

LD Homecare Ltd

My Homecare Derby

Inspection report

Citibase Derby
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08 October 2019

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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 Derby provided care services to younger adults, older people, who maybe living with dementia, physical disability, learning disabilities or mental health needs. Personal care was provided to people living in their own homes. 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. At the time of this inspection 32 people using the service received personal care.

People's experience of using this service and what we found

Medicine systems and processes were not fully effective to ensure people received their medicines as prescribed. One person was not receiving their medicine as prescribed and there was no clear audit trail, regarding who had authorised changes to this person's medicine.

There were processes in place for people to raise complaints and express their views and opinions about the service provided. However, complaints records did not show whether these had been resolved to the complainant's satisfaction and the action taken.

There were sufficient staff available to support people and they were safeguarded from harm, by staff who understood their responsibility in reporting any concerns. Risk assessments were undertaken to minimise risks to keep people safe.

People told us they felt safe with the care provided by staff. Staff told us they had received training in a range of areas to support them in their roles. Recruitment procedures ensured prospective staff were suitable to care for people receiving personal care in their own homes. Staff were aware of how to reduce the risk of infection.

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; the policies and systems in the service supported this practice.

When needed, people were supported to maintain their dietary requirements. Staff we spoke with were aware of who to contact in the event of an emergency.

People told us staff treated them in a caring way and respected their privacy and supported them to maintain their independence and dignity. The delivery of care was tailored to meet people's individual needs and preferences.

Systems were in place monitor the quality of the service to enable management to drive improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 14 August 2018).

Why we inspected

This was a planned inspection based on the previous rating.

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 Derby

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector and one 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. The experts by experience did not attend the office of the service or visit people at home. They spoke by telephone with people and relatives of people who used the service on 16 September 2019.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records, which included the care records for three people. We checked that the care

they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files. We also looked at two staff recruitment files.

We spoke with the nominated individual and registered manager and senior care worker when we visited the office on 30 September 2019. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke with three people who used the service and five relatives about their experience of the care provided, by telephone on 16 September 2019. We sought the views of three care workers by telephone on 8 October 2019.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at medicine's management.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- The management of medicines was not always effective. We saw one person was not receiving a medicine as prescribed by the GP. There was no audit trail to show whether this had been discussed with the GP and agreed. Following the inspection visit the nominated individual confirmed the prescription had now been amended by the GP to include one dose to be administered as and when required.
- People we spoke with were happy with the support they received with their medicines. Staff administering people's medicines told us they received appropriate training, which was updated when required, and knew what action to take if they made an error.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff who supported them. One person said, "I always feel safe with the staff here." Another person stated, "I am safe when the staff move and transfer me."
- Staff were aware of their responsibilities to report any concerns. Staff had received training and understood safeguarding procedures to follow in the event of them either witnessing or suspecting the abuse of any person using the service. However, two staff members were not aware of external agencies where they could escalate their concerns to, if they felt the provider was not taking appropriate action. We discussed this with the registered manager who confirmed this would be discussed in the next staff meeting and individual supervisions.
- The nominated individual understood their responsibilities to protect people from the risk of abuse and reporting concerns to the relevant agencies including the local authority safeguarding team.

Staffing and recruitment

- There were sufficient numbers of staff to meet the needs people supported by My Homecare Derby. Since the last inspection staff told us there was sufficient travel time in between calls and that they covered geographic areas.
- We received mixed feedback from people regarding call times. One person stated, "The staff are on time." A relative said, "There is consistency in the staff attending." However, two relatives told us they did not always know when staff would be arriving and were not always notified if staff were held up. We discussed this with the nominated individual who explained when they took on care packages they informed people about a 30-minute window. This is where calls could be 30 minutes before or after the agreed call time.
- We reviewed two staff files and saw pre-employment checks had been completed before staff commenced employment; which included a Disclosure and Barring Service check (DBS). This enabled the provider to determine staff suitability, to work with people in the community.

Assessing risk, safety monitoring and management

- At the last inspection risk assessments were not detailed. At this inspection we found risks to people's health and safety were assessed and risk assessments were completed and detailed.
- Staff explained how they minimised risks to people's health and well-being. Staff knew about individual support people required to protect them from risks. For example, one staff member told us they used a rotunda when supporting a person and they ensured they let the person go at their own pace and not rushing them.

Preventing and controlling infection

- Staff were trained in infection control and had access to protective personal equipment such as disposable gloves and aprons. To enable them to reduce the risks of cross infection.
- People confirmed staff wore gloves and aprons when supporting them and washed their hands.

Learning lessons when things go wrong

- Accidents and incidents were reviewed and monitored by management to identify any themes. Action was taken to minimise the risk of reoccurrence.
- For example, a call was missed due to a rostering issue. The system was then updated to ensure this did not happen again.
- On one occasion a staff member was given flowers by a person they supported, which the family were not aware of. As a result of this the nominated individual confirmed a gifting policy was implemented, and all staff were issued with a copy about not accepting gifts.

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 the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs, and preferences were assessed before receiving support from staff, ensuring their care and support needs could be met.
- Staff we spoke with were knowledgeable about people's individual needs and preferences. For example, a staff member stated a person liked to have a hot drink first thing before they received support with their care.
- Care plans were individualised containing information on people's health and social care needs. However, two people told us they were not aware if they had a care plan. We spoke with the nominated individual who confirmed all people they supported had care plans in place.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment.

Staff support: induction, training, skills and experience

- Staff were provided with induction, training and support ensuring they had the required skills and knowledge to meet people's needs effectively. Staff confirmed they were provided with a range of training to support them in their roles. People told us they felt staff were competent.
- New staff completed induction training in areas which the provider felt were relevant to the roles carried out to meet people's needs. A staff member said, "The induction training was very thorough which I enjoyed." Staff said they were happy with the training and support they received which they felt helped them to support people in the way they wished.
- Since the last inspection the supervision system had improved to ensure all new staff received supervision within a short period of commencing employment. Records we saw and staff, we spoke with confirmed they received supervision and felt supported by management. A staff member said, "You can approach the managers anytime and I feel able to raise any issues with them."

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

- Some people required assistance with meal preparation, which they felt they received effectively. One person said, "The staff help with breakfast and leave me with a cup of tea." Other people's families were responsible for arranging their meals.
- Staff were knowledgeable about people's diets and offered assistance with eating when required. However, one relative raised whether staff prompted people to eat. We discussed this with the nominated individual who confirmed it was the responsibility of staff to prompt and encourage people, ensuring they received the required support with their dietary intake.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Management and staff understood their responsibility to seek professional advice where they felt people`s needs changed.
- Relevant health information regarding people was recorded in their care records.
- Staff knew what action to take in an event of an incident or emergency. A person said, "I had a fall and pushed my emergency button, when the agency staff arrived, I was on the floor. They stayed with me until the ambulance arrived."
- Hospital passports were in place, providing information about the person to health care professionals. These contained details such as people's health care needs, their likes and dislikes.

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.

- People told us staff sought their consent prior to supporting them.
- The nominated individual confirmed since the last inspection they had introduced a mental capacity assessment. At the time of this inspection, all the people who received care had capacity.
- Staff understood the importance of seeking people's consent before providing them with personal care. Staff were able to describe how they gained people's consent for their support, which including explaining things and encouraging people. For example, a staff member said, "Its important to talk to the person to find out what they want. For example, I take out two jumpers and ask the person which one they would like to wear."

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 the last inspection this key question was rated as good. At this inspection 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 were positive about the staff who supported them and felt they were caring. Comments included, "The staff are very polite and caring. They are nice, pleasant and helpful. I look forward to them coming here" and "The staff are all nice people."
- Discussions with staff demonstrated they had good awareness of treating people equally and respecting people's diverse needs. This included people's religious and cultural needs.
- Staff had undertaken training in equality and diversity, which supported them to understand and respect people's individual needs.

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

- People told us staff asked them how they would like to receive their care and support.
- Staff understood the importance of involving people in decisions about their care. A staff member said, "It's about giving people choices and never telling people what to do. I will ask where the person would like to have their wash, making sure they feel they are in control."

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence. A staff member said, "Each day is different some days people want to be involved in their care and other days they want some support. It's about encouraging people to do things on their own, only if they can such as washing their face."
- People told us staff supported them in a respectful and dignified manner. A relative said, "The staff are very respectful. [Name] can be very demanding and make the staff late, but the staff do not hurry [Name]. Sometimes they leave [Name] and go back when the time is better. The staff are very accommodating."
- People's personal information and staff records were stored securely and accessible to authorised staff. Staff were aware of maintaining confidentiality.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- At the last inspection feedback was not given to complainants about the action proposed to deal with complaints. At this inspection we found further improvements were still needed in this area. Three complaints had been received by the provider over the past 12 months. The complaints record did not show whether the complaints had been resolved to the complainant's satisfaction and the outcome was not clear. This meant these complaints could not be analysed to ensure they had been dealt with appropriately. Following the inspection visit the nominated individual submitted a 'client complaint form' which they had immediately implemented covering complaints action and outcomes. The nominated individual planned to review all complaints received to ensure they had been concluded and appropriate action taken as required.
- People and their relatives knew the process for raising concerns and they felt their concerns would be addressed by the provider.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were happy with the care they received, which they felt met their needs.
- People received personalised care, which included their preferences and wishes. Discussions with staff demonstrated they were aware of people's differing needs and knew people well.
- We saw the care records included relevant information about how people wanted to be supported. This included their likes and dislikes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service complied with the Accessible Information Standard. Information was available in an accessible format to support people's understanding; this included information in easy read format.
- People's care records identified their communication needs, providing guidance for staff on how to support people with different communication methods. For example, one person was at risk of becoming distressed if they were unable to understand what was being said. So, staff were required to speak clearly and calmly, whilst using simple words, such as 'yes' and 'no.' Staff we spoke with were aware of people's communication needs.

End of life care and support

- At the time of the inspection no one was receiving end of life care.
- Training records showed staff had completed training in this area to guide staff on supporting people with end of life care.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the last inspection call monitoring systems were not in place. At this inspection we saw this was now in place, to ensure staff arrived on time to calls and stayed for the call duration.
- The nominated individual explained they were committed to providing care which was of a high standard and personalised. This including to listening to people and accommodating their needs.
- The service had audit and quality monitoring systems in place to monitor the quality of the service and drive improvements.
- People and staff were very positive about the management team saying they had a good relationship with management. A relative stated, "I can't fault the service and I don't believe they could do any more in their support of [Name]."
- Staff confirmed the management team were supportive, approachable and they were able to raise any issues with them.
- There was management support in place for staff during out of office hours if this was required.

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

- The registered manager and nominated individual were clear about their responsibility to be open and transparent in line with their duty of candour responsibility
- The CQC rating for this service was displayed on their web site and displayed at their office which was a legal requirement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People's views were sought to develop the service. Feedback was gathered from people, relatives and staff through spot checks and quality surveys. Where issues were identified, an action plan was in place to ensure concerns were addressed and to improve on the quality of the service provided.
- Staff were kept up to date with any changes through staff meetings and supervisions.
- A business continuity plan was in place, to ensure people continued to receive care in the event of an emergency.
- The nominated individual explained they were keen on developing staff. For example, by the end of 2019

the aim was to ensure all the staff team were dignity champions.

- An electronic system 'Birdie' had been implemented since the last inspection. This allowed staff to log in and out of calls, complete medicine administration records electronically and daily logs. The nominated individual explained if a staff member was not at a call within 15 minutes of the scheduled call time, the office were alerted. This system allowed management to access information immediately, in an event they had a query or concern.

Working in partnership with others

- The registered manager worked with other health and social care providers as required. For example, management shared information with agencies to ensure a person's needs were being met. This included having a meeting with other professionals involved in the person's care, medication review and the introduction of a befriending service for the person.