TopKare Limited

My Homecare Slough South Bucks

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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:

My Homecare Slough South Bucks is a domiciliary care agency (DCA) registered to provide personal care to people living in their own houses and flats in the Slough area. It provides a service to both younger and older adults. At the time of the inspection the agency was providing personal care and support to 21 people.

People's experience of using this service:

• We heard feedback from people and their relatives that the service was exceptionally responsive when supporting people at the end of their lives. The service provided people with palliative care in conjunction with other professionals so that people could return to, or remain living in, their own homes when terminally ill or in a terminal condition. The registered manager and staff had the values and commitment to provide high quality care in this area of their service.
• People told us they received caring and kind support. Staff knew what was important to people and ensured people had care that met their needs and choices. People's dignity, confidentiality and privacy were respected and independence was promoted.
• People told us they felt safe with the staff. There was sufficient safely recruited staff. People received their medicines safely and as prescribed. Risks to people's well-being were assessed, recorded and updated when people's circumstances changed. The staff ensured any lessons learnt were reflected on to improve the service delivery.
• People received support that met their needs and was in line with care plans and good practice. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were encouraged to maintain good diet and access health services when required.
• The service was well run by the registered manager who was supported by a team of committed staff. The provider's quality assurance processes were effective and there was a focus on continuous improvement. Where an area for improvement had been identified there was a prompt action taken to address it.
• People, staff and relatives were involved and felt listened to. The service worked well in partnership with other agencies, social and health professionals and external organisations.

Rating at last inspection: This was My Homecare Slough and South Bucks first inspection since registering with the Care Quality Commission.

Why we inspected: This was a scheduled and planned inspection.

Follow up: We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our Safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our Caring findings below.	**Good**
Is the service responsive? The service was exceptionally responsive. Details are in our Responsive findings below.	**Outstanding** ☆
Is the service well-led? The service was well-led. Details are in our Well-led findings below.	**Good**

My Homecare Slough South Bucks

Detailed findings

Background to this inspection

The 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team consisted of one inspector.

Service and service type:
The service provides personal care and support to people living in their own houses and flats in the community. 'The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
This inspection was announced and took place on 26 March 2019. We gave the service 48 hours' notice of the inspection visit because we needed to be sure the management would be in the office. Inspection site visit activity started on 26 March 2019 where we visited the services office to review records and other documents relating to the running of the service. After the inspection, we contacted three people and two relatives to obtain their views and opinions.

What we did:
Before the inspection we reviewed the information, we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to

make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We looked at records, which included three people's care and medicines records. We checked recruitment, training and supervision records for three staff. We looked at a range of records about how the service was managed. We also spoke with the registered manager and care manager and two care staff on the first day of the inspection. After the inspection we contacted three external health and social care professionals, including commissioners to obtain their views about the service and had feedback from two.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

• People and their relatives told us they felt safe. A relative said, "We think it's all very trustworthy and reliable". An external professional said, "I am confident to say that our residents at [name of housing provider] are well protected from abuse and avoidable harm. The staff from My Homecare providing 1:1 care ensure that our residents are safe and their freedom is respected".
• People were cared for by staff that knew how to raise and report safeguarding concerns. A member of staff said, "If I see something concerning such as a person seeming scared or agitated or change in behaviour, I would report to my manager".
• The provider had safeguarding policies in place and the registered manager worked with the local authorities' safeguarding teams and reported any concerns promptly.

Assessing risk, safety monitoring and management:

• Risks to people's individual risks were assessed, recorded and managed. These included: preventing poor hygiene and cross infection in relation to skin and oral care.
• The provider had a system to record accidents and incidents, we saw appropriate action had been taken where necessary.
• There were systems in place to assess and record risks surrounding people's environment, this included areas such as bed rails and bathing arrangements.

Using medicines safely and preventing and controlling infection:

• People's records demonstrated people received medicines as prescribed.
• The registered manager ensured people's medicine were administered by trained and competent staff. A relative told us, "The registered manager came out to help sort out my [relative's] medicines which was really helpful".
• Staff were trained in infection control. People told us staff knew about infection control and adhered to good practice. Comments included, "They wear gloves" and "They're good on hygiene".
• Staff had access to personal protective clothing (PPE).

Learning lessons when things go wrong:

• The registered manager ensured they reflected on occurrences where a lesson could be learnt and the team used this as an opportunity to improve the experience for people. For example, an investigation was made in respect of missed medicines on one occasion. Amendments were made to ensure more robust

procedures which would be audited fully. Staff were made aware of the incident and how to minimise these in the future.

Staffing and recruitment:

• There were sufficient staff to keep people safe. One person said, "They usually turn up on time. If they are going to be delayed for more than 30 minutes we get a call from the office and I understand delays can happen". The registered manager had an electronic system in place to be able to track where staff were so that any delays could be updated and explained. The system also flagged up late calls.
• Staff told us and records confirmed staff visited regular people and therefore could provide continuity of care. A relative said, "When a new member of staff joins, they always make sure they come with a member of staff that knows [person]".
• The provider followed safe recruitment practices that ensured relevant checks took place to ensure staff were suitable to work with adults at risk.

Good

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.

Good: People's care, treatment and support achieved good outcomes, promoted a good quality of life and was based on best practice.

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

• People's needs were assessed before commencement of the service. The information gathered and where applicable, the assessments received from the commissioners were used to draw people's care plans. A relative said, "We had a visit from the care manager who asked about my [relative's] needs". Another relative said, "All I can say is what a different experience it was from the previous agency – top notch".

Staff support: induction, training, skills and experience:

• Staff received initial and ongoing and specialist training relevant to their roles, and specific to people's needs. For example, end of life care training. A member of staff said, "I have done bowel and catheter management. We often receive training in accordance with people's needs from health staff". A relative commented, "I know they attend training as [staff] often tell us they are going on such and such training". An external professional said, "Found [care manager] and her team to be well trained in what they do and feedback calls made to families after discharge from hospital have always been extremely positive".
• Staff told us they had good support from the team and management. Comments included, "They're understanding, any problems personal or clients, they will always try to help and support us" and "Often call us to see if everything is okay. Supervision is helpful and feel I can be honest during these meetings".

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

• People's care plans contained information about dietary needs. For example, records stated a person had diabetes and there was advice about this.
• Staff were prompted to offer available choices of food and care plans described if the person could express what they liked or not.
• Care plans had information about the signs of dehydration, such as dry mouth, increased thirst and dizziness. All staff were asked to ensure people always had a drink when staff left.
• A relative told us, "Assistance is provided by staff. Usually ready meals or soup but they have made suggestions such as keeping rolls in the freezer to offer some variety. We discuss it".

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

• People were supported to access healthcare professionals when needed.

• The service worked with continuing healthcare to offer a flexible approach to end of life care ensuring people's needs were met as their condition deteriorated.
• A reablement service was in place for persons being discharged from hospital in a timely fashion.
• People mostly had family members living with them and so they took on the roles of liaising with health staff. However, we saw that care staff worked effectively with health professionals in line with people's needs to ensure a holistic approach was in place.

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 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 told us staff respected their rights to make their own decisions. One person said, "Yes, I do tell them what I want and it's respected". Another person said, "Yes, [staff] do what I choose". Feedback from external professionals said, "Staff from My Homecare are respectful and always sought consent both verbal and implied from residents" and "Consent is always gained and support provided for families/client to express their wishes by actions or by writing if they cannot verbally communicate".
• Staff knew the principles of the MCA. Comments from staff included, "We try to ensure people have choice in all areas. For example, always provide choice for clothing, drinks and food. People can still make decisions even if it seems they may have some areas that they may struggle with".

Good

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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

• When we asked people and their relatives what they thought of the service they provided feedback evidencing how delighted they were with the care and support. We received very positive feedback with comments including, "As you realise, the need for care help in the home means a big change. At first, I was a little anxious how this would work out in practice and how the carers would fit in. May I say that the support we have had from your team of carers has been wonderful. We appreciate their professionalism and all that they do when visiting [person] each day. They show great kindness and consideration. You have a team to be proud of and we have no hesitation in saying how pleased we are if asked. Only recently I spoke to a friend of ours who may need care support in the coming months and have recommended you to them".
• People told us they were able to build positive relationships with staff and staff said they were not pressured in delivering care. A member of staff said, Support: "There is an emphasis on not rushing clients".
• Staff told us they felt the team was caring. One member of staff told us, "Clients are the most important and if they and their families are happy with everything then we are happy too!" Another staff member said, "We talk a lot with clients about everything. Ask about any wishes. When the relationship has built, it helps the care provided. We often get treated like a member of their family which is beautiful".

Supporting people to express their views and be involved in making decisions about their care, equality and diversity:

• Records clearly showed that people's views and needs were considered, in particular what was important to people had been identified and staff demonstrated through talking with us that they knew people well.
• The diverse needs of people using the service were met. This included individual needs that related to age, disability, ethnicity and faith.
• People's individual communication needs were assessed and reflected in people's care plans. This included people's individual communication needs. This ensured people had the information in a format that met their assessed needs.

Respecting and promoting people's privacy, dignity and independence:

• People's privacy was respected. A relative told us, "They are very discreet. If they need to show me anything it is always done respectfully and with dignity. I can't say how different this service is to others". Comments from staff included, "Need to be patient, show empathy and maintain dignity. It is important to value human life" and "It's important to respect people and wash each area separately ensuring their bodies are discreetly covered up. I often talk about something to distract them and make them feel at ease. It's not easy letting

someone do personal care so we try to make it as easy as possible". An external professional commented, "My homecare are professional, and talk to clients in a respectful and calm manner".
• Staff considered ways to ensure people were given care to make them feel better about themselves. For instance, a person was no longer able to leave their bed and care staff devised a way of washing the person's hair using bowls and lots of towels and then styled it. This made the person feel more dignified and it improved their wellbeing.
• People's personal records were kept secure with only designated staff having access and staff used individual logins to access any electronic records.
• People's care plans highlighted people's capabilities and needs to promote independence. For example, care plans explained what the person could do independently.

Outstanding ☆

Is the service responsive?

Our findings

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

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

End of life care and support; Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

• The service was skilled at helping people who required palliative care achieve their wishes which included being cared for at home for their remaining life. This was achieved by ensuring people who wished to return or remain in their own homes when terminally ill or in a terminal condition could do so as swiftly as possible. The service liaising with people, families, hospitals and other community care health professionals to provide a package of care to individually meet people's needs and preferences. A relative provided feedback saying, "They've listened to us and are really flexible. Their level of observation and communication is second to none. There is not a huge range of staff which we like as the small team have built up a relationship with [person]. [Person] was really concerned and upset when they had to go back to hospital that we would lose [the service]. We spoke with them and they adjusted things and stepped in again when needed. With them, it's not all about money. They genuinely care" and "They really do go above and beyond and just need to be multiplied! Communication is excellent so I know what is happening and kept up to date. The staff empower you. They don't take over. That's how it should be ".
• Where necessary, there was a rapid response to people's changing care needs and advice on care and support for people and carers at the times they need. The service worked with healthcare professionals, including palliative care specialists and others, to provide a dignified and pain-free death that was as comfortable as possible including any 'just in case' (anticipatory) medicines, as determined by local arrangements and protocols.
• The ethos and values of the service were evident in demonstrating a commitment to provide high quality care to those who wanted to be cared for at home. Comments from staff included, "[Management] good in comparison to other places I have worked. The difference is the interaction I have with my manager. I like what they strive for – a high quality and caring service". Another member of staff said, "It is a privilege and I feel proud to assist people in their last minutes of life". We saw many thank you cards to staff thanking them for their support. Comments included, "Your care and patience were a great help at a difficult time"; Thank you for arranging the home care for [person] that enabled them to leave hospital and come back to the home that they loved so much" and "Please thank [staff names] for their care and compassion in looking after [person]. Sadly, it was only for a short time but I want you to know how much it meant to both of us". We heard that one person asked for a particular member of care staff to look after them in their final days. They had contacted the care manager saying, "Can I request an early Christmas present?" We heard this member of staff was allocated to them and remained caring for them up to their death. The rotas were organised so that this wish could be fulfilled and the carer showed a commitment to be available to offer this care to meet the person's wishes.
• People were supported by a service whose registered manager and staff understood their diagnoses, were

competent, and had the skills to assess their needs. A member of staff said, "I have done end of life training and interact with nurses to seek advice. We have a good working relationship and communicate well all the time".
• The registered manager was aware of national good practice guidance and professional guidelines for end of life care and ensured care was in line with this. The service referred to guidance on palliative care produced by the Department of Health and the Palliative Care protocols that had been approved by the National Institute for Clinical Excellence (NICE).
• People's religious beliefs and preferences were respected and people's families and those important to them were involved, listened to, informed and supported in the last days of a person's life.
• The service was aware of local services and could signpost where necessary. For example, if someone was lonely they could arrange input from Age UK. The service mapped the needs of the communities served and most staff were local, with a good knowledge of the local community and the diverse culture. Staff had diverse language skills and knowledge which supported certain communities to meet their cultural needs.
• The registered manager used an electronic system for care planning. This allowed staff to have instant access to the people's up to date needs that the office team could change centrally, from the office. Staff used electronic devices to log the attendance and the tasks completed. The system was set up in a way that would not allow the staff to complete the visit if the tasks outlined by the care plan had been marked as complete. Relatives could also access the information to assure them of care delivered and to make any queries or comments.
• Support plans were reviewed regularly looking how the agreed outcomes and goals were being met and whether new forms of support were required. Relatives and advocates were involved, where appropriate, in the care assessment and review processes.

Improving care quality in response to complaints or concerns:

• People knew how to make a complaint, no one we spoke with raised any complaints. People and their relatives told us concerns were dealt with promptly. One person said, "Don't really need to complain. If we ever raise concerns they nip it in the bud. We can put a note on the IT system which the manager can see and they can call us and sort it out".
• There was a system to manage complaints and the provider's policy was available to people.
• The complaints log we saw demonstrated that complaints received had been investigated and responded to. There were no open complaints.

Good

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

• When speaking with the registered manager and care manager it was clear that they had a vision to offer high quality and value based person-centred care. People, relatives, staff and external professionals we gained feedback from reflected this vision and ethos.
• The registered manager promoted caring values in all areas of the service and this was supported by staff demonstrating these values and reporting good team work which helped their morale. One staff member said, "I feel very supported by management. I can make suggestions; I trust them and they trust me". An external professional said, "[Care manager] has been exceptional in terms of punctuality, and professionalism. She has visited clients in between visits when she has not been paid to do so".
• The service had a comprehensive quality assurance process in place. This included a compliance review undertaken by the My Homecare team to ensure the service was compliant with all regulations. We saw an email following the inspection which stated the latest compliance visit had taken place the day after the CQC inspection and had received a 5-star inspection rating.
• The service had effective systems in place to monitor compliance and plan care. There was an IT care management system designed for domiciliary care. NMDS-SC was used to record staff training. All information recorded by the service was regularly audited to ensure any actions needed were put in place. This included, support plans and records, medicines records, telephone logs, reviews; staff observations, supervisions and spot checks. The IT system was monitored regularly to address any alerts or concerns raised immediately. The local authority had an electronic call monitoring system to ensure people were receiving the level of service required and the service analysed their compliance monthly.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

• From our feedback and speaking with staff and the registered manager it was clear that there was a positive culture and staff worked with the values of person centred care.
• People praised the service received and how the service was run. People we spoke with felt the service was well managed and open. An external professional commented, "My homecare have always been prompt and we have been able to call upon them on short notice, and families have always commented on My homecare to be efficient and punctual. From my experience with My homecare I believe the team to be well trained and experienced in their field".
• The registered manager and provider promoted an open culture which contributed to staff work

satisfaction. There was good team work and staff morale. One staff member said, "They always listen to us and support us".
• The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their responsibilities.

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

• People's opinions were sought both by surveys but also two weekly phone calls to check on whether any issues had occurred and if people were happy. Feedback was also sought from relatives, care commissioners or other stakeholders. Staff views were sought via team meetings.
• The staff told us there was good team work, they felt involved and were encouraged to attend team meetings. A member of staff said, "I attended a meeting last month. We can discuss problems and say if we want to change anything".

Continuous learning and improving care

• The service benefited from being part of the My Homecare franchise. They had a member's page with guidance and new working practices shared between branches. A weekly newsletter was published on the website with updates on developments in home care.
•The service were members of the UK Home Care Association, Skills for Care, and the registered manager was a member of the National Skills Academy for Social Care. This ensured regular updates relating to best practice and guidance in the field of domiciliary care.

Working in partnership with others:

• The staff worked with many external parties, including local health and social professionals. Feedback gained during and after the inspection confirmed that they worked effectively with these professionals. One commented, "The care staff from My Homecare work collaboratively with our own staff, they are a team player".