Your Own Home Care Limited

Your Own Home Care

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 6, 8 and 18 December 2017. It was an announced visit to the service.

Your Own Home Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults. The office is based in a village in east Buckinghamshire.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We previously inspected the service on 23 and 25 November 2016 and 2 December 2016. We made two recommendations at the last inspection. We found improvements were required in the training of staff to ensure they were able to administer medicine safely. At this inspection we found improvements had been made. We also made a recommendation about ensuring the provider's policies were followed in respect of support for staff. At this inspection we found some improvements had been made. However, we found ongoing issues with the connection between the provider's policies and what happened in practice. The registered manager did not ensure all accidents and incidents were recorded. Relatives told us that when accidents occurred staff had managed the situation well. We have made a recommendation about this in the report Care plans were not always accurate. For instance one person's name was incorrect within the care plan. We have made a recommendation about this in the report.

People gave us positive feedback about their experience of the service. This was supported by what relatives told us. Comments included "They [Staff] are patient and kind," "The staff are very friendly, very nice, there hasn't been anyone who has taken objection to me or me to them" and "The girls [Staff] are so lovely." One relative told us "They [Staff] are all very professional, they are caring and each of them are helpful in lots of different ways."

People were supported by staff with the right skills and attributes as the service had a robust recruitment process. All the required checks were made.

Where people required support with their nutritional needs, this was detailed in the person's care plan.

People told us they had developed good working relationships with staff. Systems were in place for people to provide feedback to the registered manager about their care.

Staff told us they felt supported by the registered manager and that there was a commitment to provide a quality service.

Staff were knowledgeable about people's likes and dislikes. The registered manager sought feedback from staff on improving the support provided to people.

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.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures in place for staff to follow in the event of any abuse happening.

People were supported by staff who had enough time to support them. Staff did not feel rushed.

Is the service effective?

Good

The service was effective.

Where required people were supported with their nutritional needs.

People were cared for by staff who were aware of their roles and responsibilities.

Is the service caring?

Good

The service was caring.

People felt involved in decisions about their care and felt listened to.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People received a personalised service, staff were aware of people's likes and dislikes.

People had confidence their needs were met.

Is the service well-led?

Requires Improvement

The service was not routinely well-led.

The registered manager did not ensure accurate records were

maintained.

The registered manager was not fully aware of the requirements of the regulations.

People told us the registered manager was approachable and accessible.

Your Own Home Care

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.

Inspection site visit activity started on 6 December 2017 and ended on 18 December 2017. It was an announced visit. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. We visited the office location on 6 and 8 December 2017 to see the manager and to review care records and policies and procedures.

The inspection was carried out by one inspector who visited the office and spoke with staff. A second inspector made telephone calls to people and their relatives after the office visit.

Before the inspection the provider completed a Provider Information Return (PIR). We used information the provider sent us in the 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 reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

Before the inspection we sent out questionnaires to people, their relatives, staff and community professionals. We have used the feedback in our judgement about the service.

We spoke with four people who were receiving care and support, and four relatives. We spoke with the registered manager and five care staff. Following the office visit we sent requests to staff and relatives to provide feedback about the service. We reviewed four staff recruitment files and five care plans within the service and cross referenced practice against the provider's own policies and procedures.

We also contacted social care and healthcare professionals with knowledge of the service.

Good

Is the service safe?

Our findings

At the previous inspection carried out on 23 and 25 November 2016 and 2 December 2016 we found improvements were required in the management of staff who supported people with prescribed medicines. At the time of the last inspection the registered manager failed to equip staff with sufficient training to safely support people with their medicines. We made a recommendation that the provider and registered manager made changes to ensure staff were trained to support people with their medicines safely. At this inspection we found some improvements had been made. We noted staff had received training prior to supporting people. We spoke with the registered manager about how they could further improve. They agreed they would introduce some competency assessments to ensure the training provided was embedded.

Following the last inspection the registered manager had introduced an improved system for auditing medicine records. The records were checked on a weekly basis and any themes were fed back to staff in one to one meetings and general staff meetings.

On day one of the inspection we asked the registered manager for copies of any accident or incident forms completed. They told us "We don't really have any", and no records were shown to us. We later spoke with staff who told us about three incidents which would have resulted in the completion of an accident form as per the providers' policy. One of the incidents involved a person falling to the ground and fracturing their femur. On the second day of the inspection we queried the incident with the registered manager. They informed us they had completed the accident form following the first day of the inspection and after the staff member we spoke with informed them they had told us about the event. The registered manager confirmed with us no accident form had been completed at the time of the incident. The incident occurred four months prior to the inspection. We checked the records for the other incidents and only one resulted in the completion of an incident form. When we spoke to a relative they told us about an incident which occurred when a member of staff was present. We asked the registered manager to send us a copy of any records completed at the time. The registered manager told us the person had fallen prior to the staff member's arrival. No incident form had been completed.

There were no formal systems in place to monitor accidents and incidents. We spoke with the registered manager about how they would learn and make improvements when things go wrong. They told us there was no evidence things had gone wrong. The registered manager went on to say "I do feel it is safe, as we are so small, I feel it is working." We asked them to consider how they would make improvements to the service. They told us they responded to people's needs as and when. The registered manager provided personal care visits to people. By carrying out personal care they monitored changes to people's needs. A relative told us "They [Staff] responded immediately to changes regarding her [Family member] pneumonia, they are on the ball."

We recommend the provider ensures accident and incident reports are completed promptly.

People and their relatives told us they felt safe with the staff. One relative told us "I don't see any reason why

I should not feel safe with the care provided. There are absolutely no risks taken with [Name of registered manager]." Another relative told us "They [staff] are always going on about how things should be safe. They are very aware of the safety of everything."

People were supported by staff with the appropriate experience and character to work with people. Pre-employment checks were completed for staff. These included employment history, references, and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check. People told us they received a list with the names of staff who were going to support them. Staff told us they were always introduced to people prior to supporting them. A relative told us "Yes there is a consistency of staff and nobody goes to her without first being introduced. So the new person goes with a more experienced person before caring for her." Another relative told us "There has never been a time when they [Staff] have missed a call. When the weather was bad last week, they called to say they would be about half an hour late."

People were protected from the risk of abuse. Staff had knowledge on recognising abuse and how to respond to safeguarding concerns. Staff had access to the local safeguarding team contact details. Staff informed us that they would contact that team or the Care Quality Commission (CQC) if management did not report safeguarding concerns. People we spoke with stated they knew who to speak with if they had any concerns.

Consideration was given to risks associated with providing support to people in their own home. The registered manager had introduced meetings with staff to review risks and update care plans. These were opportunities for staff to discuss how best to reduce risk.

Staff were aware of how to minimise the risks of spreading infections. All staff who were responsible for preparing food for people had received appropriate training.

Good

Is the service effective?

Our findings

People told us they continued to receive effective care. Comments from people included "I don't think there is anything they could improve on, they [Staff] will offer extra help when needed, it is very good service," "They [Staff] know what they are doing" and "They [Staff] have never missed a call, with the recent snow they rang to say they would be late."

Prior to supporting people the registered manager carried out an assessment. On occasions this coincided with the first visit. The registered manager told us about a person who had been referred to them who was being discharged from hospital. They told us when they went to carry out the first visit and develop the care plan, the person did not present as they had been informed. The registered manager told us they would not want to be in the same position again and would ensure a visit was made to a person in the hospital prior to their discharge.

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. If a person is unable to make a decision to accept support with personal care providers need to ensure they seek consent from people who legally authorised. We noted that a relative had signed consent forms for their family member. We asked the registered manager if they had satisfied themselves the relative had legal authority. They informed us they had seen sight of the documentation. We spoke with the relative concerned and they informed us they had legal authority to act on their family members behalf. However the records held in the office did not confirm this. We spoke with the registered manager about how they can evidence compliance with the MCA. Staff we spoke with had a good understanding of how to support people make decisions.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Providers of personal care can only deprive people of their liberty upon authorisation by the Court of Protection. At the time of the inspection no-one supported by the service was subject to a Court of Protection order.

People told us they thought the staff were well trained. Staff were supported to undertake training the provider deemed mandatory. The chosen method was e-learning and some face to face learning. Staff told us they felt the training provided them with the right skills to support them in their role. New staff were subject to an induction period. This included working alongside a more experienced member of staff until they were confident to work alone. Two staff we spoke with told us they did not feel under any pressure to get up to speed and work alone when they first started. One member of staff told us "I did my induction training and then shadowed, I felt 100 percent supported."

Staff told us they had one to one meetings with the registered manager and staff who had been in post over a year had an opportunity to discuss their performance at an annual appraisal meeting. The registered

manager sought additional training when required to meet people's needs. For instance, we noted at a recent team meeting they advised staff about end of life care training.

People who required support with nutrition and hydration had the level of support detailed in their care plan. For instance, one person required drinks to be left for them in reach. Staff told us how they would monitor people's weight and report any concerns to the registered manager.

The service worked alongside healthcare professionals to ensure people received effective care. Where people had been admitted to hospital the registered manager kept in contact with healthcare staff to ensure care was available for the discharge date. A health care professional told us, "The care agency manager and I have worked together to try and resolve some of the moving and handling issues and the impression I get is that [Registered manager name] cares deeply about the safety of her staff and she wants the best for the service users. [Registered manager name] has also completed visits with me and is happy to make herself available to joint work and try and resolve issues." A relative told us the registered manager had responded appropriately when their family member was in hospital. They commented, "They [Registered manager] spoke to the ward sister at the hospital regarding her [Family member] discharge. [Registered manager name] was very good, at ringing the ward sister to get information."

Good

Is the service caring?

Our findings

People and their relatives told us they continued to receive kind and compassionate care. Comments from people and their relatives included "They [Staff] are very caring, not in a sickly way but they are very nicely caring. They speak to her in a friendly way and have a joke with her. They are patient and kind," "The staff are very friendly, very nice, there hasn't been anyone who has taken objection to me or me to them" and "The girls [Staff] are so lovely." One relative told us "They [Staff] are all very professional, they are caring and each of them are helpful in lots of different ways."

People told us they were encouraged to be as independent as they can be. This was supported by what relatives told us "By being positive. They [Staff] encourage her [Family member], they say things like, 'come on we can do that'. To be honest it can't be easy."

People and their relatives told us staff treated them with respect and protected their dignity. One relative told us "When they [Staff] wash [Name of person] they take the bowls of water into the bedroom. I don't go in whilst they are in there. When they have finished I go in there, that way there is no embarrassment or anxiety for [Name of person], for the staff or for me." Staff spoke respectfully about the people they supported and gave us examples of how they maintained people's dignity. One relative told us "Mum has her bed in the sitting room. When the staff do her personal care they are careful to pull the blinds down when she goes on the commode, even though we back onto a field and the only people who would see her are the horses." A healthcare professional told us "All of the carers I have seen have been very good, and they will interact with the service user at each stage of the process and they treat the service user with dignity and respect."

People told us they felt involved in decisions about their care, this was supported by what relatives told us. People did not feel rushed by the staff. The registered manager carried out personal care and kept in regular contact with people and their relatives. This ensured they were kept up to date with people's changing needs. A relative told us "I am in contact with [Registered manager name] every couple of days, it is a two way process. She rings me more than I ring her. She is very on the ball. We discuss Mum's care and how she has been."

Staff were aware of peoples communication needs, and told us they would adapt their style of communication to support people. Staff were knowledgeable about people's likes and dislikes. We overheard conversations at a team meeting where information was being shared between staff on how best to support people.

People were supported to celebrate special events which were important to them. For instance, the provider sent people gifts and cards to celebrate birthdays. It was clear from feedback provided by people, they appreciated the kind gestures. Comments from people gathered by the provider included, " Thank you so much for the lovely gift you and the girls left for mum's 91st birthday" and "Your team of girls and work ethic is highly professional and the love, compassion and advise given to us in supporting our situation is second to none."

Relatives we spoke with told us staff went over and above, we asked for examples. One relative told us "One of the girls made her a cup of weak tea. My mum said "Good grief do you call that tea. The girl laughed, and said "Don't worry [Name of person]I will make you another one." Given their timescales, I know they are busy, but she stayed and made her another one. They are very kind. Mum asked one of the girls for some chocolate. So [Name of staff] bought her chocolate and left it there for her. They treat her as a person."

Good

Is the service responsive?

Our findings

People told us they continued to receive a responsive service which met their individual needs. Each person supported by the service had a care plan in place. The care plan gave brief details about the person and their medical condition. The level of detail in the care plan was reflective of the complexity of the care delivered. One person's care plan commented on the person's communication, hygiene needs and mobility. Where issues were identified with a person's skin integrity this was detailed in their care plan. Staff were provided additional guidance on the specific support people required. This was detailed in a 'call guide'. The document provided the detail of how a person would like to be supported. For instance it contained details about where in the home the person would likely be when a member of staff arrived and their preferred method of washing as examples.

Staff told us they felt the care plans and call guide gave them adequate information to provide person centred care to people. People and their relatives told us they had confidence to speak with the registered manager to change the time of the care calls to suit their needs. One relative told us "We haven't needed any changes. If [Name of person] has a hospital appointment, we speak with [Name of registered manager] and she will change the time of their visit to fit in with us."

We noted that some care plans did not contain accurate information. For instance, one person's care plan had another person's name on it and the date of assessment was recorded as after the care commenced. We discussed this with the registered manager. They confirmed that they had overwritten a care plan rather than use a blank template. They assured us they would use a blank template in the future to ensure accuracy.

The service ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager told us about supplying one person with their care schedule in large print to ensure the person could read it.

The service had a complaint process. The PIR stated there had been no complaints since the last inspection and the registered manager confirmed this with us. People told us they would not hesitate to contact the registered manager to raise a concern. People had confidence any concerns would be dealt with.

At the time of the inspection the service was not supporting anyone with end of life care needs. However they had supported people in the past and the registered manager was arranging additional training for staff.

Requires Improvement

Is the service well-led?

Our findings

At the previous inspection carried out on 23 and 25 November 2016 and 2 December 2016 we found improvements were required in the management of the service. There was a disconnect between practice and what the provider's policy stated should happen. We made a recommendation to ensure the registered manager followed the provider's policies on supporting staff. At this inspection we found some improvements had been made. The registered manager had made changes to their practice. They had recorded minutes of team meetings so staff not able to be present were aware of the discussions held. The registered manager had also increased the checks made to medicine records. We acknowledge themes of issues found were shared with staff.

However we continued to find there was a disconnect between practice and the provider's policies. The registered manager had not ensured all accidents, incidents and near missed were recorded as per policy. Staff told us about three incidents which had occurred when they were present in a person's home. Only one had been recorded on an incident form at the time. Other records we looked at were not always accurate. One person's care plan had another person name on it. Another care plan had not been updated to reflect the current level of care provided.

We recommend the service ensures processes are in place to ensure accuracy of records which reflects care and treatment provided.

There is a legal requirement for providers to be open and transparent. We call this duty of candour. Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, states when certain events happen, providers have to undertake a number of actions. We checked if the service was meeting the requirements of this regulation. The registered manager was unable to advise us of what events would meet the duty of candour threshold.

Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. One notifiable event is when a person who is supported fracture's a bone when the regulated activity is carried out. One person had fallen and when the staff were present which resulted in a fractured femur. The registered manager told us they did not need to report this as the person was being supported with a meal rather personal care.

We asked the registered manager about other notifiable events. They were unable to provide a comprehensive list of events they were legally entitled to inform us about.

We recommend the provider ensures it provides support to the registered manager from a reputable source to meet the regulations.

The registered manager was committed to providing a high quality service. They received positive feedback from people, their relatives and staff. We noted a number of compliments had been received by the service praising the registered manager. We received positive comments from staff about the conduct of the

registered manager. Comments included "She is so supportive," "She always has time for us if we need any advice" and She is interested in quality rather than quantity."

We observed a staff meeting and it was clear there was mutual respect from management to the care staff. One staff member told us "[Name of registered manager] is always at the end of the phone." Staff described themselves as being "Happy" and "Content" in their work and all the staff told us they would recommend working for the company.

The service sought feedback from people through a survey. The registered manager advised they had not analysed the results for this year to date. The registered manager monitored the quality of the service provided via keeping in touch with staff, people and their relatives. We received positive feedback from people about how often they were visited by the registered manager.

Some quality assurance systems were in place. A weekly audit was carried out on medicine records and the daily notes were checked.