

Elizabeth Rose Care Limited

My Home Care Ltd

## Inspection report

Unit G23, The Avenues  
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Tel: 01914874494

Date of inspection visit:  
11 April 2019  
18 April 2019  
26 April 2019

Date of publication:  
14 May 2019

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: My Home Care Limited provides care at home for eight people who receive personal care.

People's experience of using this service:

People and their relatives valued the service provided to them, and in particular, the ability of the service to respond flexibly to support their needs. They told us staff respected their choices and preferences.

Pre-employment checks were carried out before staff began working in the service. Once employed, staff were supported using induction, training and supervision.

People were protected from harm by staff who understood safeguarding and were familiar with each person's own personal risks. Risks assessments were in place. Staff knew more about people's risks than was documented. The provider and the registered manager agreed to improve the risks assessments to capture the knowledge held by staff. They sent us copies of the improvements they had made.

Staff had been trained in medicines administration. They had added prescribed medicines to the records. These were not double signed. Staff and the registered manager agreed to amend the records accordingly.

Staff were aware of people's dietary needs and supported people to do their shopping.

The provider had a system in place to monitor accidents. There had been no accidents since our last inspection.

People were routinely supported to access medical appointments. Staff attended appointments with people so they could learn about their needs and implement medical advice.

The provider and the registered manager had experience of working in care at home services and expressed the view they wished the service to remain manageable in the hours it delivered. This was to avoid the quality of the service being compromised.

Irrespective of a person's abilities we found people were not discriminated against. People and their relatives told us they felt involved in their care and had been listened to by staff. The service worked in partnership with people, their family members and other professionals to meet people's needs.

The management team had on-call arrangements in place to ensure staff had back up support when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were given choices and their decisions were respected.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: Good (Last report published September 2018.)

Why we inspected: We carried out this inspection due concern which was passed to us by another agency. During our inspection we explored these concerns and found the service continued to meet the requirements of a rating of 'Good'.

Follow up: We will continue to monitor the service through the information we receive and discussions with partner agencies.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# My Home Care Ltd

## 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. 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.'

The inspection was prompted in part by information from the local Clinical Commissioning Group who provided us with some information of concern.

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 homes It provides a service to adults.

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 was an unannounced inspection. Inspection site visit activity started on 11 April 2019 and ended on 26 April 2019. We visited the office location on 11 April and 26 April 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

We reviewed the information we held on the service. We also contacted professionals involved in caring for people who used the service; including local authority commissioners the local authority safeguarding team and the Infection Prevention and Control team

During inspection:

We spoke with three people who used the service and four relatives. We also spoke with six staff including the provider, registered manager, the service coordinator and care staff.

We reviewed three people's care documents and gathered information from other records held by the provider. These included audits, and accidents and incidents.

After inspection:

We reviewed the evidence provided to us during the inspection. We will continue to monitor the service.

# Is the service safe?

## Our findings

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

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

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

- Staff were trained in how to safeguard people.
- Safeguarding alerts had been made to the local authority

Assessing risk, safety monitoring and management.

- Staff carried out assessments of people before they began using the service to identify their personal risks.
- Staff could describe people's personal risks in detail and understood how to mitigate the risks. We spoke with the provider and the registered manager about adding the information held by staff to improve the quality of the risk management plans. They agreed to do this and sent us examples of improved the risk documentation.

Staffing and recruitment.

- Staff recruitment was safe. Checks were carried out on prospective staff before they began working in the service.
- The registered manager told us they monitored the amount of staff they needed. People who used the service and their relatives told us staff arrived on time and stayed for the required time. They said they did not feel rushed by staff who were in a hurry to get to their next call. This showed there were enough staff employed in the service.

Using medicines safely.

- Staff were trained in the use of medicines.
- Medicine administration records (MAR) were maintained by the service. There were no gaps in the MAR charts.
- Staff had checked and documented on the MAR charts people's topical medicines which had not been listed by the pharmacy to be accountable for the support they had given to people. We pointed out to the staff and the registered manager that where this had been done, two staff members were required to sign the MAR to ensure the entry was correct. They agreed to make the necessary adjustments.

Preventing and controlling infection.

- Gloves and aprons were available to staff to reduce the risks of infections spreading
- People who used the service confirmed to us staff used the aprons and gloves.

Learning lessons when things go wrong.

- A system was in place to document accidents. There had been no accidents involving people who used the service from which lessons could be learnt.
- One person spoke with us about what they described as a minor issue of communication which was

quickly rectified by the service.

# 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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People and their relatives told us staff respected their wishes and choices.
- Individual and personalised assessments had been carried out in line with regulatory requirements.

Staff support: induction, training, skills and experience.

- Staff were supported through an induction period to familiarise themselves with the service and people's needs.
- New staff undertook shadow shifts to gain the experience required to be able to care for people.
- Staff underwent a training programme to develop their knowledge and skills.

Adapting service, design, decoration to meet people's needs.

- Before the service was delivered in people's own homes the provider undertook a risk assessment to ensure people and staff were safe.
- Staff enabled people to live safely in their own home.
- Relatives valued the service being designed to respond flexibly to meet needs. People had a stable and regular group of carers to support them.

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

- Staff supported people to access healthcare services both on a regular basis and as needs arose.
- Staff had listened to the advice of healthcare professionals to meet people's care needs.
- People were supported to attend activities in the community to enhance their well-being.

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. Where a person is living in their own home, it is still possible to deprive the person of their liberty in their best interests. Application for authorisation must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- No one using the service was subject to any restrictions under the MCA.
- The management team who carried out people's initial assessments had undertaken training in the MCA. This was available to staff should the need arise.

# 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.

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

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.

- People reported to us staff treated them well.
- People and their relatives favourably compared the service with other they had previously experience. One person welcomed the maturity of staff employed by the service.
- Managers had experience of working in care at home services. They described their wish to remain a small service which would not compromise on the quality of care they delivered.
- People we spoke with valued the flexibility of the service to meet the needs of themselves and their relatives.
- The managers in the service had on-call arrangements to support staff out of hours.

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

- Spot checks were carried out on staff to monitor the quality of care delivered.
- Daily notes were returned to the service on a regular basis. The registered manager audited the notes to check if people were getting appropriate care and identify any trends or emerging needs.
- The service had put in place private contracts of care with people who were arranging their own care using payments from the local clinical commissioning group.

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

- People and their relatives told us they felt involved in the service and felt listened to.
- People reported that staff supported them to meet their needs as they wished.
- Surveys to measure the quality of the service had been carried out. The responses were very complimentary about the service.
- People were enabled to live their preferred life style and staff did not discriminate against them.

Continuous learning and improving care.

- The provider and the registered manager acted on feedback to improve the quality of documents relating to risk.
- The provider and the registered manager spoke with us about learning from recent events and how they would reduce the risk of any reoccurrence.

Working in partnership with others.

- The service worked in partnership with other agencies including GP's and dieticians.
- People were supported to attend medical appointments and outcomes were reported to ensure up to date care was provided.
- The service worked in partnership with family members. Relatives spoke with us about feeling supported and reassured by the levels of care.