

Fortress Care Limited

# My Homecare Manchester

## 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

### About the service

My Homecare Manchester is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older people and younger adults with various needs, including people living with learning disabilities and dementia. At the time of this inspection 103 people were using the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

### Right Support:

People received good quality care. The care plans provided guidance for staff about how best to support people's needs and preferences. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People's communication needs were met.

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; however, the systems in the service did not always support this practice. The provider had no specific mental capacity assessments in place. We have made a recommendation about the provider reviewing their systems in place to work within the principles of the Mental Capacity Act (MCA).

### Right Care:

People received person-centred care of a good standard. People received kind and compassionate care. Staff were kind, caring and understanding. However, some people told us staff were not always respectful as they spoke in their mother tongue with each other whilst delivering care. We fed this back to the registered manager who assured us they would take necessary action and address this with staff.

Staff understood and responded to people's individual needs. People's care needs were risk assessed and care plans provided staff with the information they needed to manage identified risks. People were protected from the risks of abuse and staff were trusted to keep them safe. Staff had received training in how to safeguard people. Medicines were managed safely.

### Right Culture:

The culture of the service was friendly, open and inclusive. Person-centred values were embedded into the service and staff members we spoke with. People's choices were respected, and staff supported them to achieve good outcomes. Staff said they enjoyed their roles and the relationships between staff and people was positive. People told us they felt safe and knew how to raise concerns.

Overall, the provider ensured the safety and quality of the service was effectively assessed. However, there were areas which needed further development. The provider and registered manager were responsive to issues raised at the time of the inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Rating at last inspection

The last rating for this service was good (published 1 December 2017).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Recommendations

We have made a recommendation about the provider reviewing their systems in place to work within the principles of the MCA.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# My Homecare Manchester

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector and 1 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 and specialist housing.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave a short period notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 27 November 2023 and ended on 6 December 2023. We visited the location's office on 29 November 2023.

#### What we did before 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 7 people who used the service and 7 relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, deputy manager, HR manager, care co-ordinator, care workers and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 7 people's care records and multiple medication records. We looked at records in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and staff were trusted to keep them safe. People told us, "Yes, I feel safe" and "I feel safe with the staff."
- Staff had received training in how to safeguard people. Staff we spoke with were confident to report concerns and satisfied that action would be taken to investigate them. A staff member told us, "Reporting safeguarding concerns is a crucial step in ensuring the well-being and safety of individuals who may be at risk of harm. We provide support to our clients by helping them to understand safeguarding. We are committed to taking immediate action to keep people safe from abuse and neglect."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff assessed risks to people's health, safety and wellbeing. The service assessed people prior to using the service to ensure the service could safely meet the people's individual needs.
- People's care needs were risk assessed and on the whole care records provided staff with the information they needed to manage the identified risk. However, we found 1 person's moving and handling risk assessment lacked detailed. The registered manager updated the risk assessment immediately.
- People's ongoing risk assessments were reviewed on a regular basis and when needs changed.
- Accidents and incidents were minimal, however, systems were in place for recording and analysing any trends and looking at any lessons learned.

Staffing and recruitment

- Recruitment checks were robust to ensure staff were suitable to work with vulnerable people. Appropriate staff were recruited and matched to meet people's needs. Staff had the necessary safety checks in place before starting work.
- The provider had systems in place to monitor staffing levels. An electronic system was used to determine staffing levels, issue staff rotas and deploy staff to people's care visits. A staff member told us, "There are definitely enough carers. If I am off sick or on holiday my rota is always covered. Our rotas are made up of clients who live close by to each other and there is enough travel time."
- We received mixed feedback from people about them receiving regular staff for their care visits. We fed this back to the provider who informed us about the difficulties in always ensuring regular staff for people's visits due to staff annual leave and sickness.

Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed. People told us, "The carers check that I have taken them [medication]" and "The carers apply my [prescribed] creams twice a

day."

- On the whole, medicines records were complete. However, we found staff were not recording the administration of prescribed creams for 1 person on a medication administration record (MAR). We spoke to the person, who confirmed staff administered the cream daily as required. We fed this back to the registered manager, who implemented a MAR immediately.
- Staff were trained to administer medicines. Staff had to undertake training before they could administer medicines and received competency checks to ensure they administered medicines safely. One staff member told us, "I have had [medication] training and a spot check [an observation in administering medicines]."

#### Preventing and controlling infection

- Staff received training in infection prevention and control and told us personal protective equipment [PPE] was readily available to them. People and relatives told us staff wore PPE as needed.



# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff received training in MCA. Staff understood consent, the principles of decision-making and mental capacity. One staff member told us, "I have training [in MCA]. It is about people making decisions."
- People's initial assessments contained information about people's cognition. However, this information was not always detailed in people's care plans. Although the provider escalated concerns with people's capacity to the local authority as needed, the provider had no specific mental capacity assessments in place.

We recommend the provider reviews their systems in place to work within the principles of the MCA.

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

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

- People and their relatives [where appropriate] were involved in their care planning.
- People's needs were assessed prior to starting with the service and care plans were developed according to people's needs. Care plans reflected a good understanding of people's needs.
- Care plans included relevant health and personal information. Staff monitored people's healthcare needs and worked in partnership with other relevant healthcare professionals, as required.
- Where people required support with their food, the level of support was agreed and documented in their care plan.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care records included information about each person's health needs and guidance for staff to show how these were met.
- People had access to healthcare professionals who provided guidance and support. The service worked well with other health and social care professionals, such as district nurses and GPs. This ensured good outcomes for people.

Staff support: induction, training, skills and experience

- Staff had received an induction when they first started working at the service and training relevant to their roles had been provided. One staff member told us, "I had my induction in April. The induction was enlightening and eye opening. I did shadow shifts [observing experienced members of staff]. The induction was enough. I have enough training and have continued with training after the induction."
- Although staff had received basic training in managing catheters, some people told us not all staff were confident in managing their catheter needs. We fed this back to the registered manager who organised face-to-face training for staff to attend.
- Staff had regular opportunities for supervision [one to one support sessions with their line manager]. A staff member commented, "I receive supervision quite often and I have found it very useful as it helps me to get better at my work."

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- People's rights were promoted.
- People told us staff were kind and caring. Comments included, "The carers are kind and caring" and "The carers are nice. I am very happy with them. I would recommend [the service]."
- People benefited from staff who knew them well. This meant people's individual characteristics, likes, dislikes and personal preferences were recognised and respected by staff.
- Staff knew people's history and preferences and used this knowledge to support them in the way they wanted.
- The registered manager promoted equality and diversity. Staff had received training in equality and diversity and were able to explain what this meant for people.

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

- People's views and decisions about care were incorporated when their care packages. This helped staff to support people in a way that allowed people to have control over their lives and make day-to-day decisions.
- People were involved in making decisions about their day-to-day care. A staff member commented, "I ask people what they want all the time, such as breakfast. We check what they have available and ask them what they want."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and privacy. A person told us, "They [staff] respect my privacy and dignity, I am good at articulating what I like, once they know me they are fine." A staff member added, "I ensure our client's privacy and dignity are respected by creating an environment where individuals feel valued, respected, and in control of their own care."
- People's independence was encouraged where possible. A staff member told us, "I support our clients to be as independent as possible by assessing each person's abilities, needs and preferences to tailor support accordingly. I work with our clients to set realistic and achievable goals for independence."
- Some people told us staff were not always respectful as they spoke in their mother tongue with each other whilst delivering care. We fed this back to the registered manager who assured us they would take necessary action and address this with staff.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. 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

- Care plans were person-centred. The care plans provided guidance for staff about how best to support people's needs and preferences. Staff completed daily care records for people, which showed staff were meeting people's individual needs as recorded in their care plans.
- Care plans were detailed with people's likes, dislikes and preferences. Staff we spoke with demonstrated they knew people well.
- Care records showed regular reviews of people's care took place.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. The service was aware of the AIS and each person's specific communication needs were detailed in their care records. A staff member told us, "Communicating with people requires patience, empathy, and a willingness to explore alternative methods of expression. I pay attention to non-verbal cues, practice active listening, gestures and pointing, and get familiar with their personal preferences."

Improving care quality in response to complaints or concerns

- The provider had a tracker to log formal and informal complaints. We found complaints had been responded to in line with the provider's complaints policy. There was an up to date complaints policy in place and the provider ensured the quality of care could be assessed, monitored and improved upon.
- Although people and relatives felt able to raise concerns, some people told us when complaints are made on the phone, they are not always dealt with. We fed this back to the registered manager who told us this was due to a communication breakdown between the staff. The registered manager assured us they would review their processes to ensure all complaints are responded to.

End of life care and support

- End of life care was not routinely provided. Staff had access to end of life training and end of life care could be facilitated alongside community healthcare professionals if required.
- Care plans did not contain people's end of life wishes. The registered manager assured us they will update

people's care plans to incorporate their end of life wishes for those who wanted to disclose them.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- Person-centred care was promoted. The registered manager and staff demonstrated a commitment to people, and they displayed person-centred values. People's choices were respected, and staff supported them to achieve good outcomes.
- Staff valued and promoted people's individuality, protected their rights, and enabled them to be as independent as possible.
- The culture was open and inclusive. Staff said they enjoyed their roles and the relationships between staff and people was positive. A staff member told us, "The staff team is good, we all get on and work well together. I have good relationship with my clients."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Overall, the provider ensured the safety and quality of the service was effectively assessed. However, there were areas which needed further development. For example, the inspection highlighted medicine records, staff training in catheter care and the recording of people's end-of-life wishes needed further actions. The provider and registered manager were responsive to issues raised at the time of the inspection.
- The registered manager had good oversight of the service. An auditing system was in place for medicine records, staff files and daily logs. However, although care plans were checked regularly, the audits were not recorded, and, although action was taken if follow up work was required, this was also not recorded. The registered manager assured they would address this with the staff members involved.
- The provider operated an on-call system to ensure staff had access to management support during out of hours. A staff member told us, "I have used on-call several times, they are very helpful."
- Staff praised the registered manager and wider management team, they felt supported in their roles. Staff told us, "[Registered manager] is always available and helps when we have issues. They are a good manager" and "Managers always call and check on us. They have made my time here easy, I have not had any regrets working here. They are supportive and deal with any issues we raise. I like it here."

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; Working in partnership with others

- The registered manager understood their responsibility to let people and their relatives know if something went wrong under their duty of candour.
- The service worked in partnership with other health and social care organisations and the community to

achieve better outcomes for people using the service. There was a good working relationship with commissioners.

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

- People and their relatives' views had been sought through regular contact, surveys and quality monitoring. On the whole, feedback from people was positive and action plans were created to drive improvements.
- The provider had employed a 'well-being lead' to support the well-being of staff at work.
- The provider had implemented initiatives such as 'carer of the month' to recognise good practice.
- Staff views were sought through regular contact, meetings, supervisions and surveys. Feedback from staff was positive. A staff member told us, "We have an open forum where ideas or suggestions are shared. The management listens and addresses them."