

My Homecare (Reading and Bracknell) Ltd

# My Homecare Reading

## 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?

Requires Improvement ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 10 July 2018 and was announced. We gave the provider prior notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

My Homecare Reading is a domiciliary care agency that provides personal care to people in their own homes. It provides a service to people who have dementia, learning disabilities or autistic spectrum disorder, mental health, physical disability and older people.

The Care Quality Commission (CQC) only inspects the service being received by people provided with the regulated activity 'personal care'; help with tasks related to personal hygiene and eating. Not everyone using the service receives the regulated activity. Where they do we also take into account any wider social care provided. At the time of our inspection the service was providing personal care to 18 people.

The service had a registered manager in place. 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 assisted us during the inspection.

People felt safe while supported by the staff. Relatives agreed the staff supported their family members and made them feel reassured. The registered manager and the staff had a good understanding of how to keep people safe and their responsibilities for reporting and recording accidents, incidents or concerns.

People felt they were not always treated with respect, but their privacy and dignity were promoted most of the time. People and relatives felt the staff supported them in the way they wanted however some staff's skills could be improved like time keeping, being friendly and kind, and hand washing.

People were supported by sufficient numbers of staff to meet their individual needs. Where possible, the registered manager scheduled visits so the same staff went to see people to maintain continuity of care and support. People were informed about the changes to their visits most of the time. The service completed an appropriate recruitment procedure before new staff were employed to work with people. They checked to ensure staff were of good character and suitable for their role.

Staff training records indicated which training was considered mandatory. The registered manager and senior staff had planned and booked training when necessary to ensure all staff had the appropriate knowledge to support people. Records showed staff received ongoing support via regular supervision and appraisals. Staff felt supported by the management team and were motivated to maintain good team work.

People's rights to make their own decisions, where possible, were protected and respected. The registered

manager was aware of their responsibilities to ensure people's rights were promoted and they encouraged this within the staff team practice. Staff were aware of their responsibilities to ensure people's rights were promoted and support to make decisions. People received support that was individualised to their specific needs. Care plans were kept under review and amended as changes occurred.

The registered manager and staff team monitored people's health and wellbeing and took appropriate action as required to address concerns. Professionals agreed the service worked well with other organisations, helping people maintain their health and wellbeing. The service assessed risks to people's safety, as well as to staff and visitors and plans were in place to minimise those risks. Safe medicines administration systems ensured people received their medicines when required.

The registered manager had quality assurance systems in place to monitor the quality of the service being delivered. The registered manager identified any issues and improvements necessary and took action promptly to address these. We received a mixture of feedback from people and relatives about level of skills of some staff and the support they provided. The registered manager took this on board and provided us with an action plan to address each part of the feedback. Some staff felt certain aspects of the service could be improved such as travel time, length of training and workload. But they agreed they felt supported and could ask for help. The registered manager praised the staff team for their hard work and appreciated their contribution to ensure people received the best care and support. They promoted an open and inclusive culture within the service where staff felt supported and able to approach the management.

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?

Good ●

The service was safe. People felt safe and knew how to report any concerns or issues.

There were sufficient numbers of staff to keep people safe and meet their needs, although timekeeping of visits varied.

Medicines management was in line with the provider's procedures and national guidelines.

The provider followed their recruitment process to employ fit and appropriate staff.

### Is the service effective?

Good ●

The service was effective. Staff received training to maintain the knowledge and skills to support people with their needs.

Staff identified any changes in a person's condition and reported it to management.

Staff communicated with relatives and other professionals to make sure people's health was monitored and any issues responded to appropriately.

People were supported to eat and drink appropriately to maintain their health.

Staff and management acted within the requirements of the Mental Capacity Act 2005. People were protected and supported appropriately when they needed help with making decisions.

### Is the service caring?

Requires Improvement ●

The staff were not always caring. People were not consistently treated with respect.

Although most staff ensured people's diverse physical, emotional and spiritual needs were met in a caring way, this was not always the case.

People's privacy and dignity was respected. People were

encouraged and supported to be as independent as possible.

### Is the service responsive?

Good ●

The service was responsive. Staff supported people with their needs and wishes. Visits were carried out at the time specified in the care plan most of the time.

Support plans recorded people's likes, dislikes and preferences.

People and relatives knew how to make a complaint if they wanted to or share concerns with staff. There was an appropriate complaints system.

### Is the service well-led?

Good ●

The service was well-led. The registered manager had systems to monitor the quality of the service and make improvements.

The provider took actions to address any issues so it would not have a negative effect on people's lives and the service.

The provider was interested and committed to listen to all people's comments that would help improve the quality of the service.

# My Homecare Reading

## **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 checked 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 inspection took place on 10 July 2018. It was carried out by one inspector and was announced. We gave the provider prior notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. An expert by experience made telephone calls to interview people and/or their relatives. This is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we looked at the PIR and all the information we had collected about the service. This included information received and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. We also contacted seven community professionals for feedback and received feedback from commissioners with no concerns.

During the inspection we spoke with three people who use the service and three relatives. We spoke with the registered manager and received feedback from five staff. We looked at records relating to the management of the service including five people's care plans and associated records. We reviewed four recruitment records, staff training records, quality assurance records, incidents and accidents, the compliments/complaints and policies relating to running of the service.

# Is the service safe?

## Our findings

People felt safe in their homes when staff supported them. People and relatives knew who to call if they felt unsafe. They said, "Yes I feel safe, [staff] look official", "Yes, well looked after", "Yes, I feel [family member] is safe" and "I think [family member] is generally safe". Professionals agreed the service ensured people were safe and they managed risks to individuals well so people were protected.

Staff undertook safeguarding awareness training to understand their responsibilities in keeping people safe. Staff had a good understanding of when to report concerns, accidents and/or incidents to the registered manager or senior staff. The provider had a whistleblowing policy to ensure staff were aware of how to raise concerns. Staff explained they would be happy to contact other agencies if needed to ensure people's safety. The registered manager understood their responsibilities regarding safeguarding people and reporting concerns to external professionals accordingly, such as submitting notifications to CQC.

As part of the support plan, the service assessed the risks to people's personal safety and put plans in place to minimise these risks. However, some risk management plans were not sufficiently detailed to ensure staff had guidance to mitigate these risks. For example, people's care records identified the equipment to be used when supporting transfers or where the person was at risk of falls. However, they did not always give person-specific guidance on how staff should do this safely at all times. We discussed the risk assessments, prevention measures and support plans with the registered manager who agreed with our feedback regarding their files. They said they would review the information to ensure relevant and important guidance was easy to find so people received safe and effective support.

People's support plans had detailed guidelines to ensure staff could support them appropriately to achieve their wishes and goals such as remaining independent in their own home. The plans also included information about personal care, emotional support, promoting choice and consent, without restricting people. Information in support plans and risk assessments was kept under review and staff reported any changes of needs promptly.

The registered manager had recruitment procedures in place to ensure suitable staff were employed. This included identity checks and a Disclosure and Barring Service (DBS) check. A DBS confirms candidates do not have a criminal conviction that prevents them from working with vulnerable adults. Additionally, interviews were designed to establish if candidates had the appropriate attitude and values. We found some discrepancies with employment history and references. The registered manager promptly rectified the error and sent us information after the inspection. They have also sent us information regarding improved recruitment process to ensure all gaps and discrepancies were addressed during the recruitment and selection process.

The registered manager determined the number of staff required according to the needs of the people using the service. They used a staff planner for a rota, looking at staff's availability and people's needs and matching them. The registered manager considered people and staff's location when allocating staff to visits to avoid long travelling times. This helped ensure continuity in meeting people's needs and staff did

not have to rush. It helped build stronger relationships between people and staff. People and relatives said staff did not always have the time to support and care for them as it felt rushed at times. If the staff were late to visit a person or a different staff member had to cover it, people and relatives were not always informed. Staff agreed travelling time could be an issue sometimes due to traffic or staff absence. They felt they had time to complete task and support people most of the time. Some staff said the management team worked out travelling times and visits so that the staff were not late. People and relatives felt staff punctuality varied. They said, "Usually, depends on the traffic", "Yes, more or less [on time]", "Not often but they always turn up. When I go out, I have to go out without getting washed because they have been late again". Others added, "No, sometimes early, sometimes late. It depends who it is", "Sometimes" and "I believe so [arrive on time]".

The registered manager was aware visits were late sometimes and would affect how much time staff had to provide support to people. They said when emergencies or sickness had to be covered, staff had to travel further away which affected the time and duration of the visit. They acknowledged there had been times when things had not gone as planned and people were not informed on time, and were working to address this. The provider was also introducing a new electronic online system where staff would have to log in and then out of care visits after all the tasks had been completed. All people's visits would be linked to the provider's electronic logging system. This way any late visits or visits not logged into by staff would raise an alert to the office staff or the on-call person to prevent missed visits. After our feedback, the registered manager told us she was arranging a team meeting to discuss visit times, tasks to complete and workload. Professionals agreed the service made sure there were sufficient numbers of suitable staff to keep people safe and meet their needs when considering new care packages.

Staff adhered to the medicine policy and procedure in order to manage and administer people's medicines safely. Staff did not administer medicines to people unless they were trained to do so. Staff helped people organise the medicine and prompted them to take it according to the support plan. People and relatives agreed staff administered medicine when required. The senior staff audited medicine record sheets for any errors. We reviewed medicine record sheets for seven people and medicines audits. It was not always clear whether the actions identified regarding errors in the medicine record sheets were actioned and completed. We discussed this with the registered manager. After the inspection, they told us they had spoken to senior staff about medicines audits. They agreed once errors were identified, senior staff would clearly record any actions taken, and address any themes in identified errors.

There was a system for recording accidents and incidents. The registered manager explained how they addressed these and how the support provided to people would be amended as required. They would also discuss with the team to identify possible improvements. The provider was implementing a concerns policy and procedure which aimed to identify, record, resolve and learn from any issues raised about the service. This was to ensure any issues, no matter how minor, that may have impacted on the dignity or independence of service users, were fully addressed. We saw examples where the registered manager and staff team identified issues or concerns and took adequate action to address them. The service had continuity plans to ensure the staff team could continue working in the event of an emergency. There was an on-call system in place should staff or people need help or advice out of hours.

Staff were provided with and used personal protective equipment (PPE) to prevent the spread of infection. People and relatives confirmed this and said this was happening while the staff supported them. However, some people commented they were unsure if staff washed their hands when needed. We passed this to the registered manager and they addressed it promptly with staff. The registered manager said they were organising additional training to reiterate importance of hand washing, infection control and prevention. This would be discussed in the upcoming team meeting.



## Is the service effective?

### Our findings

People and relatives spoke positively about most of the staff. They said some staff were skilled and able to meet their needs better than others. We received some compliments from people and relatives about the support they valued most. They felt the care could be delivered in a way that allowed the people to feel more supported and reassured as it was not always consistent. They said, "'It's ok", "Almost always", "Yes", "As much as it can be", "Sometimes" and "Yes, I think so but I'm not there all of the time."

We reviewed the latest training record which detailed the service's mandatory training. Where training was out of date, the registered manager and senior staff booked the staff to complete refresher training. The registered manager and senior staff monitored the attendance of the team to ensure they were all up to date. Staff said they had enough good training to carry out their role and support people. A few staff commented every staff member's skills varied. They felt more training could be provided for those who may not feel confident enough to support people after training yet. People and relatives said, "The men appear better than woman at looking after [family member]", "Some have [the skills], yes", "I'm not sure", "There are some nice girls, but they help me fine", "The two men are nicer. They have good skills" and "They are friendly but need better training". We passed this feedback to the registered manager who had already started booking the training and speaking to staff about effective care and support. They also enrolled for the training to be a trainer so they could provide some refresher training more quickly for staff where issues were raised about their practice.

The registered manager said when new staff started they had an induction that included training and a period of shadowing experienced staff before working on their own. New staff were introduced to people before they started supporting them. Some people and relatives said this was not always the case now. They said, "No, they never get introduced. They just get sent in and its always different carers", "Very often not [introduced]" and "They always used to shadow when new carers came in, but they don't do that now, I have to tell them what to do. They could do better with training." This was passed to the registered manager to ensure all new staff were introduced to people.

Staff had an opportunity and were encouraged to study for additional qualifications. Staff completed the Care Certificate as part of their role. The certificate consists of 15 standards that new health and social care workers need to complete during their induction period. Staff had supervisions (one to one meetings) with their line manager and we saw records of those. One staff said they did not have that many supervisions. However, the staff agreed the management team was supportive and would check if things were going well for staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People and relatives agreed staff respected people's wishes. Their consent and choice was asked before proceeding with support. They said, "Yes, they always give me choices" and "Yes, they ask me." Staff

knew it was important to communicate with the person and ensure they always had a choice and the right to make decisions about their care and support. They said, "Ask service user if it is ok to have shower. We follow their wishes. We explain what we are doing", "Ask them for choices and I ask them if they need anything before I leave" and "I always ask if they comfortable, always check before we do anything". The registered manager demonstrated a good understanding of mental capacity considerations and assuming capacity to ensure people could make their own decisions. They said, "I always tell staff not to assume things but help people make decisions."

Each person had an individual needs assessment which identified their health and care needs. Staff made sure people's health and care needs were met in a consistent way. They communicated with each other and the registered manager reporting any changes or issues. The registered manager and staff communicated with GPs, the local authority, community nurses, occupational therapist and families for guidance and support. Records showed the staff team checked people and were prompt to pick up any issues or concerns so they could prevent health and wellbeing deterioration.

Some people needed support with eating and drinking as part of their care package. The level of support each person needed was identified in their support plan. People and relatives said staff helped them with preparing meals following their wishes as documented in the plan.

## Is the service caring?

### Our findings

We received a mixed feedback about staff support to people. People and relatives felt some staff members showed more compassion and kindness than some others. People and relatives said, "Some are very nice and respectful. Some are very condescending and treat [family member] like a child", "Yes they are [kind]. The women are kinder than the men", "Yes, they are friendly. The odd one isn't", "I think so, I would be told otherwise" and "Some are, and some aren't. When [family member] was poorly one was very kind to them".

The registered manager placed importance on ensuring continuous support to people from regular staff. Most people and staff knew each other well and had established relationships. The registered manager and senior staff checked people were happy with their support and listened to any issues or questions. The registered manager said, "I find all carers are caring. Sometimes they may have had a bad day but I try to make them understand the staff are there to support service users." They worked with staff to ensure people were comfortable and relaxed in their own homes and able to share any concerns. Staff said, "We respect and follow their wishes, and respect their home, like take off your shoes", "I ask questions nicely, being friendly and having a joke. I make sure they are happy and get everything they need" and "Communicate with people and be nice and friendly".

Not all people and relatives felt they were involved in the care planning process. Some said, "Yes, we were all involved" and "Initially yes. I also showed them (carers) how everything is done, and I stayed with them for a few days to ensure, but the care plan still isn't followed". Others added, "No, they spoke to my [relative] and it hasn't been reviewed", "I can't remember doing a care plan" and "I don't know what that is". Records were up to date and indicated people's involvement. We passed the feedback to the registered manager to ensure all people they supported felt involved and contributed to their care and support.

All the comments raised regarding caring and attentive support that could be improved were passed onto the registered manager who took swift action to address it. They spoke to the staff team about the importance to treat everyone as individual and show respect and kindness at all times.

People and relatives agreed staff respected people's dignity and privacy most of the time. They said, ""They do in a manner", "They do mostly", "I think so. They are usually friendly. They give as much consideration as they can, some don't" and "Some do, and some don't". People's care was not usually rushed enabling staff to spend quality time with them. One person said there was one staff who was rushing at times. However, people felt most staff took their time to complete all the tasks and provide support that was needed. Staff were able to give examples of how dignity and privacy was respected making sure people were comfortable with care.

Staff understood people's had individual communication skills, abilities and preferences. People's records included detailed information about their personal circumstances and how they wished to be supported. The support plans guided staff to ensure people were fully involved with their care promoting independence whenever possible. Staff understood people's independence was an important aspect of their lives, for example, taking part in their personal care or helping with some activities. Staff knew they were there to help

if someone needed assistance but not take over. The registered manager worked hard to ensure people felt they mattered and were supported and encouraged to live an independent life as far as possible. They said, "I speak to carers and they read the care plan. The outcomes are for service users and we monitor it. I discuss timings with social services and ask more time if needed." Relatives said they were unsure if their family members were encouraged to do as much as they could manage to keep some independence.

Any private and confidential information relating to the care and treatment of people was kept in their home in a chosen place. Staff were aware of confidential information sharing and discussed it only with relevant people such as professionals or family with people's permission. This information was also kept securely in the office.

## Is the service responsive?

### Our findings

People received the care and support they needed according to the times agreed in their support plan most of the time. The registered manager was aware there were some issues with late arrival of staff for care visits. They were working to improve this and said, "Being a small provider, we are now looking to recruit more in the now identified trouble areas like the centre of town where traffic is a problem". People and relatives were informed when the visits were late or changes had to be made regarding staff attending the visit most of the time. People received care and support that was responsive to their needs because most of the staff had a good knowledge of this. People and relatives said, "They just do what they should do", "Yes, [family member is] looked after well" and "They don't take over, they know what they have to do and get on with it."

People received support that was individualised to their personal preferences, needs and cultural identities most of the time. Staff had support plans to follow as an important source of information to make sure the support they provided was personalised to each individual. The care and support provided at each visit was recorded. There was information about people's physical health, emotional wellbeing and support provided. This helped staff monitor people's health and wellbeing, respond to any changes and enabled staff to make timely referrals to appropriate professionals. People and relatives' feedback was mixed regarding good communication between them and the service on occasions when things did not go as planned. They said, "No, there is no consistency with carers", "They have called me sometimes, but they have always turned up" and "Usually let us know if there is a change to carers." Each person had an individual care plan which included practical information on maintaining the person's health and wellbeing, emotional support, and their daily routines. We saw from the concerns log the staff team and the registered manager were responsive to requests and suggestions, and people's needs and wishes. One person said, "Yes, they help with everything I need" and another said, "Yes, [the manager] contacts me".

We looked at whether the service was compliant 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. Records indicated whether people had disabilities or sensory impairments. There was some guidance on communicating with people in a manner they could understand. For example, when they speak to the person to speak slowly and clearly. The registered manager said they would review people's communication needs to ensure the information was highlighted and in line with the guidance. This would confirm all information presented was in a format people would be able to understand.

There had been five complaints in the last 12 months. The registered manager took complaints and concerns seriously and used them as an opportunity to improve the service. We saw the registered manager and senior staff addressed issues and concerns promptly to ensure people were happy and safe. They encouraged people, their relatives and staff to always share any issues or concerns so these could be addressed in a timely manner to avoid further negative impact. Some people felt they could be informed better of the outcome of the complaint or issue raised. Other people and relatives felt they would contact the office staff or the registered manager should they needed to complain. We passed the feedback to the registered manager who planned to call people to check if there was anything else they wanted to raise with

them. Staff knew how to report concerns or issues to the registered manager to be addressed and help people make a complaint.

## Is the service well-led?

### Our findings

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place and there was one. The registered person had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

People and relatives were complimentary about some aspects of care and support and felt their care during visits could be managed better. The service aimed to provide people with person centred support and care, and maintain a high-quality service. The registered manager had started three months ago and they had already identified the shortfalls in the service. When we passed not so positive feedback from people and relatives, they were aware of it, such as late visits. However, the registered manager and staff team were motivated to ensure people, and what was important to them, were at the centre of their work. The registered manager took our feedback on board and provided us with an action plan to address these issues and concerns.

The registered manager had a quality assurance system in place to assess and monitor the service delivered. People's experience of care was monitored through daily visits, quality assurance checks, care reviews, care plan evaluations and regular contact with people and their relatives. When they identified any issues, they took actions to make improvements. The registered manager and senior staff discussed the feedback and any improvements to be made with staff to ensure people had the best outcomes. The registered manager and senior staff also completed audits of the files. For example, log sheets, medicine administration records, visits, staff performance checks and supervisions to monitor the service quality. Issues or gaps picked up were analysed and addressed with the staff. The registered manager also planned to start telephone monitoring as part of the quality assurance to gather feedback from people about things going well and not so well. The registered manager took appropriate disciplinary action when they needed to address poor performance. Records were complete, accurate and stored appropriately.

The provider carried out surveys of people who use the service and relatives in the last 12 months. We looked at the analysis of the survey and the responses were mostly positive. Where people or relatives raised some issues, the registered manager and senior staff looked into these further and took action to rectify the issues. Following surveys were due next year. However, after we informed the registered manager of the feedback received during the inspection, they told us they planned to carry out another survey for people who use the service and their relatives. They wanted to find out sooner as much information as possible regarding any issues they had and ensure people were happy. People and relatives said, "I've met the supervisor. She is very good and listens", "No, I wouldn't know them if I've seen them", "[Senior staff] rings me" and "It's managed well, they are in contact with me constantly". Others added, "I think it's bad luck on the managers behalf with the staff they have employed. The manager is trying to make things better", "I think the manager is frustrated. It's not managed as well as it could be" and "I think so [it is managed well]".

The service worked closely with health and social care professionals to achieve the best care for people they supported. The professionals agreed the service provided good quality care, staff were caring and responsive, and they did not have any concerns reported to them. They were aware there were changes in

the management but now it has stabilised. Professionals said the provider worked well with other organisations to achieve best outcomes for people who use the service.

The registered manager promoted a positive culture and wanted to ensure staff felt the management was available, approachable and supportive. Some staff felt certain aspects of the service such as travel time, length of training and work load could be improved. They felt the management team was supportive and interested to know if everything was going well and ensure they worked as a team. Staff could ask them any questions, for advice and help when needed.

Staff had team meetings and discussed various topics such as any changes in people's needs or care, best practice and other important information related to the service. Staff had clearly defined roles to support people and understand their responsibilities in ensuring the service met the desired outcomes for people. As the registered manager worked along their staff, they had an opportunity to observe staff's practice and pick up any issues. When the registered manager started, they visited each person to introduce themselves. Following our feedback during this inspection, they said they would send out a letter of notification to all people and relatives informing them they could contact the registered manager at any time. They also communicated with staff to remind them and understand their duty of care and their responsibility to provide quality care and alert the senior staff if they identified any concerns. The management team encouraged open and transparent communication in the service. They valued how staff worked well together as a team. They said, "I have a solid team, the staff will help and I have support. They know they can contact us and I think they appreciate it. At the moment, it is going really well".