JAJ-Care Ltd

My Homecare Manchester

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an announced inspection that took place on 30 October and 1 November 2017. This was the first inspection after the service registered with the Care Quality Commission in November 2016.

My Homecare Manchester is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to young and older adults. At the time of our inspection the service provided support for nine people. Eight people had commenced their support since August 2017.

My Homecare is a franchise company who provide central support to services through advice, policies and procedures and training to individual services such as My Homecare Manchester.

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 people who used the service and their relatives were very complimentary about the support provided by My Homecare Manchester. They said they felt safely supported by the My Homecare staff, who were kind and respectful, did not miss any support calls and completed all the tasks they were asked to do.

The staff enjoyed working for the service and said they were well supported by the registered manager.

People who used the service, their relatives and staff all said that the registered manager was approachable.

Care plans were person centred and included details of the agreed support required at each visit. Risks had been identified and guidelines put in place in order to mitigate the risks. Staff knew people and their needs well and were able to describe to us the support each person required. However we found care plans did not include much information about people's likes, dislikes and hobbies.

The registered manager said they started supporting people within 24 hours of them being referred to the service. They completed an initial assessment and introduced staff to people before the support started.

Care plans and risk assessments were reviewed every six months or earlier if people's needs changed. People and their relatives were involved in the initial assessment and reviews.

People received their medicines as prescribed. An assessment of people's capacity to self-medicate was completed and the support they required clearly identified. All medicines administered by staff were recorded.

Where people had capacity they had signed their consent to the care plans. The local authority had assessed each persons need for support. Where people did not have capacity to consent to their support the local authority had agreed that the care and support was in their best interests. We have made a recommendation that My Homecare Manchester undertakes a capacity assessment as part of their review process and informs the local authority of any changes in a person's capacity to consent to their care and support.

Staff had completed induction training with the registered manager prior to supporting people. They also shadowed another staff member so they could be introduced to the people they would be supporting and get to know their needs and the support they required. Additional training through on line courses had been completed.

Monthly supervisions were held with staff and team meetings were held. Spot checks were also completed with the registered manager observing staff during the support visits. A formal system of recording these checks was being introduced.

A system was in place to recruit suitable staff to be employed supporting vulnerable people.

A system was in place for recording and responding to complaints, incidents and accidents. No formal complaints had been received by the service. People and their relatives said they would contact the registered manager directly and were confident that any issues would be resolved.

All accidents and incidents were reviewed by the registered manager and the action taken had been recorded. The registered manager monitored the medicines administration records each month.

Feedback was sought from people using the service using monitoring forms. We saw the responses from people to date had been positive.

Staff supported people to ensure they had food and drinks available if agreed as part of the care plan. Staff explained how they would contact the person's family if they thought the person they were supporting was unwell. This meant people were supported with their nutrition and health needs.

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.

Relevant risks had been identified and guidelines were in place for the staff to mitigate these risks.

People received their medicines as prescribed, administered by suitably trained staff.

A system was in place to recruit suitable staff.

Is the service effective?

Good

The service was effective.

People who had capacity signed their assessment and care plans to state that they agreed with the support to be provided. Where people did not have capacity to consent, the local authority considered the persons best interests prior to My Homecare providing support. We have recommended that best practice guidelines are used to ensure a mental capacity assessment is completed.

Staff felt well supported by the registered manager. Formal supervisions were completed and staff meetings had been introduced.

Staff received the training they required to undertake their role.

Is the service caring?

Good

The service was caring.

People and their relatives told us the staff were kind and caring.

People were given the opportunity to comment on the service through monitoring forms.

Is the service responsive?

Good

The service was responsive.

Care plans were reviewed every six months or when there was a change in people's needs. The service advocated on people's behalf if changes in the support provided were required.

Staff knew people's needs well and were introduced to people before they started their support.

The service had a formal complaints policy in place. However people said any concerns they raised were always dealt with without the need for a formal complaint.

Is the service well-led?

Good

The service was well led.

The service had a registered manager in pace as required.

People using the service, relatives and staff said that the registered manager was approachable.

The registered manager monitored the service by regular supervisions and feedback form people and their relatives. They also checked the medicines administration records, accidents and incidents and completed spot checks.

My Homecare Manchester

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 30 October and 1 November 2017. We gave the service 4 days' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We visited the office location on 30 October 2017 to see the manager and office staff; and to review care records and policies and procedures. On the 1 November we visited, with their permission, one person who used the service in their own home and spoke with other people who used the service, relatives and staff members by telephone. The inspection was completed by one inspector.

The provider had completed a Provider Information Return (PIR) prior to our inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information that we held about the service including notifications made to the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We also contacted the local authority commissioning and safeguarding teams. No concerns were raised with us about My Homecare Manchester.

During the inspection, due to the nature of the service, we had limited observations of the interactions between staff and people who used the service. We spoke with three people who used the service, two relatives, the registered manager, the care co-ordinator, and three care staff. We looked at records relating to the service, including three care records, three staff recruitment files, daily record notes, medication administration records (MAR), and quality assurance systems.

Good

Is the service safe?

Our findings

All the people who used the service we spoke with told us they felt safe when being supported by My Homecare Manchester staff. One said, "Oh yeah, I'm safe with the staff." Relatives also told us they thought their loved ones were well supported by My Homecare. One told us, "[Name] feels very comfortable with the care staff."

The staff members we spoke with were able to explain the potential signs of abuse or neglect and the procedures for reporting any concerns. They were confident the register manager would act on any concerns that were raised. Staff had received training on safeguarding vulnerable adults as part of their induction and also completed an on line e-learning safeguarding course. We saw that any monies used by staff on behalf of people, for example to buy some shopping as part of their care plan, was recorded and all receipts kept to ensure there was a clear audit trail.

People and relatives we spoke with said that if they had any concerns they were able to speak directly to the staff or to phone the registered manager. This should help ensure that people were protected from abuse.

We saw that relevant risks for each person had been identified and guidelines completed for staff in how to mitigate these risks. These included, where appropriate, personal hygiene, moving and handling and the use of household chemicals. An environmental risk assessment for the property the staff were visiting was also completed which considered access to the person's home, smoke alarms, fire risks and any trip hazards in the home.

We noted that one person supported by the service had a history of verbal aggression when they had been drinking alcohol. A lone working risk assessment had been completed for staff and a challenging behaviour risk assessment was in place. This detailed the potential behaviour and how the staff should respond.

This meant that potential risks were identified and mitigated for each person the service supported.

Each person had a medicines needs assessment in place. This assessed whether people knew the medicines they had been prescribed, were able to understand the importance of taking their medicines at the correct time, were medicines stored safely and whether the person was able to access their medicines, for example open bottles or pop tablets from a blister pack. The level of support they required with their medicines was then agreed with the person or their representative and the local authority social worker.

We saw that people were able to tell staff if they required any as required medicines such as pain relief.

We looked at the medicines administration records (MARs) for two people. We saw they had been fully completed. One person told us, "They (the staff) make sure I take my tablets." At the end of each month the registered manager checked the MARs and signed them. The registered manager told us that if there were any missing signatures they would speak directly to the staff member concerned.

Staff told us, confirmed by induction training records, they had received training in medicines administration as part of their induction training.

This meant that people received their medicines as prescribed.

We saw that incidents were recorded and reviewed by the registered manager. The records included a detailed description of the incident and what action the staff member had taken. In all cases the registered manager had been contacted by the staff member and relatives had been informed of the incident. The registered manager noted any further action that was required on the incident form; for example the registered manager had informed other health professionals involved in the person's care following a fall. There were few incidents reported due to the small nature of the service which meant that the registered manager had an overview of all the incident reports.

We looked at the staff rotas in place. These clearly identified the times people were to be supported. Staff were given a short gap between their calls to allow for travelling between people's houses. Staff told us this was usually sufficient as the calls were close together. However one staff member said that they were sometimes delayed as they relied on buses to travel between two calls. The people and their relatives we spoke with said that staff were on time for their calls, stayed for the full planned duration of the calls and calls were not missed. One person said, "They (the staff) are always there, they don't forget things and arrive on time." A relative said, "The staff stick to the time and stay as long as they should. We're happy with the timings (of the support visits); they are what we asked for."

We were told that the registered manager or care co-ordinator would cover for any staff sickness or annual leave if required. People told us that they were supported by consistent staff and new staff were introduced to them before commencing the support. This meant there were sufficient staff to support people with their assessed and agreed health and social care needs.

We looked at the recruitment process used by the service. We looked at three staff recruitment files and saw that they contained a completed application form which included a full employment history. We discussed with the registered manager that if there were any gaps in an applicant's employment history this should be explored at the interview and recorded. Appropriate checks had been made with the disclosure and barring service (DBS). The DBS checks to ensure that the person is suitable to work with vulnerable people. Each file contained interview notes, two references and proof of identity. This meant that a system was in place to recruit suitable staff.

We saw that staff used personal protective equipment (PPE), such as vinyl gloves, when required.

The service had a business continuity plan in place. All computer files were stored in an on line 'drop box'. This meant they were accessible from any computer. Therefore if the My homecare office was not available for any reason the service would be able to continue from another location.

Good

Is the service effective?

Our findings

We saw that each person supported by My Homecare Manchester had an initial assessment of need completed by the registered manager. This confirmed and added to the information provided by the relevant social services assessment when a person was referred to the service.

From this assessment care plans were developed to identify people's health and wellbeing needs and how the staff would meet these needs. The care plans were written in a person centred way and included details of people's support needs, for example communication, personal care, social, eating and drinking. The plans included details of what the person was able to do themselves. Where applicable the plans noted the ongoing support provided by the person's family. This meant the staff would know what tasks they were to complete and what the person or their family would do.

For one person some tasks, for example showering, laundry and changing clothes had been broken down into small steps so that staff always followed the same routine for the tasks. This meant that the person was always supported in the same way as the staff had clear guidance on how to complete these tasks.

Key outcomes for the person receiving support were agreed. For example maintaining independence, maintain personal hygiene and develop a social network.

This meant the service assessed people's health and social care needs prior to commencing their support.

We asked about the staff training at the service. New staff completed a two day induction training course. This included My Homecare policies and procedures, health and safety, medicines, food hygiene, infection control, lone working, mental capacity and safeguarding. The induction training was led by the registered manager. They had completed a level 3 qualification in training through the My Homecare franchise. On line e-learning courses were also being completed by staff for moving and handling, infection control, fire awareness, safeguarding vulnerable adults and health and safety. A practical course for moving and handling and first aid had also been booked through the My Homecare franchise trainer.

Staff told us, confirmed by the people who used the service we spoke with, that they then shadowed other staff. This enabled them to get to know the people who used the service and their needs before supporting them on their own. Staff told us they were able to read the care plans and received a verbal handover of people's needs when they were going to support a new person. They were then introduced to the person by the registered manager so that they had chance to get to meet the person before undertaking their first support visit.

We saw that the staff had one to one supervisions with the registered manager. These were planned to be completed each month. The supervisions enabled discussions to take place about the staff work performance, and issues the staff had and their training and development needs. The registered manager planned to complete an annual appraisal with staff when they had worked at the service for 12 months.

A staff meeting had been arranged for November 2017. This was the first staff meeting for most of the staff as they had been recently recruited as the service started to support more people.

This meant the staff received the training and support to meet people's identified needs.

Staff also said that the registered manager was approachable and supportive. They were available for the staff to phone or text and would always respond to any queries the staff had.

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 can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act. The application procedures for this in community settings are through the court of protection.

All the people supported by My Homecare Manchester were funded by a local authority. The local authority had assessed the support people required. My Homecare Manchester were then contracted to complete the assessed support. This meant that if the person was not able to consent to the care and support the local authority had assessed that it was in the person's best interests for them to receive the support prior to My Homecare Manchester starting to support them. However the local authority had not provided My Homecare Manchester with copies of the capacity assessments.

We saw for one person who had a named social worker that their capacity was assessed by the social worker as part of the six monthly reviews of the service.

The My Homecare franchise paperwork stated that the documents could be signed by the person or a representative. Representatives are not legally able to sign consent on another person's behalf unless they have the legal authority to do so through a Lasting Power of Attorney. Relatives are able to sign that they agree with the contents of the assessment, care plans and risk assessments and it is important, where appropriate, that relatives are involved in agreeing their loved ones care plans.

We were told that some people supported by the service had capacity and we saw they had signed their own care plans and risk assessments. People we spoke with told us the staff would ask them what support they wanted at each visit and they were offered day to day choices by the staff, for example what they wanted to eat or drink. One person said, "They (care staff) always ask me before they do anything." We also saw that relatives had signed their agreement on other care plans.

We discussed the MCA with the registered manager. The service did not currently formally assess people's capacity to make decisions separately from the local authority, except with regard to the support people needed to administer their medicines. We recommend the service follows best practice and uses the My Homecare franchise forms to formally assess people's capacity and inform the local authority of any changes in people's capacity to make decisions as part of the review process.

Where it was part of people's assessed need and support package the service supported people to prepare meals. The person would direct the staff as to what they wanted to eat and the staff would prepare it. We noted that where appropriate care plans detailed that drinks were to be left for people at the end of each

visit by the care staff. Where appropriate risk assessments and care plans were in place with regard to people's nutrition and hydration. Where people were at risk of not eating or drinking enough, food and fluid charts were in place to monitor the amount of food and fluids people had consumed.

At the time of our inspection people were not supported to attend medical appointments. We saw occasions where the service had contacted people's family or GP if they felt that they were unwell or had had a fall.

This meant the staff supported people with their nutrition and health needs.

Good

Is the service caring?

Our findings

The people who used the service told us they looked forward to the staff visiting and they found the care staff were kind and caring. One person said, "I look forward to their visits and having a chat" and "They (the staff) are very good; they are always cheerful." Another person said, "The staff are brilliant, I can't fault them; I am happy with them; they are better than the last lot."

The relatives we spoke with were also very complimentary about the service. One told us, "[Relative] gets on well with the staff," and, "We're very pleased with it (the support)."

The interactions we observed when we completed a home visit between staff and people who used the service were positive and respectful. We noted that the staff member knew the person's likes and dislikes and was able to engage in a meaningful conversation with them. One person we spoke with said, "It's good to have a giggle at 8am in the morning."

Staff we spoke with knew people's needs well and were able to describe the agreed support for each person on each visit. Staff explained how they supported people with dignity and respect. One staff member told us, "I always ask what people want and respect how they want things to be done." They explained how each person preferred the staff to support them in particular ways. Staff also described how they prompted people to complete the tasks they were able to do themselves rather than doing them for the person.

We saw notes were made by staff for each visit. These were kept in a care file in the person's home. Staff said they read the notes from previous staff visits so that they were aware of what support had been provided and if there had been any changes in people's support needs. The registered manager told us, confirmed by the staff we spoke with, that the staff would contact them if there were any issues and they would ensure the other staff were made aware of this before their next support visit.

This meant staff were able to ensure any relevant information was shared when required.

We saw that one person had completed an annual questionnaire and a monitoring form. This enabled them to comment on the service they received and suggest any changes they would like. We noted the responses were all positive. At the time of our inspection the other people supported by the service had only recently started to receive support from My Homecare Manchester and so had not completed any monitoring forms. The registered manager and care co-ordinator said they were aiming to send out the monitoring forms on a monthly basis.

This meant the service sought the views of the people they supported.

People's confidential information was securely stored in locked filing cabinets at the office. This ensured that people's confidentiality was maintained.

Good

Is the service responsive?

Our findings

The registered manager told us that the local authority required support for new people using the service to start within 24 hours of My Homecare agreeing they were able to meet people's needs. This meant the registered manager had to complete the initial assessment, arrange the staff support and inform the staff of the person's needs.

Staff told us, confirmed by the people we spoke with, that they were introduced to people using the service by the registered manager before they started to support people on their own. This meant that the service was responsive to referrals for support to be provided.

People we spoke with and their relatives told us that they had been involved in discussing and agreeing the support required with the registered manager at the initial assessment. One relative said, "[Registered manager] spoke with me and my sister. We told her what support [Name] needed."

We noted that the care plans we saw for people who had recently started to be supported by the service did not contain many details about their personal history, hobbies, likes and dislikes. The care plans did provide details about people's preferences directly related to the support they required. For example how they wanted to be supported with their personal care. However, on speaking with staff, we found they had taken the time to get to know people and were fully aware of people's personal history, hobbies, likes and dislikes

For one person who had been supported for longer and had a named social worker there was more information about their life and preferences, both in the care plans and the local authority assessments and reviews.

We discussed this with the registered manager who said they would add more personal details about people's life to the initial assessments and care plans. We will check this at our next inspection.

People we spoke with and their relatives told us that the staff knew them and their needs well. One said, "I wasn't keen to have support at first, but I've had my eyes opened with these (My Homecare). If they have time they always ask of there is anything else I want them to do, such as put the washer on." A relative told us, "[Name] is now stress free due to the support. [Name] is notified of any changes so he is happy as he knows who is coming."

Staff we saw knew people well and were able to engage in conversation with them about topics the person liked.

We saw that regular reviews of the support people received were held. Reviews were completed six weeks after the support started and then every six months. We saw people, and where appropriate their relatives, had been involved in the reviews. For one person we noted the registered manager had advocated at the review that the person required additional support funding to be able to maintain their personal care and access social activities in order to improve their mental health. This had been agreed and the care plans

updated accordingly. The registered manager also told us where one person had no longer required as many staff calls each day and these had subsequently been reduced following a review.

This meant the service was responsive to people's needs and supported them to access the support they required.

We saw that, where commissioned, the service supported people to access social activities within their local community. This included going shopping for their food, going to bingo and to a lunch club.

We saw that My Homecare Manchester had a formal complaints policy in place. At the time of our inspection no formal complaints had been received. People and their relatives told us if they had any issues they would contact the registered manager directly and they would resolve it. One person said, "I can always ring the office if I need to. My daughter has the phone number as well." A relative told us, "I can always get hold of [registered manager] and she deals with things straight away."

This meant that any concerns were dealt with before the need for formal complaints to be made.

At the time of our inspection the service did not support any one who required end of life care. The registered manager told us they were looking into training in end of life care for the care staff as the local authority were seeking support for people who wanted to remain in their own homes at the end of their lives. We saw that they had contacted both the My Homecare franchise internal trainer and an external training organisation about end of life training.

Good

Is the service well-led?

Our findings

My Homecare Manchester had a registered manager in post as required by their registration with the Care Quality Commission. The service had employed a care co-ordinator two months prior to our inspection to support the registered manager. Their role would include completing initial assessments, typing up care plans and risk assessments, interviewing staff, compiling rotas and sending out monitoring forms to people who used the service and collating the replies.

All the staff we spoke with were positive about working for My homecare Manchester and said that they were well supported by the registered manager. One said, "If I have a query or need support I can ring or text [registered manager]. They are always available or will call back straight away."

People and their relatives were also positive about My Homecare Manchester and told us that they knew the registered manager and were able to contact them if needed. One relative said, "People have commented that [Name] is a different man now; there's been a marked improvement (since My Homecare started their support)."

The registered manager told us, confirmed by the people who used the service and staff, that they completed 'spot checks.' These were carried out to observe the members of staff supporting the people who used the service. One person told us, "[Registered manager] pops round when the staff are here to make sure everything is ok and have a chat with me." At the time of our inspection these spot checks had not been recorded, however a form had been sourced from the My Homecare franchise to record future spot checks.

We saw the registered manager checked and signed off the medicine administration records at the end of each month. They also monitored all the incident forms. Care plans were reviewed every six months and updated as required. Regular supervisions with staff were being held.

This meant the registered manager had an oversight of the quality of the service and was in the process of implementing more formal procedures for monitoring the service.

The registered manager told us they were supported by the My Homecare franchise central team who provided advice and any relevant forms, policies and procedures, training and paperwork the service required. We were told that the My Homecare franchise quality manager visited the service every three months. However there were no records of these visits.

The service was currently increasing the number of people they supported. The registered manager told us that they were recruiting additional staff before taking on more support contracts with the local authority. This would ensure that the service was able to provide sufficient staff to meet people's needs. We were also told that the service only enquired about supporting people who lived close to people already being supported. This would reduce the travel times between calls and enable staff to spend the whole call time with people. This was confirmed by staff who told us all their calls were close together. This meant the registered manager was expanding the service in a gradual manner which was manageable for the service to

cope with and maintain a good service for the people they supported.

The service had a full set of policies and procedures in place to guide members of staff.

Services providing regulated activities have a statutory duty to report certain incidents and accident to the (CQC). Due to the small nature of the service no notifications had been required in the last 12 months. We discussed what incidents would need to be reported to the CQC with the registered manager.