

MyCare Home Services Ltd

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Inspection report

54A Cowley Mill Road
Uxbridge
Middlesex
UB8 2QE

Date of inspection visit:
16 April 2019

Date of publication:
17 June 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: MyCare Home Service Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to adults. At the time of the inspection one person was receiving support with personal care and one person was supported with their medicines.

People's experience of using this service:

The provider had a range of quality assurance audits in place, but these had not been completed for six months.

There was a recruitment process in place which the provider reviewed following the inspection to make it more robust.

Risk assessments were in place and the provider introduced further risk management plans for specific risks identified during the assessment of needs following the inspection.

The person we spoke with and the relative of a person using the service told us they felt the care was safe, they were positive about the quality of the care provided and how the service was run.

The provider had policies and procedures in place to deal with any concerns that were raised about the care provided. People using the service, relatives and care workers were aware of how to raise a concern.

Detailed assessments of a person's needs were completed before they started to receive visits. The care plans described the care and support a person required and how they wanted it to be provided.

The provider had processes in place for the recording and investigation of incidents and accidents.

Care workers had received training identified by the provider as mandatory to ensure they were providing appropriate and effective care for people using the service. Care workers had regular discussions with their line manager and felt supported.

The provider had a complaints process in place and relatives told us they knew what to do if they wished to raise any concerns.

Rating at last inspection: This was the first inspection since the service was registered with CQC on the 16 June 2018.

Why we inspected: We inspect newly registered services within one year of them starting to provide a regulated activity.

Follow up: We will continue to monitor MyCare Home Service Ltd and we will carry out a further inspection

to checks that improvements had been made.

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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

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 responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

MyCare Home Services Ltd

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was 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 was carried out by one inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to adults. Not everyone using MyCare Home Service received regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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:

We gave the service 48 hours' 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.

Inspection site visit activity started on 16 April 2019 for one day. We visited the office location on 16 April 2019 to see the manager and office staff; and to review care records and policies and procedures. We also contacted people using the service to obtain their feedback following the inspection.

What we did:

During the inspection we spoke with the registered manager, the business development manager and the accounts manager and we received emails from three care workers with feedback. We spoke with one person who used the service and the relative of another person receiving care. We reviewed the care records for two people using the service, the employment folders for three care workers, training records for all staff and records relating to the management of the service.

Is the service safe?

Our findings

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

RI: 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. Regulations may or may not have been met.

Assessing risk, safety monitoring and management

- We saw risk assessments were completed for moving and handling, mobility, the daily activities of care and an environmental risk assessment to ensure the person's home was safe to provide care.
- We did note that where a specific risk was identified during the need's assessment, for example living with a particular medical condition, a risk management plan had not been developed to provide guidance for care workers on how to provide safe and appropriate care whilst mitigating risks associated with this medical condition. We discussed this with the registered manager and they developed risk management plans immediately after the inspection and the registered manager provided evidence of these.

Staffing and recruitment

- The provider had a recruitment process in place but some aspects of this did not always follow good practice. During the inspection we reviewed the records for three care workers employed by the service. We saw application forms had been completed and the criminal records checks had been completed as well as checks to ensure the applicant had the right to work in the UK. All applicants underwent an interview and induction before starting to provide care.
- The registered manager explained they sent the blank reference forms to the applicant and they then passed them on to either employers or people to provide character references. The registered manager did not carry out checks to ensure the person named on the reference had in fact completed the form. We discussed this with the registered manager and they resent reference forms for all their care workers immediately after the inspection to obtain references from those people named on the application. The registered manager provided evidence that these requests had been made.

Using medicines safely

- The registered manager explained they were supporting one person with their medicines but were not receiving the regulated activity of personal care. The visits were being undertaken by the registered manager and the business development manager who are both qualified nurses. During the inspection we discussed how the administration of medicines should be recorded with the registered manager and they confirmed training was being arranged for all the care workers.

Systems and processes to safeguard people from the risk of abuse

- We saw the provider's process clearly identified the steps to be taken if a concern regarding a person's safety was raised. This included investigating the issue and informing the relevant organisations such as the local authority or police.

- At the time of the inspection no safeguarding concerns had been raised since care started to be provided in September 2018.

Preventing and controlling infection

- We saw the provider ensured care workers had access to personal protective equipment (PPE) for example gloves and aprons to use when providing care. The induction records indicated that care workers had completed infection control training as part of their induction. Care workers confirmed they had completed the training.

Learning lessons when things go wrong

- The provider had a clear process for the reporting, recording and investigation of incident and accidents. At the time of the inspection no incidents and accidents had occurred since the provider first started to provide support in September 2018.
- The registered manager explained information relating to the incident and accident would be recorded and investigated to identify any changes in support needs or where improvements could be made to reduce the risk of reoccurrence.

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 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

- We saw a detailed assessment of a person's care and supports needs was completed before the care package started. Information on a person's needs was also identified through referral assessments provided by an external company when arranging the care package. A further assessment was completed before care visits were started to ensure the service could meet the care needs of the person.

Staff support: induction, training, skills and experience

- We saw people were being cared for by care workers who had received the necessary training and support to deliver care safely and to an appropriate standard. People we spoke with felt the care workers had the appropriate training to provide the care required. The registered manager explained care workers had completed an induction and training before they started to provide care. We saw evidence that care workers had completed both the induction and training identified as mandatory by the provider and this was also confirmed by the care workers.

- Care workers had regular supervision with the registered manager and business development manager. The registered manager explained they regularly took care workers to the care visits and collected them, so they could discuss how the visit went.

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

- We saw care plans included a section to identify if a person required support from the care worker to prepare meals or eat and drink. At the time of the inspection care workers were not required to support people with food or drink.

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

- The registered manager explained they worked closely with healthcare professional to ensure the support provided met people's healthcare needs. For example, an issue was identified with the PEG used by one person for fluids and medicines. A PEG (Percutaneous Endoscopic Gastrostomy) is a way of introducing food, fluids and medicines directly into the stomach by passing a thin tube through the skin and into the stomach. The business development manager contacted the NHS to ensure the person received appropriate support.

- Care plans included the contact details of healthcare professionals involved in the person's care. These included the GP, the pharmacy, dietician and Abbotts nurse (specialist nurse for PEG).

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 can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- During the inspection we saw a mental capacity assessment was carried out to identify if the person receiving personal care had the capacity to make decisions relating to specific aspects of their care to ensure it was being provided in line with the MCA. Care workers demonstrated a good understanding of the MCA and how to support a person to make decisions. One care worker told us "It means that anyone supporting a person who may lack capacity would maximize their ability to make decisions or participate in decision making. I always presume someone has capacity."

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; respecting equality and diversity

- The person we spoke with and the relative of a person receiving support told us they were happy with the care provided. They felt the care workers provided support in a kind and caring manner and had a good understanding of their needs.

- We saw the provider had a policy for equality and diversity and asked people if they had a preference for a male or female care worker and for language spoken which were respected.

- The needs assessment and care plan identified the person religious and cultural needs in addition to their sexual orientation so appropriate support could be provided.

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

- A person using the service and the relative of another person receiving support confirmed they had been involved in planning the care and they were able to give their views on how it should be provided

Respecting and promoting people's privacy, dignity and independence

- The person we spoke with told us they felt the staff treated them with respect when they provided care. A relative also commented that they felt their family member was treated with respect and their dignity was maintained during care.

- Care workers we contacted demonstrated they had a good understanding of how to ensure they provided care whilst maintaining the person's privacy and dignity. One care worker told us "Address the person properly and involve them in decisions relating to their care or offer them with choices. Close the door or window when giving personal care."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The care plans identified how the person wanted their care to be provided and the level of support needed. The care plan included information on personal care, memory and orientation, washing and dressing, nutrition, communication, continence care, medicines and emotional wellbeing. The care plans were reviewed monthly and whenever a change in the person's needs was identified.

Improving care quality in response to complaints or concerns

- The person using the service and the relative we spoke with confirmed they knew how to raise a complaint and they felt it would be responded to by the registered manager in an appropriate manner. The relative told us they had raised an issue with the registered manager and they were satisfied with the way it was handled.

- We saw there was a flow chart used to explain how complaints and concerns should be responded to which reflected the provider's complaints policy. Information on the complaints process was in the care worker handbook and was also included in the folder kept in the person's home.

End of life care and support

- At the time of the inspection the service was not supporting any people with their end of life care. The registered manager explained that if this was required they would make sure it was discussed with the person and their relatives to ensure their wishes were identified and met.

Is the service well-led?

Our findings

Our findings - Is the service well-led? = Requires Improvement

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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care

- The provider had a range of quality assurance processes in place, but these had not been completed regularly. There was a quarterly audit checklist and a management review report, but these had not been completed for the previous six months. The registered manager explained they had two people using the service during this period and had focused on ensuring the care workers received appropriate training and the care provided met the person's needs. This meant the provider was not monitoring the quality of the service provided to identify any areas for improvements. They had not completed their audits during this time but would start to do so following the inspection. They did have regular management meetings with senior staff to discuss developing the service.
- At the time of the inspection the provider had not have risk management plans in place for specific risks identified during the initial needs assessment. The registered manager developed these after the inspection.

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

- The person we spoke with felt the service was well led and they saw the registered manager regularly. The relative we contacted told us they felt the service was well managed and communication was good.
- Care workers told us the service was well led. Their comments included "They explain very clearly if the person or family have a concern about the care or me" and "The company provides excellent treatment and support to achieve good outcomes and promote good quality of life. They are always available and very accessible."
- We asked care workers if they felt the culture of the service was open and transparent. They told us "Yes. To be honest MyCare Home Service is transparent and fair. I do and I will reciprocate it with loyalty and best performance of my jobs as I can that are assigned or will be assigned to me" and "Yes. I think it's fair and open. They are very ambitious and always encourage and support to improve the quality of care."

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

- There was a clear management structure at the location with defined roles and responsibilities within the organisation. This information was reflected on the provider's website with photographs of the senior staff with their previous experience.

- During the inspection we saw members of the senior staff had an understanding of how their role was part of ensuring good quality, safe and appropriate care was provided.

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

- The person and the relative we spoke with confirmed they had almost daily contact with the registered manager or other senior staff and they felt able to provide feedback on the quality of the care provided.

- Care workers told us they felt supported by the senior staff with comments including "Yes. They gave me great support since I started working with them" and "Yes. Both of them are very good and supportive."

- The registered manager told us the last meeting with care workers was held during a training day in October 2018, but they contacted the care workers after each shift by text message to get feedback from the care visit.

Working in partnership with others

- The registered manager was in regular contact with an organisation which worked on behalf of the local authority and Clinical Commissioning Group to develop care packages to meet the needs of people awaiting discharge from hospital. The information obtained regarding the type of care required helped the provider identify ways the service could develop.