

Mycarehub Limited

MyCareHub Ltd

Inspection report

23 Main Road
Wilford
Nottingham
NG11 7AP

Tel: 07525475534
Website: www.mycarehub.org.uk

Date of inspection visit:
06 December 2021

Date of publication:
28 January 2022

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

MyCareHub Ltd is a domiciliary care service that provides personal care and support to people living in their own homes. The service supported 14 people at the time of our inspection.

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

People felt safe and the registered manager assessed risks to the health and wellbeing of people who used the service. Where risks were identified actions were taken to reduce the risks where possible.

Recruitment processes were in place to make sure that people were looked after by appropriate and safely recruited staff.

The provider and staff were following their infection control policy and procedure. The provider was accessing regular testing for COVID-19 and vaccinations for staff.

People were protected against the risk of abuse. Staff received training on safeguarding adults and were aware of the process for reporting any safeguarding concerns.

Medicines were handled safely by staff who had been assessed as competent to do so. People received effective and timely care from staff who were well trained and competent.

People felt the service they received helped them to maintain their independence where possible. People received care that was planned with them and their relatives to meet their individual needs and preferences, from staff who were caring and respectful of their privacy and dignity.

People spoke positively about the registered manager and staff team. People and their relatives were involved as partners in their care, and people and staff told us they felt listened to.

People knew how to complain and knew the process to follow if they had concerns. People's right to confidentiality was protected and their diversity needs were identified and incorporated into their care plans where applicable.

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.

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

This service was registered with us on 23 July 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

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.

MyCareHub 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. 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This 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.

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. This was because it is a small 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 6 December 2021 when we visited the office location and ended on 20 December 2021 when we completed our calls to people and relatives of people who used the service.

What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. We contacted Healthwatch for feedback regarding the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We were provided with written feedback from two relatives of people who use the service. We spoke with two members of care staff and the registered manager.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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

- People were protected against the risk of abuse. Staff received training on safeguarding adults and were aware of the process for reporting any safeguarding concerns.
- Staff showed an awareness and understanding of whistleblowing procedures. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

Assessing risk, safety monitoring and management

- People were protected against identified risks. Risk assessments identified the potential risks for each person and described the measures in place to manage and minimise these risks. Care plans described the actions staff should take to ensure people's safety when leaving each visit, such as ensuring they were wearing personal care alarms.
- Environmental risk assessments had been completed for identified risks in people's homes to ensure the safety of people receiving care and the staff who supported them.

Staffing and recruitment

- People were supported by a small and consistent staff team. People and their relatives told us they felt assured that they would receive their care and would be informed if staff were running late. People and relatives we spoke with and obtained feedback from mentioned the consistency and flexibility of care provided by the service.
- One relative provided written feedback which stated, 'Our family member feels happier and more reassured about who is coming and at what time. That consistency has been a steady feature of My Care Hub's provision and we have not looked back.'
- People received information in advance confirming their visit times and the staff allocated. One relative told us, "The team have invested time in getting to know my family member and understanding their needs and preferences and work with their own routines."
- The provider had completed appropriate pre-employment checks to protect people against unsuitable staff.

Using medicines safely

- Where needed, trained and competent staff supported people safely with medicines. People told us they received assistance with their medication in a safe way, when they required it.
- Staff had guidance about people's medicines, this included their preference in how they preferred to take their medicines. Regular medication audits were completed to review how medicines were stored, administered and managed in people's homes and staff had access to a medicine policy that informed their

practice. These ensured any errors could be picked up and reviewed amongst the staff team.

Preventing and controlling infection

- The provider ensured staff had access to personal protective equipment (PPE) and were trained on how to use it effectively and safely. Staff had access to sufficient supplies of PPE and people we spoke to told us staff used this correctly when attending their homes. One person told us, "The staff always have their gloves and masks on when they call, they are very aware of risks."
- The provider and staff were following current Government guidance and their infection control policy and procedure.
- The provider was accessing regular testing for COVID-19 and vaccinations for staff.
- We were assured that the provider was promoting hygiene practices at people's homes. One member of staff told us, "We always ensure we have supplies of equipment, and follow the infection control policy."

Learning lessons when things go wrong

- Staff understood how to record and report incidents and used this information to make improvements when necessary. The provider told us that staff meetings were used to address any problems and discuss any learning points and actions. We saw evidence that actions had been taken to address areas requiring improvement within 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.

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's needs were assessed to ensure their needs could be met by the service. Care plans included people's physical and emotional care needs.
- There were detailed assessments of people's personal needs, likes and dislikes and preferences in their care plans. There were clear instructions as to what people preferred for their daily routines, in order for staff to be able to provide effective person-centred care for people.
- One relative told us, "My family member enjoys going out and about with the care staff, to regain their independence, whilst I am able to have some time to do shopping or meet friends."
- People's diverse needs were identified, to ensure that no discrimination took place. Staff we spoke with were trained and aware of how to support people with a wide range of needs and preferences.

Staff support: induction, training, skills and experience

- People using the service were supported by staff who had received training relevant for their role such as medication safety, moving and handling, and dementia awareness. Staff told us, and we saw records they had received appropriate training to carry out their role effectively.
- The provider had worked with external teams to seek extra training for staff to provide support for people who required specific support needs. For example, with tissue viability or occupational therapy. Staff told us how this had enabled them to provide tailored support for people.
- Staff were supported in their role through individual supervision and regular team meetings with the registered manager and staff team.

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

- People and their relatives told us they were happy with how staff prepared meals.
- Staff received training in food hygiene and nutrition to ensure any meals were safely prepared and people's specific dietary needs were understood.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked with other agencies to enable effective care and support. The registered manager told us they regularly liaised with health professionals such as therapy teams and doctors. For example, we saw information documented in people's care plans between the service and a health professional, to assess new equipment for a person's care.
- Detailed information regarding people's health requirements and changes in people's conditions was documented in people's daily records by staff.

- One relative provided written feedback saying the registered manager had, 'Gone out of their way to arrange training with their family member's physiotherapist and ensured the team were updated with how best to support their family member with rehabilitation and ensuring their muscles are used appropriately. This has been way more than we had expected and it's a real relief to know they are supported in this way.'

Supporting people to live healthier lives, access healthcare services and support

- People's health needs were supported through communication with health care professionals on people's behalf, as well as support to attend health care appointments if required.
- One relative gave written feedback, 'On the occasions where my family member has needed external medical help, a staff member has phoned the emergency services or has stayed with my family member until the emergency services have arrived.'
- We saw people had detailed guidance and information in their care plans for emergency hospital admissions.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received MCA training to enable them to understand how mental capacity may affect people's decision making.
- Staff were clear about the need to seek verbal consent before providing care and staff had a good understanding about people's ability to consent and what to do if they could no longer give consent. Staff told us that people could make day to day decisions on their own.

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 were treated with respect by caring staff. Staff were described by people and their relatives as, "Knowledgeable, kind and respectful."
- One person told us, "The care staff are all lovely." A relative spoke positively of the relationship that had developed between their family member and the staff team in a short time.
- A member of staff told us, "I feel really proud to be part of the team, I feel we make some positive changes to people's lives."
- People's cultural and diversity needs were assessed and detailed in their care plans. This included people's needs in relation to their culture, religion and gender. Staff had received training in equality and diversity and understood their responsibility to respect diversity. People were confident the service could provide them with staff who knew them and were able to meet their individual needs.

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

- People and their relatives were involved in regular reviews of their care. People and their relatives or advocates were regularly asked their opinions of the care provided to them by the service.

Respecting and promoting people's privacy, dignity and independence

- In written feedback from a relative, we were told, 'It was very important that we found care staff who were attentive, patient, proactive and capable in assisting our family member. I am very pleased that we have found all of those qualities.'
- Staff ensured people's privacy was respected. Personal care routines were detailed within people's care plans. Prompts were included to make sure staff considered people's privacy and dignity at all times. One relative told us this was a very holistic approach and had been reviewed when requested by the person and their family.

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 told us their needs were met. We saw that people had care plans developed based on their assessed needs. The plans included clear guidance for staff to understand how people wished their care to be provided. Records confirmed that people and their relatives were fully involved in the development of their care plan.
- One relative gave feedback to us, 'The team is small, personable and they all got to know my family member, they are kind and understand them and they do their best every day to attend to them. Beyond standard provision.'
- Staff told us they had enough time during visits to ensure people received their care. People confirmed they received their care as planned.

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 aware of the AIS and the potential need to produce information in accessible formats if required.
- People's communication needs were assessed before care was provided and staff received training in understanding and delivering effective communication. The registered manager explained how they had used alternative methods of communication for a service user with specific needs, to enable prompting for this person.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain meaningful relationships with family and friends. We saw people had goals for their future written in their care plans, and staff were actively supporting them to achieve these.
- One relative gave positive feedback regarding the impact the support of the service had on their relationship. In giving them confidence to stay away overnight, knowing their family member was being appropriately supported by the service.
- The provider was actively supporting people to attend a range of social groups and places of worship in the local community. Staff supported people to go shopping and attend important appointments where they required assistance with this.
- Some of the visits provided by the service were for domestic support and to prevent people becoming

socially isolated.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. The service had not received any complaints at the time of inspection. We saw the registered manager had a robust policy in place for managing them should they receive them.
- People had access to a clear complaints policy. One relative told us, "A recent concern they discussed with the registered manager had been promptly addressed. They are very responsive and open."

End of life care and support

- At the time of this inspection the provider was not providing end of life care to anyone using the service.
- Although we saw that some people had do not resuscitate documentation (DNA/CPR) recorded in their care plans, we discussed with the registered manager that all care plans should contain more person-centred end of life care plans, which reflected people's wishes, beliefs and requirements for their palliative care needs. They acknowledged this was an area of care planning and staff training they were working to improve on as they developed the service.

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

- The statement of purpose for the service stated; "Fundamental to our vision is the goal of making the service a genuine hub of the community. We want to ensure that no one is isolated, and access to the local community is achievable for all". Throughout our inspection we found examples of the service supporting people in accordance with this approach.
- We found a positive culture amongst the staff team, who were clear about their roles and gave positive feedback about the leadership of the service.

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

- The provider ensured they met CQC's registration requirements by completing required notifications to support our ongoing monitoring of the service.
- Staff meetings, supervisions and 'spot checks' during visits ensured staff delivered care and support in line with the aims of the service.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

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

- The registered manager carried out regular audits to meet their regulatory requirements and identify any shortfalls in the service. Checks on people's satisfaction with the service were carried out during reviews of their care and during their care visits.
- Staff were involved in the development of the service, and felt their voice was heard. One member of staff told us, "Our manager is very approachable, and creates a supportive environment for us all. We have really good communication as a team."
- The registered manager described their future plans and discussed the importance of not growing their business too quickly. This would ensure people and their needs were known to management and staff, so they still received a highly personalised service.

Working in partnership with others

- We saw that the service was working in partnership with relevant health and social care teams to support people effectively.
- We found the service were working effectively with local advocacy and voluntary services to enable people to access the support they required.