

Kindred Hearts Ltd

My Homecare West Sussex

Inspection report

Unit 12, The Courtyard
Crawley Road, Faygate
Horsham
RH12 4SE

Date of inspection visit:
15 November 2019

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17 January 2020

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

About the service

My Homecare West Sussex is a domiciliary care agency. It provides personal care to people living in their own homes within the Horsham and Crawley areas. At the time of our inspection the service was supporting 11 people.

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

The service was safe, with systems and processes which ensured any concerns were reported to appropriate authorities without delay. The service's rotas were well organised and there were enough staff available to provide all planned care visits. No one reported having experienced a missed care visit.

There were quality assurance systems in place to help monitor the quality of the service and identify any areas which might require improvement. The provider was committed to developing a service. This was evident throughout our visit.

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.

The service offered flexible support to people and were able to adapt in order to meet people's needs and support them as they wanted. People's care needs were clearly recorded in their plan of care. There was clear guidance on the support required during each visit. Staff were well trained and supported. They were respectful of the fact that they were working in people's homes.

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 19/11/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service was registered with us.

Follow up

We will continue to monitor information we receive about the service until we 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?

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

My Homecare West Sussex

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 undertook this 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. 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.

Due to the size of the service, they did not have a manager registered with the Care Quality Commission, however the nominated individual was in day to day charge of the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider. 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

We gave the service 48 hours' notice of the inspection. This was because the location provides a domiciliary care service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 November and ended on 20 November. We visited the office location on 15 November 2019.

What we did before the inspection

We reviewed information we had received about the service since its' registration. We reviewed notifications

received from the service before the inspection. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern. 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 made contact with one person who used the service and one relative about their experience of the care provided. We spoke with three members of staff including the provider, the nominated individual and the branch manager. We also made contact with three care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. We saw the training records in relation to all seven members of care staff. 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 good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Records showed that all staff had attended training in safeguarding adults at risk.
- People and their relatives all indicated they felt safe.
- The nominated individual and the branch manager were clear about when to report concerns. They were clearly able to explain the processes to be followed to inform the local authority and the CQC.

Assessing risk, safety monitoring and management

- Risks to people were assessed. Where risks had been identified there was a plan of action to guide staff how to make the person safe and reduce the potential impact of harm. Risk assessments included risks associated with community access.
- Accidents and incidents that took place were recorded and audited. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence reduced.
- Environmental risk assessments had been completed, which assessed the safety of people's homes.

Staffing and recruitment

- The service employed enough staff to provide all planned care visits.
- Rotas were well organised in advance. Staff were provided with appropriate amounts of travel time between consecutive care visits. Daily care records showed staff normally arrived on time to care visits.
- Staff files confirmed that staff were recruited in line with safe practice. For example, checks were made to ensure staff were of good character and suitable for their role. This included obtaining references from previous employers.

Using medicines safely

- People's care plans included information about the support the person required with their medicines and it was clear the service encouraged people, wherever possible, to manage their own medicines. Where support was necessary daily care records detailed what support staff had provided with medicines.
- Appropriate records were completed by staff when people received support with their medicines
- Staff had received training in medicines handling, which included observation of practice, to ensure their competence.

Preventing and controlling infection

- People were protected from the spread of infection by staff who had received appropriate training.
- Staff followed good infection control practice and personal protective equipment was readily available to

staff from the service's office.

Learning lessons when things go wrong

- Incidents and accidents were documented and investigated. Any areas of learning identified were shared appropriately with staff to improve safety.

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 good.

This meant 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 had their care and support needs assessed before they received care. Information had been sought from the person, their relatives and / or any professionals involved in their care. Information from the assessment had informed the plan of care.
- Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process, if people wished to discuss these. This ensured staff were aware of people's diversity as it was included in the assessment process.
- Care plans were kept under review and amended when changes occurred so they were always up to date.

Staff support: induction, training, skills and experience

- Staff completed formal, face to face training in line with nationally recognised standards and a period of shadowing before they were permitted to provide care independently. The induction which incorporated the Care Certificate Standards consisted of training and competency checks. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. It sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve.
- There were systems in place to monitor staff performance during their initial independent visits. New staff always visited with an experienced staff member so the new staff member received support and guidance in how care should be provided. Staff had their competency assessed by the branch manager before they worked unsupervised.
- Staff were well trained to make sure they had the skills and knowledge to effectively support people. Staff received training in subjects that were considered mandatory by the provider and best practice national guidance. Staff received regular training in topics including, dignity and respect, infection control and fire safety awareness.

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

- People's care plans gave clear information about the support they required with meals, snacks and drinks. These included any specific dietary needs or preferences.

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

- The service worked with other agencies to help ensure people's needs were met. Staff recognised changes in people's health or wellbeing and this was reported to senior staff.

- Records showed appropriate and timely referrals had been made to health professionals for assistance. to ensure any changing needs were reassessed
- People's health conditions continued to be managed and staff supported people to access healthcare services as required.

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.

- People were supported by staff who received training in the MCA and understood the principles of The Mental Capacity Act 2005.
- People's care plans contained details of their choices and preferences regarding their care.

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's diverse needs were recognised and understood by staff. No-one reported experiencing any discrimination.
- Where people had expressed preferences in relation to the gender of their staff these preferences were respected.
- Rotas showed people were usually cared for by a small number of staff and new carers were always introduced by someone the person knew.

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

- Care planning documentation showed people were involved in making decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their independence. Care plans included details of the level of support people needed with personal care. Records detailed the care given and showed people were encouraged to do as much for themselves as possible.
- The provider recognised people's diversity, they were policies in place which highlighted the importance of treating everyone as individuals. People's diverse needs, such as their cultural or religious needs were reflected in their care planning.
- People's confidentiality was respected, and people's care records were kept securely.

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 good.

This meant people's needs were met through good organisation and delivery.

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

- People had their care and support needs assessed before they received care. Information had been sought from the person, their relatives and / or any professionals involved in their care. Information from the assessment had informed the plan of care.
- People's care plans were accurate and informative. They contained guidance for staff on the tasks to be completed during each visit. They had details of people's routines, interests and hobbies and an overall objective for the planned support. This information helped staff provided individualised care and ensured people's priorities were respected.
- We saw staff completed handwritten daily records at the end of each care visit. These records included details of the support provided and any changes in people's needs alongside a record of staff arrival and departure times.

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.

- The provider was fully aware of their responsibilities under the AIS.
- People's care plans contained information about the support they might need to access and understand information. This included details of any visual problems or hearing loss.
- People's assessments included specific details of their communication needs. For example one person was able to understand verbal communication, but replied to staff using Makaton.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and a complaints log was in place for receiving and handling concerns.
- The complaints log showed the provider listened to and investigated any concerns raised. They also looked at what lessons could be learned from the concerns raised.

End of life care and support

- At the time of our visit end of life care was not being provided. People's care plans included details of any specific wishes they had expressed in relation to this stage of their lives.

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 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; Continuous learning and improving care; Working in partnership with others

- The provider had effective oversight of the service and all the registration requirements were met.
- The nominated individual and the branch manager were very much involved in the day to day running of the service. The branch manager worked hands on, alongside staff where required.
- Quality assurance systems monitored the quality of service being delivered and the running of the service. Audits were conducted which included peoples support plans.

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

- There was a clear management structure provided lines of responsibility and accountability. The nominated individual and the branch manager ensured they maintained their knowledge and skills in their roles.
- The provider understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. They were aware of their responsibilities under the legislation and ensured that all significant events were notified to the Care Quality Commission.
- The nominated individual and the branch manager were clear in their understanding of the duty of candour and knew the actions to take should something go wrong.

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

- People had opportunities to feedback their views about the service and quality of the care they received. The branch manager carried out spot checks and made regular phone calls to people to make sure they were happy with the service. People were also asked for feedback on the service performance during care plan reviews.
- The provider valued their staff and staff requests for reasonable adjustments or flexible working arrangements had been looked on favourably.
- The management team met regularly with staff. Records showed meetings were well attended and help identify areas that were working well and any that needed improvement.

