

My Homecare Assistance Limited

My Homecare County

Durham

Inspection report

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22 November 2023
29 November 2023
12 December 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

My Homecare County Durham (previously known as My Homecare Durham) is a domiciliary care agency, providing personal care to children and adults in their own homes. The service also provides personal care and support to adults with learning disabilities and autistic people living in a 'supported living' setting. At the time of the inspection there were 122 people receiving personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

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

Right support

People received safe care and support in their own homes. Staff received training in safeguarding and knew how to protect people from the risk of abuse. Most people and relatives were happy with the care and support provided. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff communicated with people in ways that met their needs.

Staff did everything they could to avoid restraining people. The service recorded when staff restrained people, and staff learned from those incidents and how they might be avoided or reduced.

People said their care calls were mostly on time and they were supported by a consistent staff team, which made them feel safe. Staff had a good understanding of people's needs and how they wished to be supported.

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.

Right care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to people's individual needs. Staff were recruited safely, and people received support from a small team of consistent staff wherever possible.

Staff and people co-operated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks. People had good relationships with staff and were happy with the way staff supported them. Medicines were managed safely and administered by staff who had completed relevant training and were deemed competent.

Right culture

The registered manager encouraged an open and positive culture. The service was well managed and provided good quality, consistent care to people in their own homes. People were supported to be as active and independent as possible. They were encouraged to participate in activities within the service and in the local community, and to maintain contact with family and friends.

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management team and staff. The provider regularly sought feedback from people who used the service, their relatives and health and social care professionals to continually improve the service. There were effective quality monitoring systems in place.

We have made a recommendation regarding care plans.

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

Rating at last inspection

The last rating for this service was good (published 8 August 2018).

Since the last inspection the provider applied to CQC to make changes to their registration, namely moving to a new office location. This inspection started whilst the service was registered at premises in Consett. During the inspection, CQC approved the provider's application to move to an office location in Stanley, near the address where people live in a supported living setting.

Why we inspected

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

This report only covers our findings in relation to the key questions safe and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service remains good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for My Homecare County Durham on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care and support to people living in their own homes and to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

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

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

Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a

home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 22 November 2023 and ended on 12 December 2023. We visited the location's office and supported living setting on 22 November and 12 December 2023.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 25 people and 12 relatives about their experience of the care provided. We received feedback via email from a further 2 relatives. We spoke with the registered manager, nominated individual, operations director, supported living service manager, 1 care co-ordinator, 2 team leaders and 9 support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We asked all staff members for their feedback via email and received 12 responses.

We looked at records which included 16 people's care and medicine records and 4 staff files. A variety of records relating to the management of the service were also reviewed.

Is the service safe?

Our findings

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

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

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

- Staff could describe people's risks, needs and preferences in good detail, but these were not always captured in people's care plans in as much detail as needed, and care plans were not always consistent. When we discussed this with the registered manager, they said they would take steps to review care plans and rectify this immediately.

We recommend the provider takes steps to ensure care plans fully reflect a person's risks, needs and preferences in a consistent way.

- People's care plans included risk assessments about the person's home environment. Control measures to reduce risks, such as trip hazards, were set out in care plans for staff to refer to.
- There were systems in place to reflect on events and ways of working. Staff were encouraged to share their learning and discuss best practice.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe with the staff who supported them. One person said, "I do feel safe; the carers always watch me take my medication and look out for anything in my home that is unsafe." Another person told us, "I have one main carer who is absolutely brilliant, and I feel totally safe with them. I trust them completely."
- Most relatives were happy with the care provided. One relative said, "I do feel [person] is safe with their carers. [Person] has vascular dementia and the staff appear to understand their needs." A second relative told us, "The staff are good at sorting out any issues. [Person] is well looked after and their needs are met. The staff have taken a load off my plate." A third relative commented, "It's by far the best place [person] has ever been. Staff are so kind and caring. [Person] goes out in their car and on the bus and is always busy out and about. The staff are flipping wonderful. All the staff are brilliant and [person] gets on with all of their staff. I definitely think [person] is safe. I've never had any complaints."
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Staff had training on how to recognise and report abuse and knew how to apply it. Staff told us they confident any concerns raised would be dealt with appropriately.
- The provider had clear policies and procedures in place and the registered manager reported notifiable incidents to the CQC and local authority.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- There were enough staff to meet people's needs. Most people said home visits happened on time and lasted the correct duration. People told us if staff were running late, they were sometimes informed of this, but they understood if staff were absent due to last minute sickness or if staff were supporting a person in an emergency situation.
- Safe recruitment practices for staff had been followed. Pre-employment checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care.
- Staff recorded all support provided via an app on their mobile phones. Key information about people's needs and how they liked to be supported was stored in the app, so staff could easily access this. Some relatives told us how much they liked being able to access their loved one's care records on the app (with the appropriate permissions), for example to see how much the person had eaten that day.

Using medicines safely

- People were happy with the way they received their medicines.
- Medicines were administered safely. People's care plans included information about how to support them to take their medicines as prescribed. People received their medicines when they needed them.
- Medicines administration records were electronic which meant the management team could check records instantly and continuously monitor for any issues.
- Staff completed training in medicines administration and their competence to administer medicines was assessed regularly.

Preventing and controlling infection

- The provider had relevant policies in place to support effective infection prevention and control.
- Staff completed training in infection prevention and control.
- Staff had access to appropriate personal protective equipment.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Most people and relatives told us the service was well managed and they were happy with the care provided. One person said, "I would definitely recommend the service. They have been so helpful, and they are friendly and supportive." Another person said, "I feel the company is well managed as I get the service I require, and the staff are good at their jobs. The app enables me to feel informed about the service I receive."
- Some people and relatives said communication could be improved, whilst the majority felt communication was good. When we discussed this with the management team, they said they would take steps to improve communication.
- The provider used various electronic systems to record information about people's assessed care needs, capture any risks and share updates about changes in people's presentation so these could be acted upon.
- There was a positive culture at the service which was driven by the management team. They were responsive to our feedback during the inspection. Staff were familiar with the aims of the service and the quality of care expected. Staff told us the management team were approachable and supportive.

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 understood the duty of candour responsibility, a set of expectations about being open and transparent if things go wrong.

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

- The management team undertook a range of regular audits and checks to help ensure high standards were maintained. All aspects of the service, including spot checks on staff practice and people's safety were monitored. Where further improvements were identified these were acted on promptly.
- The management team understood their role and responsibilities to ensure incidents that required notifying were reported to the appropriate authorities in a timely way.
- Staff were clear about their roles and responsibilities, and knew how to contact managers for support, and when to raise concerns.

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

- The management team were open and responsive to our inspection feedback. They were passionate about the service and committed to continuous improvement.
- The provider was committed to protecting people's rights regarding equality and diversity.
- People's feedback was sought and acted upon.

Working in partnership with others

- The service worked effectively with other professionals and agencies to enable effective co-ordinated care for people.