

Always Here for You Ltd

My Homecare Halifax

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

My Homecare Halifax is a domiciliary care agency providing support to people in their own homes in the community. 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. At the time of the inspection the service was providing personal care to 22 people.

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

Recruitment processes were not robust as checks, to ensure staff were suitable, had not been completed before they started working in the service. Following the inspection the registered manager told us they had taken action to address this issue.

There was a lack of quality assurance systems to monitor and check service delivery and those that were in place were not always effective. Following the inspection the registered manager told us they were taking action to address these matters.

People and relatives were happy with the care provided. They were involved in planning and making decisions about their care. Risks were assessed and managed and people received their medicines safely. People's nutritional and healthcare needs were met. Staffing was organised to make sure people received their calls on time and staff stayed the full length of the call.

People and relatives said the staff were kind and caring. People were treated with respect and their privacy and dignity was maintained.

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.

Staff had completed induction and training to support their roles and supervision was being rolled out to the staff team. People and relatives confirmed staff followed infection control procedure wearing gloves and aprons appropriately. Safe systems were in place to manage any allegations of abuse and complaints.

Everyone knew the registered manager who supported the staff team and worked alongside them delivering care. People and relatives said the registered manager was approachable and addressed any issues they raised. Our discussions with the registered manager showed they were committed to improving the service.

We identified two breaches of regulation in relation to recruitment and good governance. You can see what action we have told the provider to take at the end of the full version of this report. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 22 November 2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

My Homecare Halifax

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 Care Act 2014.

Inspection team

One inspector carried out the inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service has a manager who is also the provider and is registered with the Care Quality Commission. This means that they 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. We gave the service short notice of the inspection. This was because it is a small service and we needed to be sure the registered manager would be in the office to support the inspection. Inspection activity started on 5 November 2019 and ended on 8 November 2019. We visited the office location on 5 November 2019.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-

We spoke on the telephone with two people who used the service and the relatives of five other people about their experience of the care provided. We spoke with four members of staff including the registered manager, the care co-ordinator, a senior care worker and a care worker.

We reviewed a range of records. This included two people's care records and medication records. We looked at four staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant 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.

Staffing and recruitment

- Recruitment processes were not safe as the provider was not following their own recruitment policy and carrying out checks to ensure staff were suitable to work in the service.
- Disclosure and barring service (DBS) checks were in place however these had not always been obtained before staff started working in the service. One DBS showed a conviction, yet no risk assessment had been completed to determine if it was safe for the staff member to be employed.
- Written references had not been obtained for all staff and where they were in place these had been obtained after the staff member started work.
- Application forms did not always contain a full employment history and there were no interview records. Where staff were drivers there was no confirmation of car insurance to cover business usage.

Robust systems were not in place to ensure staff were recruited safely. This placed people at risk of harm. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded after the inspection and told us they had taken action to address these issues.

- Effective systems were in place to organise and monitor calls, making sure visits had been completed and alerting office staff to any non-attendance.
- People and relatives said the service was reliable as care workers arrived on time and stayed the full length of the call.
- Staff said the call rotas were well organised and gave them enough time to travel between visits. They said they had sufficient time to provide the support people needed without rushing.

Systems and processes to safeguard people from the risk of abuse

- Effective systems were in place to protect people from the risk of abuse.
- The service provided people with information about safeguarding including who to contact if they had any concerns.
- Staff had received safeguarding training and knew the procedures to follow if abuse was suspected or found.
- The registered manager told us there had been no safeguarding incidents.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and a range of risk assessments were completed and regularly reviewed.
- People's needs were communicated to staff with guidance on how to manage the risks posed to people. Staff were provided with a mobile phone and could access information via an application on the phones.

Using medicines safely

- Medicines were managed safely
- Staff had received medicines training and had their competency assessed.
- People told us staff supported them to take their medicines when they needed them. People's care records listed the medicines they took and the level of support they required from staff.
- Medicine administration records were generally well completed. However, where people were prescribed 'as required' medicines there was limited guidance for staff to ensure these medicines were administered safely. Following the inspection the registered manager told us protocols had been put in place.

Preventing and controlling infection

- Safe systems were in place to manage infection control.
- Staff had received infection control training and were provided with personal protective equipment such as gloves and aprons.
- People and relatives confirmed staff wore gloves and aprons when carrying out personal care.

Learning lessons when things go wrong

- Accidents and incidents were recorded and we saw appropriate action had been taken in response to these. However, there were no systems in place to analyse these events or consider lessons learned.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff received the induction, training and support they required to fulfil their roles.
- People and relatives gave mixed feedback about staff skills and experience. They said some staff appeared well trained and knew what they were doing. However, they felt other staff had not been properly trained and lacked experience, particularly in moving and handling. The registered manager told us they would review staff skills and competencies.
- New staff received an induction and period of shadowing more experienced staff before working alone.
- Staff told us, and the training matrix confirmed, they had completed training the provider deemed mandatory, such as safeguarding and infection control.
- The registered manager had completed a trainer course in moving and handling and delivered training to staff as well as carrying out moving and handling risk assessments.
- Staff said they felt well supported. One staff member had received formal supervision and the registered manager planned to roll this out across the team.

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 when this is in their best interests and legally authorised under the MCA. 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.

- The registered manager understood the principles of the MCA. All staff had completed MCA training.
- Where people lacked capacity to make specific decisions we saw the service had followed best interest decision principles. However, there was no capacity assessment or best interest decision recorded for a restriction in place for one person. The registered manager told us the restriction had been discussed and agreed with other professionals and the person's relative but acknowledged this was not recorded and said they would address this.

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

- Staff worked with health and social care professionals to ensure people received consistent care.
- Our discussions with the registered manager showed specialist support and advice was sought and acted upon. However, this was not always fully documented and reflected in people's care plans. The registered manager acknowledged this and was taking action to address this.

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

- People's nutritional needs were assessed and met by the service where this was an identified need.
- Where people needed support with meals we saw their preferences were recorded. One relative told us how their family member's eating had improved since the care staff had been involved. They said, "Before [the care workers] started coming [family member] was in a bad way and not eating, but that's come back now. They do a really wonderful job."

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

- People's needs were assessed before being offered a service.
- People and relatives confirmed they were involved in the assessment and their needs and preferences were taken into consideration.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- People spoke positively about the staff and said they were well treated. Comments included; "I'm very happy with them, the staff are lovely and kind and very good" and "I'm well looked after. They're on the ball and we have a bit of a laugh."
- Relatives also praised the staff. One relative said, "What comes across is staff enjoy the job. They're nice and chat away to my [relative] and make her chuckle."
- Staff were considerate and helpful. One relative told us if their family member ran out of something like butter the staff would go out and buy it for them using their own money rather than just leaving a note. They said, "I always repay them but it's a relief knowing they wouldn't leave [family member] without something."
- Staff knew people well and demonstrated caring qualities in our discussions with them. One staff member said, "I love my job. I like helping people and knowing that I've left people happy after I've been."
- The service treated people equally and ensured their rights were protected.

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

- People and relatives told us they were involved in care planning and decisions about their care.
- People's views were listened to and acted upon. One relative told us how thoughtful staff were in making sure people's wishes were respected. They said their family member liked to go to bed late and when staff came to do the evening call they did everything they needed to do and then assisted the person into bed right at the end of the visit.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with respect and maintained their privacy and dignity.
- People were supported to maintain their independence and were encouraged to use the skills they had.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives said the service provided person centred care.
- Care plans varied in detail and content. Some clearly showed the support and care the person required, whereas others provided limited information. For example, there was no care plan or guidance for staff about how to support one person when they were displaying behaviours that challenged others.
- The registered manager told us new care plans were being put in place and said they would ensure all care plans fully reflected people's needs and preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were reflected in their care records.
- The registered manager told us information could be provided in different formats if required. This included large print, audio and different languages.

Improving care quality in response to complaints or concerns

- People were provided with a copy of the complaints procedure when the service began.
- People and relatives said if they were unhappy with anything they would speak with the registered manager. One relative told us they had raised a couple of minor issues and said these had been addressed.
- No formal complaints had been received.

End of life care and support

- The service was not supporting anyone with end of life care at the time of our inspection. However, the registered manager told us about a person they had recently supported with end of life care and how they had worked together with the hospice team to meet the person's needs.
- Staff had completed training in end of life care.
- Staff had responded well to emergency situations that had arisen and provided first aid for people on occasions.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Good governance systems were not embedded. There were few quality checks and audits and those that were in place were not always effective. For example, monthly audits of daily logs and medicine records did not identify errors or omissions we found at our inspection. There was no log or analysis of accidents and incidents.
- Although the management team often worked alongside care staff there was no system in place for formal spot checks of staff practice.
- Record keeping and communication needed to improve. Discussions the service had with other professionals regarding people's care needs were not always recorded. Staff said they were not always fully aware of changes in people's needs or their medical history. Robust recruitment processes were not followed.

The lack of robust quality assurance meant people were at risk of receiving poor quality care. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded after the inspection. They confirmed effective quality assurance systems were being put in place.

- The management team consisted of the registered manager and a care co-ordinator, both of whom regularly delivered care to people.
- People, relatives and staff spoke positively about the management team who they said were approachable and always available.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Our discussions with the registered manager showed they were committed to providing good outcomes for people and wanted to improve the service.
- Care staff were clear about their roles. They received information through induction, training and communication with management about what was expected of them.
- Staff liaised with a range of healthcare professionals to make sure people received the support they needed.

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 was aware of their regulatory requirements, for example, they were aware of their responsibility to notify the Care Quality Commission and other agencies when incidents occurred which affected the welfare of people who used the service.

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

- People and relatives were involved in reviewing and agreeing their care and support plans.
- Systems were in place to gather the views of people who used the service, their relatives and staff. Satisfaction surveys had been sent out to people and staff the week before our inspection. Some had been returned but had not yet been reviewed by the registered manager.
- The registered manager was in regular contact with staff either face to face, on the telephone or via mobile phone apps. Staff told us they felt well supported by the management team.
- The registered manager told us there had been one staff meeting but was unable to locate any minutes.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems were not in place to assess, monitor and improve the quality of the service and there was not an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. Regulation 17 (2) (a) (c)
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment processes were not established or operated effectively to ensure staff were suitable to work in the service. Regulation 19 (1)(2)(3)