My Home Care Agency Limited

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Inspection report

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Weybridge
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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

This inspection took place on the 21 November 2016 and was announced. We gave 48 hours' notice of the inspection to ensure that staff would be available in the office, as this is our methodology for inspecting domiciliary care agencies.

My Homecare is registered to provide personal care to people in their own homes. At the time of our inspection the service was providing personal care to 19 people.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us they felt safe with staff from My Homecare. People stated that staff were pleasant and kind. Staff had a clear understanding of the different types of abuse and the procedures to be followed if they had witnessed or suspected abuse had taken place. Staff were provided with the contact details for the local authority safeguarding team. Robust recruitment processes were followed. The provider had made changes in relation to the recording of full employment histories for prospective staff.

Accidents and incidents were recorded and monitored by the registered manager and information was cascaded to staff to help minimise the risk of a repeated event.

If an emergency occurred at the office or there were adverse weather conditions, people's care would not be interrupted as there were procedures in place. There was an on-call system for assistance outside of normal working hours.

Staff had received training and supervisions that helped them to perform their duties. They also received spot checks from the registered manager whilst they were working with people. Staff had received training and understood the Mental Capacity Act 2005 (MCA) and always sought people's consent before undertaking any tasks. People told us that staff would not do anything without asking them first. All staff received induction training when they commenced working at the agency. Mandatory training and other training specific to the roles of staff was also provided.

There were enough staff to ensure that people's assessed needs could be met and all visits could be undertaken in a timely manner. It was clear that staff had a good understanding of how to attend to people's needs.

Medicines were managed in a safe way and recording of medicines was completed to show people had received the medicines they required.

Person centred care plans were in place for people and included information about how people preferred their assessed needs to be attended to. Risks had been identified to the health and safety of people and clear guidance about how to minimise risk was clearly recorded.

People's nutritional needs were met by staff who would cook meals for those who required this type of support. Healthcare professionals were involved in people's care and staff liaised with them as and when required.

People were supported by staff to remain as independent as they were able. People were encouraged to do things they would normally do such as washing themselves.

People told us that staff showed kindness and compassion and their privacy and dignity were upheld and promoted by staff.

A complaints procedure was available for any concerns and people had been provided with a copy of this document.

Staff informed that they felt supported by the registered manager and they had an open door policy and were approachable. Staff meetings took place and staff received regular newsletters from the registered manager.

Quality assurance systems were in place that enabled the provider and registered manager to monitor the quality of service being delivered and the running of the agency. People, relatives and associated professionals were able to express their views to the registered manager about how the service was run. An annual survey was to commence in December 2016 as this would the completion of the first year the agency had been operating.

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.

Risks to individual people had been identified and written guidance for staff about how to manage risks was being followed.

There were effective safeguarding procedures in place to protect people from potential abuse. Staff were aware of their roles and responsibilities.

Robust recruitment processes were followed. The provider had made changes in relation to ensure full employment histories for staff were maintained in staff records.

There were enough staff deployed to meet people's needs.

Accidents and incidents were recorded and monitored by staff to help minimise the risk of repeated events.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and had opportunities to meet with the registered manager regularly.

Staff had an understanding of the Mental Capacity Act (MCA) and their responsibilities in respect of this.

People were supported with their health and dietary needs. Healthcare professionals were involved in people's care or the agency liaised with them.

Is the service caring?

Good

The service was caring.

Staff showed people respect and made them feel that they mattered.

Staff were caring and kind to people.

People were supported to remain independent and make their own decisions.

Is the service responsive?

Good

The service was responsive to people's needs.

Staff responded well to people's needs or changing needs and care plans were in place for each person.

Information about how to make a complaint was available for people and their relatives.

Is the service well-led?

Good

The service was well-led.

Quality assurance checks were completed to help ensure the care provided was of good quality. There was a system in place to ascertain the views of people about the care and support they received from the agency.

There was a registered manager in post to manage the activity for personal care.

Staff felt supported by the registered manager and the provider who had an open door policy.

Staff felt the registered manager had good management skills and supported them when they needed it.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that staff would be available to assist us during the inspection. The inspection team consisted of one inspector.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR before the inspection to check if there were any specific areas we needed to focus on.

During our inspection we had discussions with the registered manager, two members of staff, three people who used the service, two relatives and one social care professional. We looked at the care records for three people. We looked at four staff recruitment files, supervision records and training records. We looked at audits undertaken by the provider and a selection of policies and procedures.

This was the first inspection since the service registered with the Care Quality Commission in December 2015.

Good

Is the service safe?

Our findings

People told us that they felt very safe with staff who attended to them. One person told us, "I feel safe with the staff, they have never mistreated me." Another person told us, "The staff look after me very well, I always feel safe." Relatives were positive about the staff who looked after their family member. Comments included, "My [family member] is very safe with staff from My Homecare. I have dealt with a number of agencies but My Homecare is the best."

People benefited from a service where staff understood their safeguarding responsibilities. The PIR informed that staff were provided with training and policies and procedures in relation to safeguarding people and we found this to be the case. Staff knew the different types of abuse and the reporting procedures to be followed. Staff stated they had received training and read the safeguarding policy provided to them by the agency. They told us that they would not hesitate to follow the provider's whistle blowing policy if they witnessed or suspected other staff had abused a person. One member of staff told us, "I would report all abuse to the registered manager. If I did not believe that the registered manager had acted on the information I would contact the local safeguarding authority to report my concerns." Staff were provided with a handbook produced by the registered manager that included the contact details for the local authority adult social care team.

People were kept safe because assessments of the potential risks of injury to them had been completed. Risk had been identified and risk assessments written on how to manage a person's risk or reduce the possibility of harm to the person. For example, falls, moving and handling, nutrition and managing challenging behaviours. Risk assessments provided staff with clear guidance on how to mitigate the risk. Staff were knowledgeable about the risks to people who they visited and were able to describe how they supported the person to keep them safe from the identified risks.

People were cared for by a sufficient number of staff. The registered manager told us that staffing levels were determined by the number of people using the service and their needs. The registered manager told us that they had sufficient staff to meet the needs of the current nineteen people they provided care to. People told us that they had never experience a missed call and staff were never late. Relatives and other professionals told us that there had never been any issues in relation to missed calls. Staff told us they always got their rotas in sufficient time for the following week and that travelling time was allowed between calls.

The provider had followed safe recruitment practice, however, some information was lacking in relation to employment histories. The PIR informed that prospective staff were checked against the Disclosure and Barring Service (DBS) to make sure people were suitable to work with vulnerable adults. Recruitment files included an application form, proof of identity, references and declarations in relation to health. The recruitment files we looked at did not include a full employment history. This was discussed with the registered manager who informed us that this would be rectified. The registered manager has, since our inspection, employed a human resources person who was auditing the recruitment files to ensure that they included a full employment history for all staff.

People's medicines were managed safely. People received their medicines when required as there were medication administration systems in place. Staff told us they had received training in medicines during their induction and regular updating of their training was provided. Staff told us that they only signed the medicine administration record (MAR) after the person had swallowed their medicine, which is good practice. People told us that there had never been any concerns and that they received their medicines at the right times. One person told us, "They always give my medicines and then sign the MAR sheet when I have swallowed them." The registered manager told us that staff have the theory training and that they are monitored 'on the field' until the registered manager was satisfied that they were competent to administer medicines safely. This was confirmed during discussions with staff. MAR charts include the dosage, times of administration, quantities of medicines and pictures of the particular medicine people had been prescribed.

Interruption to people's care would be minimised in the event of an emergency. The provider had a contingency plan in place for the event of an emergency. This provided information in relation to an event that led to the closure of the office such as flood or fire. This document and the carer's handbook included the emergency contact telephone numbers. Staff told us they were aware of this contingency plan and knew who to contact in the case of an emergency.

When people had accidents or incidents these were recorded and monitored by the registered manager. Staff knew the procedures for reporting accidents and incidents. Staff told us they reported all incidents and accidents to the manager and these would be discussed during supervisions. The registered manager told us they looked at the accident and incident records to try to identify any trends and learn lessons from them.

Good

Is the service effective?

Our findings

People spoke positively about staff and told us they thought staff were skilled to meet their needs. One person told us, "Staff are trained because they all know what they are doing." Another person told us, "Staff are trained and a new member of staff shadow work with one of my staff to help them understand the work." Relatives and other professionals were confident that staff had been trained.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. The PIR informed that staff had received all the mandatory training as required and we found this to be the case. Staff confirmed that they had received the mandatory training and that this had helped them to carry out their roles. One member of staff told us, "I have done all the mandatory training and refresher training would be provided to us." They told us they shadow worked with another member of staff until they and the registered manager felt they were competent to work alone. Staff files included training certificates of the training they had undertaken. These included training such as food hygiene, first aid, infection control and medicines. Other training undertaken by staff included nutrition and hydration, dementia, pressure area care and equality and diversity. Staff were able to explain what they had learned from their training. One member of staff told us that through the dementia training they learnt that they had to allow time for people to respond to their questions. They stated, "A person with dementia may have asked you the same question many times, but to them, it is the first time they had asked the question."

New staff were supported to complete an induction programme before working on their own. One member of staff told us that the induction training was good and it helped them to commence their role in a confident manner. Staff files included certificates that confirmed they had completed their induction. The registered manager told us that new staff would now commence the Care Certificate training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Staff were provided with the opportunity to review and discuss their performance. Staff told us that supervisions were carried out regularly where they discuss the people they looked after, training needs and any concerns they had. Staff also had regular spot checks undertaken by the registered manager to monitor their work and to provide support and feedback to staff. Copies of these were maintained in staff files. The service had not been operating for more than twelve months so annual appraisals were not due, however, the registered manager had developed a schedule that would ensure all appraisals were completed by January 2017.

People's rights were upheld in line with current guidelines in relation to the Mental Capacity Act (2005) (MCA). Where important decisions needed to be made mental capacity assessments were completed to see if people could make the decision for themselves. The 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.

The registered manager told us that staff had received training in relation to the MCA, this was confirmed in training records and by staff we spoke to. The registered manager stated that all people who used the agency had a mental capacity assessment undertaken and all people had the capacity to make decisions. The care files we looked at included these assessments. Staff confirmed what the registered manager had told us and they were knowledgeable about the principles of the MCA. Staff were also aware of the need to arrange best interest meetings should a person not have the capacity to make a specific decision. Staff told us that they always gained consent from people before they undertook tasks with them. One staff member told us, "I always ask if they would like a shower or a wash, it is their choice."

People's wishes and preferences had been followed in respect of their care and treatment. People told us that they had consented to the care they received and they had signed their care plans. They told us that staff always asked them for their permission before undertaking tasks with them. One person told us, "They always ask me if I am ready for my wash."

People's nutritional needs were being met. Not all people required food to be prepared or cooked by staff. People who had their meals provided stated that they were pleased with how their food was cooked and presented to them. A relative was very complimentary about the meals staff had cooked. They told us, "The food they cook for my [family member] is always very good and nourishing."

People had their healthcare needs met. Information in relation to people's healthcare needs were recorded in care plans and included the contact details of the GP and other healthcare professionals who supported the person. The registered manager told us that the responsibility for healthcare needs were with people's families, but staff were available to liaise with and support people to access healthcare appointments if needed. Records showed that staff and the registered manager supported people with the GP, district nurses and dieticians.

Good

Is the service caring?

Our findings

People told us they were happy with the care they received. They told us they were treated with kindness and respect by staff. One person told us, "The staff from My Homecare are very, very kind and caring." Another person told us, "Staff are just perfect. They help me when I need help." Relatives were complimentary about how staff cared for their family member. One relative told us, "Staff are lovely and they meet all my [family member] needs."

People's care was not rushed enabling staff to spend quality time with them. People told us that staff stayed for the allotted time. One person told us, "They take their time with me; they take care when they help me." Relatives told us that staff always responded to the needs of their family member and they would do anything extra when asked. Staff told us that they had enough time to attend to the assessed needs of the people they visited.

People received care and support from staff who had got to know them. Staff were knowledgeable about the needs of people they visited. It was clear through discussions that staff had a good understanding of people's needs and their life histories. Staff were able to detail the assessed needs of people and how they liked their needs to be attended to.

People told us that they knew the staff who attended to them, even staff who covered absences due to annual leave. They told us that they got the same members of staff for each visit, but if there was a change, then the registered manager would inform them and attend the first visit to introduce the new member of staff to them.

People's privacy and dignity was respected by staff. People told us that staff always respected their privacy. One person told us, "Staff certainly respect my privacy. They attend to my personal care in the in the bathroom with the door closed." Another person told us, "They treat me like a human being." Staff told us that they always respected people's privacy and that personal care needs were attended to in private. They also stated that they ensured people's dignity was promoted during this time through covering exposed body parts during personal care such as washing.

People were supported to express their views and to be involved in making decisions about their care and support. Staff told us they always listened to what people had to say and if they wanted to change how their care was provided they would inform the registered manager. People and their relatives told us they could make changes to their care plans at any time. The registered manager confirmed that it was the rights of people to make changes when they wanted to, such as if they wanted to extend the time of their visits.

People's independence was promoted and respected by staff. Staff told us that they encouraged the people to do as much as they were able to for themselves. They encouraged people to wash parts of the body they were able to. This was confirmed during discussion with people. One person told us, "I am a very independent person and I make decisions for myself. Staff respect the decisions I make and let me do what I can for myself." Another person told us, "Staff let me do as much as I can by myself, I like to keep my

independence."

Good

Is the service responsive?

Our findings

People, and when appropriate, their relatives were involved in developing their care, support and treatment plans. People told us they had a care plan and they were able to make changes to this if they wanted to. One person told us, "I do have a care plan and I signed it, but I cannot remember everything that is in it. The staff look after me well." Another person told us, "I have a care plan and it is here in my home. I can ask for changes to be made." Relatives told us that care plans had been written for their family member. One relative told us, "I and my [family member] were involved in writing the care plan and it gets updated when it is needed. My [family member] needs are clearly recorded in the care plan. We see a lot of the registered manager and she often discusses the care plan with us to make sure we are happy with it." Pre-admission assessments were undertaken for each person before they commenced using the agency and the care plans were produced from these.

Care plans were person centred and provided clear guidance to staff about how people wanted to be supported. The PIR informed that care plans were written with people, their relatives and associated professionals as and when required. We found this to be the case. The agency used an electronic icare system to record information that related to people. We were shown how staff could immediately access care plans, reviews or interaction with other care professionals. Care plans were also held in a written format and included information in relation to the person's background, next of kin and GP contact, allergies, medicines, personal care needs and how to access people's homes. Information in relation to communicating with people was detailed, such as 'I can communicate by pointing, my body language and facial expressions. It is very important that you listen to me and follow my directions, I know what I want'. Care plans for managing challenging behaviour were detailed and risk management plans had been produced with other associated professionals. Care plans were reviewed on a regular basis. Staff were knowledgeable about the information recorded in people's care plans. One member of staff described exactly what was recorded in a care plan for one person as we had read this care plan during our visit to the office. Staff told us they got to know people's likes and dislikes through talking with the person and reading their care plans. Staff also told us that the care plans were regularly reviewed and they were updated as and when people's needs changed.

Staff were responsive to the needs of people. People told us that staff always made sure they had done everything for them before they left their home. Relatives were complimentary about how staff responded to their family members' needs. One relative told us that staff supported their family member to practice their religion. They stated that staff took their family member to church twice a week and were full of praise for staff.

Complaints and concerns were taken seriously. The provider had a complaints procedure that was available to people and their relatives. This document included the timescales for the provider to fully investigate the complaint. It also provided the details of the independent ombudsman should they not be satisfied with the outcome of the investigation of their complaint. Records maintained at the service showed that three complaints had been received. The registered manager was currently investigating two complaints. This demonstrated that the service was open to receiving complaints and concerns and would resolve them in

the timescales set by the provider.

People knew how to raise concerns and make complaints. People told us they had been provided with information about how to make a complaint and they would talk to the registered manager if they needed to make a complaint. This was echoed by relatives who told us they had never had to make a complaint. They told us they were confident that if they did make a complaint it would be taken seriously and addressed by the registered manager. Staff told us that if people wanted to make a complaint that they would listen to them and pass the information on to the registered manager so it could be recorded and addressed.

Good

Is the service well-led?

Our findings

People's experience of care was monitored through regular spot checks and regular telephone contact. People told us the communication with the registered manager and people at the office was very good, if they needed anything all they had to do was telephone. People told us that they thought the service was well managed. One person told us, "I can talk to the registered manager at any time." Another person told us, "I have plenty of contact with the registered manager and I think she manages the agency very well. Staff are always nice, well trained and punctual." Relatives were complimentary about how the agency was managed. One relative told us, "I think the agency is well led by the registered manager, I would certainly recommend them." Another relative told us, "I have good communication with the manager, and can call them at any time. The registered manager is very approachable and visits my [family member] regularly to do spot checks. We have regular telephone contact with staff."

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service. Records were maintained at the office and included weekly spot checks, records of supervisions and telephone contact with people, their relatives and staff, MAR records, training needs and daily notes. Daily notes written by staff were clear and included information that related to how the assessed needs of the person had been attended to each visit. The weekly spot checks also included auditing equipment used in people's homes and if replacements were required and discussions with people about how they felt staff were attending to their needs.

The service promoted a positive culture. Staff told us the registered manager had an open door policy, was approachable and they could talk to her at any time. Staff told us they felt supported by the registered manager, had regular supervisions, telephone calls and spot checks. One member of staff told us, "The registered manager supported me through difficult times and is always available to support staff."

There was a management structure in place that included the registered manager and care co-coordinators that support staff in their roles. The registered manager told us that as part of improving the service they were actively recruiting other care co-ordinators that would ensure consistency and leadership as the agency expanded.

People, their relatives and stakeholders were encouraged to give their feedback about the service. The registered manager told us that they regularly ask for verbal feedback about the service from people and their relatives. This was confirmed during discussions with people. The agency had not been operating for twelve months; however, the registered manager told us that surveys were to be undertaken in December 2016.

Staff were involved in the running of the service. The PIR informed that regular senior meetings took place to discuss and review the services delivered to people and include discussions about accidents and incidents. We found this to be the case. The registered manager told us that they had an open day every Wednesday when staff, if they were able to, could go to the office to have discussions with the registered manager and any other staff that were present. They also provided hot chocolate in the evenings for staff in between their

calls, such as when there was a short gap between a call. This enabled communication with management and staff. The registered manager told us that staff received a regular newsletter and texts which provided staff with information about the service and included items such as up and coming events, changes to practice and training. The newsletters included information such as introducing new staff, policies and procedures and updates in relation to practice. Staff felt they could contribute to the running of the service through discussions in supervision meetings and spot checks. One member of staff told us they had made a suggestion in relation to when staff received their weekly rotas. This was listened to and the day for receiving their duty rota was changed from a Friday to a Wednesday.

The registered manager was working with other associated professionals that provided information in relation to training and updates on changes in Regulation and legislation. This helped them to keep staff up to date with recent changes. They told us that they were working with an external agency to implement the Care Certificate for staff at the agency.

The registered manager was aware of their responsibilities. Registered bodies are required to notify us of specific incidents relating to the home. We found that when relevant, notifications had been sent to us appropriately.