Records we looked at included five people's care plans, five staff files and various documents that related to the overall governance of the service, such as management of medicines, policies and procedures, and complaints. In addition, we sought people's views about the service by contacting two people who received

a home care from this agency and four relatives by telephone, and two care workers by email.

Good

Is the service safe?

Our findings

People were protected from harm because there were processes in place to minimise the risk of abuse. People and their relatives told us they felt safe with the care workers who regularly visited at home. One person's relative said, "We've got to know all our regular carers really well and my [family member] and I always feel safe whenever they visit us at home."

Detailed policies were in place in relation to safeguarding and staff whistleblowing procedures, which was included in the staff handbook given to all new staff. Staff had up to date safeguarding adults at risk training, which was included as part of their induction. Staff were familiar with the different signs of abuse and neglect, and action they should take to immediately report its occurrence. One member of staff told us, "If I noticed any difference in behaviour of my clients, like being withdrawn or reluctant to give eye contact, I would report it to my management as this might be a sign of abuse", while another said, "Abuse can be financial, physical, emotional, withholding medication, the house being cold or there not being enough food. If I found this I would document it and tell the manager about it straight away." The registered manager was also clear about processes and when to report concerns to the local authority, police and the CQC.

We looked at documentation where there had been safeguarding concerns raised about people the provider supported and saw they had taken appropriate steps, which they followed up to ensure similar incidents were prevented from reoccurring.

Risk assessments were in place and staff were knowledgeable about what action to take to reduce identified risks. For example, we saw moving and handling risk assessments included risk management plans associated with falls prevention, the safe use of mobility hoists and people's home environment. Furthermore, several staff we spoke with were familiar with people's personalised behavioural support plans and knew what action to take to prevent or appropriately manage behaviour considered challenging. Records showed all staff had received positive behavioural support training.

Maintenance records showed specialist medical equipment used by staff on scheduled visits, such as mobile hoists, were regularly serviced in accordance with the manufacturer's guidelines.

Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt and these were shared with staff. The registered manager gave us a good example of situations where they had used incident reporting to identify trends and develop risk prevention and management plans which had resulted in a significant decrease in the number of incidents of challenging behaviour involving people they supported.

The provider had safe staff recruitment checks in place. Records indicated when an individual applied to become a member of staff appropriate pre-employment checks were carried out by the provider to ensure all prospective new staff were of good character and were suitable for their role. This included looking at people's proof of identity, right to work in the UK, employment history, previous work experience,

employment and character references and criminal records (Disclosure and Barring Service) checks. The DBS check provides information on people's background, including any convictions, to help providers make safer recruitment decisions and prevent unsuitable people from working with people in need of support. The registered manager told us in the future they planned to routinely recheck long serving staff's DBS checks at regular intervals to ensure their ongoing fitness and suitability for their role. The registered manager was responsible for interviewing all prospective new staff and checking any gaps in their employment history.

The service ensured there were sufficient numbers of suitable staff to support people in their home and keep them safe. People and their relatives told us staff were always punctual and never missed their scheduled visits. Typical comments we received included, "The staff are totally reliable", "If staff are going to be late, which is rare, they call to let you know" and "On the few occasions staff have been running late by more than 15 minutes they've always called to say they're on their way." The registered manager told us they always considered the geographical locations of people and staff, as well as staff availability. Staff told us they felt their visits were well-coordinated they were given enough time to give people good quality, meaningful home care support.

The registered manager confirmed they used an electronic call monitoring (ECM) system enabled them to log the exact time staff started and finished their scheduled visits and automatically flagged up when staff were late, left early or missed a call. This enabled the office based staff to closely monitor staff and identify and address any time keeping issues as and when they arose. There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it.

People were protected by the prevention and control of infection. Staff told us they had access to ample supplies of Personal Protective Equipment (PPE) including, disposable gloves and aprons, which they needed when they provided people with personal care. We saw the provider had an infection control policy in place which was also available in the staff handbook. Records indicated all staff had received up to date infection control training.

Where people were being supported by staff to take their medicines, this was managed safely. People's care plans contained detailed information about their prescribed medicines and how they needed and preferred them to be administered. We saw medicines administration records (MARs) were appropriately maintained by staff authorised to handle medicines on behalf of the people they supported. Staff had received training about managing medicines safely and had their competency to continue doing so was regularly assessed. Audits were routinely carried out by the provider to check medicines were being managed in the right way.

Good

Is the service effective?

Our findings

The provider ensured staff had the right knowledge and skills to deliver effective care to people they supported. A community professional who had recently carried out a quality assurance monitoring visit of the agency wrote in their subsequent report, 'Staff were appropriately trained and supported.' Staff were required to complete a thorough induction, which included shadowing experienced staff on at least six scheduled visits. The induction, which was mandatory for all new staff, covered the competencies required by the Care Certificate, which is an identified set of standards that health and social care workers adhere to in their daily working life. It was mandatory for all staff to complete dementia awareness training. Staff demonstrated a good understanding of their working roles and responsibilities. Staff spoke positively about the training they had received and felt they had undertaken all the training they needed to effectively carry out their roles and responsibilities. One member of staff said, "The training I've received since working for this agency has been excellent."

Staff had sufficient opportunities to review and develop their working practices. We saw the provider operated a rolling programme of regular one-to-one supervision meetings with the registered manager and group staff meetings with their fellow co-workers. Several staff told us these meetings helped them reflect on their working practices and identify their training needs. One member of staff said, "We have regular supervisions where we can talk about our clients, any concerns we might have and further training we would like to do or need", while another remarked, "We have spot checks without warning when managers come us watch us working and have regular supervision meetings with our managers." The registered manager confirmed they planned to start routinely appraising staffs overall work performance in the next few months for all those staff who had worked for the agency for more than 12 months.

Consent was sought before care and support was provided. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives and staff. The MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way and correctly recorded. Any application to do so for people living in their own homes must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. We saw people signed their care plan to indicate they agreed to the support provided. Records showed all staff had received Mental Capacity and Deprivation of Liberty Safeguards (DoLS) training. It was clear from comments we received from the registered manager they were knowledgeable about how to work in line with the Mental Capacity Act (2005).

People were encouraged to eat and drink sufficient amounts to meet their needs, where the service was responsible for this. The level of support people required with this varied and was based on people's specific

health care needs and preferences. People told us staff who handled and stored food on their behalf did so in a hygienic and safe way. Staff had received basic food hygiene training and followed correct food hygiene procedures.

People were supported to stay healthy and well. Staff maintained records about people's health and well-being following each scheduled visit. This meant others involved in a person's care and support had access to essential information about their health and well-being. The registered manager gave us a good example of how staff had raised concerns about a person's deteriorating health which lead to timely medical support being provided by this individual's GP.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion. People told us they were happy with the home care support they received from this relatively new agency. Specifically, people spoke positively about the staff who supported them at home and typically described them as "kind" and "friendly". Feedback we received included, "They [staff] are absolutely amazing", "The staff are always so friendly and jolly. My [family member] and I have a wonderful relationship with all the carers that visit us" and "This agency is exceptional when compared with other home care agencies we've used recently…We've got a great rapport with our carers who are always so friendly and kind."

People and their relatives told us they or their loved one received continuity of care from the same designated group of staff who were familiar with their family member's needs, strengths, preferences and interests. A relative remarked, "We usually have the same group of carers who know my [family member] really well…We never get a stranger." The registered manager and staff told us they usually worked with the same staff members in pairs which ensured people received continuity of care from staff who were familiar with their needs. It was clear from comments we received from staff they knew the people they supported well including things that were important to them and what they might find upsetting. For example, two staff gave us some excellent examples of specific music, objects of reference and tone of voice they would use to help prevent or deescalate behaviours that might be considered challenging.

People had their privacy and dignity promoted. People and their relatives told us staff always addressed them or their loved one by their preferred name and never entered their home without their expressed permission. People's care plans contained detailed information about how people wanted staff to preserve their privacy and dignity and meet their personal care needs. Staff spoke about people they supported in a respectful way. They gave us some good examples of how they had upheld people's privacy and dignity when they provided personal care, such as using a towel to keep a person covered and ensuring toilet, bathroom and bedrooms doors were closed. Typical comments we received from staff included, "We maintain people's privacy and dignity by asking them if they are comfortable with what we are doing…We use do not disturb signs when providing people with their personal care", "Covering people with a bath towel whilst giving them a wash is common practice" and "I address people by the name they liked to be called and always respect their personal space."

Staff understood and responded to people's diverse cultural and spiritual needs and wishes. We saw information about people's spiritual and cultural needs and wishes were included in their care plan. The provider had up to date equality and diversity policies and procedures in place which made it clear how they expected staff to uphold people's human rights and ensure their diverse needs were respected. Records indicated staff had received equality and diversity awareness training. Staff demonstrated a good understanding of people's personal histories, cultural heritage and spiritual needs and wishes. This helped them to protect people from discriminatory practices or behaviours that could cause them harm.

People had their independence promoted. People's care plans included detailed information about people's dependency levels and more specifically what they could do for themselves and what help they

needed with tasks they could not undertake independently. Staff could explain to us what aspects of their care people needed support with, such as moving and transferring or assistance at mealtimes, and what people were able to do independently. A member of staff gave us a good example of how they had helped a person to develop their independent living skills by encouraging them to do more of their own personal care.

People received information in accessible formats and staff communicated with people in appropriate ways. Relatives told us they were given a guide about the standards of care and support their loved one could expect to receive from this home care agency. People's care plans included information about people's specific communication needs and what support they required from staff to ensure they were involved in planning their care. For example, a care plan that was in place for a person with a hearing impairment made it clear to staff they had to speak slowly and concisely and might have to repeat instructions sometimes to ensure this individual always understood what they were saying. Another care plan also made it clear to staff if they did not speak in a concise way to this person they might become confused which could trigger their distress. The registered manager told us people currently using the home care understood information given to them in a written format, but they could produce information in various formats as and when required including, audio, large prints and different languages.

The provider had a confidentiality policy and procedure that helped protect people's privacy. Confidentiality training was mandatory as part of new staff's induction and guidance on the provider's confidentiality policy was included in the staff handbook.

Good

Is the service responsive?

Our findings

People received personalised support which was responsive to their needs and wishes. People had their needs assessed before they began receiving a home care service from this agency to check their needs were suited to the service and could be met. People were involved in the service delivery planning process and their preferences about the way they preferred to receive their support was accurately recorded and staff were knowledgeable about these. The registered manager told us they had recently introduced a new care plan format. The new format was more person centred and contained detailed information about people's unique life histories, strengths, likes and dislikes, and preferences for how they wanted their home care support to be provided. A member of staff told us, "We treat each client as an individual."

People were involved in routinely reviewing their care plan. As people's needs changed this was reflected in their care plan. The registered manager told us people's care plans would be reviewed at least annually or more frequently if required to ensure people's changing needs were properly recorded and met.

People were supported to make informed decisions and choices about various aspects of their daily lives. People told us staff supported them to make choices every day about the home care and support they received. A relative told us, "Staff always ask my [family member] what they would like to eat and drink at mealtimes and know what she likes and doesn't food and drink wise." Two staff gave us some good examples of how they encouraged people they supported to choose what they wore each day. One told us, "I let people choose their own clothing", while another said, "I always ask people what clothes they wish to wear or what meals they would like to eat."

The provider had suitable arrangements in place to respond quickly to people's concerns and complaints. Relatives said they knew how to make a complaint about the service if needed. The provider's complaints procedure was included in the service user's guide, which set out how people's concerns and complaints would be dealt with. We saw a process was in place for the registered manager to log and investigate any complaints received, which included recording any actions taken to resolve any issues that had been raised. Records indicated the two formal complaints the provider had received in their first year of operation had been appropriately dealt with to the satisfaction of the people who had raised them.

When people were nearing the end of their life, they received compassionate and supportive care. We saw there was a section in the new care plans that people could complete if they wanted to record their wishes during illness or death. Records showed that most staff had received end of life care training. The registered manager gave us a good example of how staff had supported the family of a person who had died by attending the funeral and keeping in touch with the bereaved family. The registered manager told us no one currently receiving a home care service from them required any support with end of life care.

Requires Improvement

Is the service well-led?

Our findings

There was clear oversight and scrutiny of the service. The management team carried out a rolling programme of audits to check staff were working in the right way and were meeting the needs of the people they supported. As part of the provider's auditing processes managers carried out unannounced quarterly 'spot checks' on staff during their scheduled visits. During these checks managers would assess staff's punctuality, interaction with the person they were supporting and their record keeping. The registered manager and office based staff also used an electronic system to monitor when care plans and risk assessments needed to be reviewed and staff employment checks, training and supervisions required updating. Furthermore, we saw medicines administration records (MAR) were routinely brought to the office by field supervisors for managers to check they were being appropriately maintained by staff.

The registered manager gave us some good examples of how they had used the governance systems to identify trends, learn lessons and develop appropriate strategies to prevent or minimise the risk of similar incidents reoccurring. For example, the provider had taken appropriate action to remind staff to always use their initials to sign MAR sheets after administering medicines, which records indicated staff now did. The provider had also ensured all staff who supported people whose behaviour might challenge received positive behavioural support training to help these staff prevent and appropriately manage such incidents. This action had both resulted in a significant decrease in the number of medicines recording errors and incidents of challenging behaviour involving people they supported.

However, the positive points made above about the provider's governance systems notwithstanding; we found the provider had failed to always maintain sufficiently detailed and easily accessible records they were required to keep in relation to the overall management of the agency. For example, we found a number of gaps on MAR charts we looked at where staff had failed to sign for medicines they had administered. Although it was clear from the registered manager's comments they had investigated these medicines recording omissions and taken appropriate action to resolve them; we found no recorded evidence of this. Care plans for people whose behaviour could be considered challenging also lacked any written guidance for staff about the action they needed to take to help prevent or mitigate this identified risk; although it was clear from staff comments they knew how to keep people safe and appropriately manage such behaviours. Furthermore, although staff confirmed they regularly had group team meetings, the registered manager told us these meetings had never been minuted.

In the absence of the records, the provider lacked the ability to effectively challenge staff providing poor care to people as they did not have documentary evidence to support any issues or concerns they may have identified. We recommend the provider seek advice and guidance from a reputable source about appropriately maintaining records they must keep in relation to people using the service, staff employed and the overall management of the agency, and ensuring these records remain easily accessible.

The leaders of this home care agency had the right skills, knowledge, experience and integrity to manage it well. The registered manager was suitably experienced and supported by two office based staff. The registered manager told us they were in the process of recruiting a care coordinator to help them manage

their governance systems and staff supervision as the organisation grew. People and their relatives told us the agency was well-run and organised. Staff were equally complimentary about the registered manager and office based staff. Several staff frequently described the registered manager as "approachable". Typical feedback we received included, "If we have any concerns we can talk to any member of management and know we will be listened to", "Our manager is very approachable and easy to talk to…she's a great listener" and "I think the agency is very well managed."

The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people they supported.

The service had an open and inclusive culture and understood the importance of gaining the perspective of people they supported. People and their relatives told us the registered manager and staff were in regular contact with them and often sought their views about the service they received from the agency. A relative said, "The manager often comes to see us at home and listens to what me and my [family member] have to say." The agency used a range of methods to gather people's views which included regular telephone contact, direct observations of staff working practices during scheduled visits and stakeholder satisfaction surveys. People who had participated in the service's inaugural satisfaction survey stated they were happy with the standard of home care and support they had received from the agency.

The provider valued and listened to the views of staff. Staff had regular opportunities to contribute their ideas and suggestions to the managers through regular individual and group meetings. Staff said they liked working for this home care agency. One staff member remarked, "Everyone knows their role and we work well together. We're a great team and I would recommend anyone to work for My Homecare."

There was a clear vision and culture that was shared by managers and staff. The culture was clearly person-centred and staff knew how to empower people to achieve the best outcomes. The registered manager told us they routinely used individual supervision and group team meetings to remind staff about the organisations underlying core values and principles. This helped the registered manager gauge staff's understanding of the provider's values, share information on 'best practice' and monitor how well staff were following guidance.

The provider worked in close partnership with other agencies and professionals including local authorities, GP's, district nurses and social workers. The registered manager told us information about people's changing needs and best practice ideas were often appropriately shared with these other agencies. This ensured staff received all the external professional guidance and advice they required to meet the needs of the people they supported.