

Elizabeth Rose Care Limited

My Home Care Ltd

Inspection report

Unit G23, The Avenues
Eleventh Avenue North, Team Valley Trading Estate
Gateshead
Tyne And Wear
NE11 0NJ

Tel: 01914874494

Date of inspection visit:
26 June 2018
14 August 2018
15 August 2018

Date of publication:
05 September 2018

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 was an announced inspection which took place on 26 June, 14 and 15 August 2018. We gave the provider 24 hours' notice to ensure someone would be available at the office.

My Homecare Ltd is a domiciliary care agency. It provides personal care to younger adults and older people. People may have needs such as learning impairment and mental health due to acquired brain injury.

At the time of inspection six people were using the service.

This was the first inspection of the service since it was registered with the Care Quality Commission.

A registered manager was in place. 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 the service kept them safe. They trusted the workers who supported them. Risks to people were assessed and plans put in place to reduce the chances of them occurring. Policies and procedures were in place to safeguard people from abuse. People's medicines were managed safely. The provider and registered manager monitored staffing levels to ensure enough staff were deployed to support people safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice. Staff had received training and had a good understanding of the Mental Capacity Act 2005 and Best Interest Decision Making, when people were unable to make decisions themselves. There were other opportunities for staff to receive training to meet people's care needs.

Staff were aware of people's nutritional needs and made sure they were supported with eating and drinking where necessary. People's health needs were identified and staff worked with other health care professionals to ensure these were addressed.

People praised the kind and caring approach of staff. Staff were respectful and explained clearly how people's privacy and dignity were maintained. Staff understood the needs of people and care plans were person-centred. People and their relatives spoke very positively about the care provided.

People were provided with opportunities to follow their interests and hobbies. They were supported to contribute and to be part of the local community.

Staff said the management team were supportive and approachable. Communication was effective,

ensuring people, their relatives and other relevant agencies were kept up-to-date about any changes in people's care and support needs and the running of the service.

People had the opportunity to give their views about the service. There was consultation with people and family members and their views were used to improve the service. The provider undertook a range of audits to check on the quality of care provided.

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.

Systems were in place for people to receive their medicines in a safe way.

Staffing capacity was sufficient to meet people's needs safely and flexibly and the required checks were carried out before staff began work with people.

People were protected from abuse as staff had received training with regard to safeguarding. Staff were able to identify any instances of possible abuse and would report it if it occurred.

Is the service effective?

Good 

The service was effective.

Staff had access to training and a system was in place to ensure this was up to date. Staff received regular supervision and appraisals.

People's rights were protected. Best interest decisions were made appropriately on behalf of people, when they were unable to give consent to their care and treatment.

Staff liaised with General Practitioners and other health care professionals to make sure people's care and treatment needs were met.

People received food and drink to meet their needs and support was provided for people with specialist nutritional needs.

Is the service caring?

Good 

The service was caring.

People told us they were happy with the care they received and were well supported by staff. They told us staff met their needs appropriately and with dignity and respect.

Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide individualised care to the person.

People were encouraged to express their views and make decisions about their care. People were supported to maintain contact with their friends and relatives.

Is the service responsive?

Good 

The service was responsive.

Care plans were person-centred and people's abilities and preferences were clearly recorded.

Processes were in place to manage and respond to complaints and concerns. People were aware of how to make a complaint should they need to and expressed confidence in the process.

Is the service well-led?

Good 

The service was well-led.

A registered manager was in place who had registered with the Care Quality Commission.

An ethos of individual care and involvement was encouraged amongst staff with people who used the service.

The provider monitored the quality of the service and introduced improvements to ensure that people received safe care that met their needs.

My Home Care Ltd

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 26 June, 14 and 15 August 2018 and was announced. We gave the provider 24 hours' notice to ensure someone would be available at the office. We carried out a site visit on the first day of inspection and on day two and three we carried out telephone interviews with people who use the service and staff.

The inspection was carried out by one adult social care inspector.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR 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 and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We also contacted commissioners from the Local Authorities who contracted people's care.

During the inspection we spoke with one person who used the service, one support worker, the operations manager and the registered manager. We reviewed a range of records about people's care and how the service was managed. We looked at care records for three people, recruitment, training and induction records for four staff, staffing rosters, staff meeting minutes and quality assurance audits the registered manager had completed. After the inspection we telephoned and spoke with one person, one relative and five support staff.

Is the service safe?

Our findings

People told us they felt safe with the support they received from the service. One person commented, "I do feel safe with the staff who visit me." Another person said, "Yes, I feel safe." Staff member's also said they were safe working to the service's policies and procedures. A staff member told us, "I certainly feel safe working for the agency."

People who used the service and staff were kept safe because suitable arrangements for identifying and managing risk were in place. Assessments were carried out to identify risk. People's care plans highlighted any areas of risk to people's safety and wellbeing, in areas such as mobilising, falling or choking. Where a risk was identified, there was clear guidance included in people's care plans to help staff support them in a safe manner. Risk assessments were also used to promote positive risk taking and support individual lifestyle choices, such as medicines management. Staff could explain how they would support individual people in a safe manner.

Staff were clear about the procedures they would follow should they suspect abuse. They expressed confidence that the management team would respond to and address any concerns appropriately. Staff had received training in relation to safeguarding. Staff understood the need to protect people who were potentially vulnerable and report any concerns to managers or the local authority safeguarding adults team. One staff member told us, "I have done lots of training including safeguarding training." Staff were aware the provider had a whistleblowing policy. One staff commented, "The whistle blowing policy is not really necessary. Management are 100% approachable."

Procedures were followed to safeguard against financial abuse. Risk assessments were completed around finances and support plans were agreed with the person and/or their representative. Each person who was supported with financial transactions had a ledger to record them. Receipts were obtained for all purchases. Regular checks of the records were carried out by management. These measures helped assure people that their money was being handled safely.

Staff told us they thought there were sufficient staff to support the number of people using the service. At the time of inspection 13 support staff were employed by the service to support six people. One staff member commented, "I do think there are enough staff." Staffing levels were determined by the hours contracted for each individual care package. These were totalled and planned for by the provider. This enabled senior staff to plan for each person's care and match this to available staff. Each person's dependency was assessed and where necessary people would be supported by two carers at a time. Care plans were well recorded and gave staff detailed information on how to provide safe and appropriate care.

People and staff had access to emergency contact numbers if they needed advice or help from senior staff when the office was not open. One staff member commented, "There is a stand-by telephone number for out of hours and the telephone is always answered."

Staff confirmed they had the equipment they needed to do their job safely. They were provided with protective clothing, having access to gloves and aprons. They had completed training in infection control.

One relative told us, "Staff bring their own and I supply gloves as well."

Staff were aware of the reporting process for any accidents or incidents that occurred. These were reported directly to staff at the office. The registered manager told us and records showed all incidents were audited and action was taken by the responsible person as required to help protect people

Checks were carried out before staff began work in the service. A result from the Disclosure and Barring Service (DBS) which checks if people have any criminal convictions or were deemed unsuitable to work with vulnerable people, had been obtained before they were offered their job. Application forms included full employment histories. We discussed with the registered manager that references should be obtained from suitable people independent of the prospective employer. Staff files showed some references for staff were written by the provider of the service as they had worked with them previously. Records for more recently employed staff

showed appropriate independent references were provided. Interview notes showed one member of the management team interviewed prospective workers. We advised at least two members of staff should be involved in face-to-face interviews to ensure a fair process was followed. We discussed this with the registered manager who told us it would be addressed.

People received their medicines when they needed them. Staff had completed medicines training and periodic competency checks were carried out. Staff had access to a set of policies and procedures to guide their practice. Medicines were obtained on an individual basis, with some people managing these by themselves, or with the support of their relatives. The management team also undertook periodic audits, and any shortfalls were identified and suitable actions put in place.

Is the service effective?

Our findings

Staff had opportunities for training to understand people's care and support needs. A staff member commented, "We get loads of training." Another staff member said, "There are opportunities for training all the time." Other staff comments included, "We do e learning and face-to-face training", "We get certificates for training that we do" and "My training is up-to-date." A relative commented, "I do think the staff are well-trained. I have seen them doing training when I have called in at the office."

Staff told us when they began working at the service they completed an induction and they had the opportunity to shadow a more experienced member of staff. This ensured they had the basic knowledge needed to begin work. One staff member commented, "Shadowing time is extendable, personally I spent two or three days shadowing other staff when I started." Another staff member said, "I spent two and a half days in the office doing training as part of my induction" Staff told us the induction included information about the agency and training for their role. They were issued with an employee handbook and key policies and procedures to make them familiar with the standards expected of them. The registered manager told us staff studied for the Care Certificate as part of staff induction to increase their skills and knowledge in how to support people with their care needs. (The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care.)

Staff training records showed staff were kept up-to-date with safe working practices. There was an on-going training programme in place to make sure that all staff had the skills and knowledge to support people. Staff completed training that helped them to understand people's needs and this included a range of courses such as dementia care, dignity in care, mental capacity, positive behaviour support and Percutaneous Endoscopic Gastrostomy feeding (PEG) to show staff how to feed a person. (PEG is a tube which is placed directly into the stomach and by which people receive nutrition, fluids and medicines.) Over 70% of staff had achieved a diploma in health and social care at level two.

Staff were supported with regular supervisions and appraisals. They told us they received supervision from the management team, to discuss their work performance and training needs. One staff member said, "I get supervision from the registered manager approximately every eight weeks." Another staff member said, "I get feedback about how I am doing." Staff also said they found these meetings useful and records confirmed they were encouraged to raise any support needs or issues they had. Staff told us they could also approach the management team at any time to discuss any issues. One staff member commented, "You can call into the office or telephone if you need to ask anything."

People's needs were assessed before they started to use the service. This ensured that staff could meet their needs and the service had the necessary equipment for their safety and comfort. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives.

Records showed people were involved in developing their care and support plan and identifying the support they required from the service and how this was to be carried out. For people who did not have the mental

capacity to make these decisions, their relatives and health and social care professionals involved in their care made decisions for them in their 'best interests'. People told us care workers always asked their permission before acting and checked they were happy with the care that was provided.

People told us they could contact the office if they needed to. They said communication from the office was organised. One staff member told us, "The office staff are very good." Another staff member said, "Communication is good and messages get passed on. I am told if the person has cancelled their visit." A relative told us, "I am always kept informed."

People were provided with different levels of support to meet their nutritional needs. This ranged from help with food shopping, support in making choices about and preparing meals, to assisting people with eating and drinking, and specialist feeding techniques. People had individualised support plans which described their dietary requirements, likes and dislikes, and the support they needed. For example, one nutrition care plan stated, "Care workers are to encourage [Name] to drink milk. A food and fluid intake chart has been provided." This chart was to monitor the intake of food and fluids where people were at risk of malnutrition. Some plans also included advice from dietitians, nurses and speech and language therapists.

People using the service managed their own medical appointments, or were supported by relatives or staff. Records showed people were registered with a GP and received care and support from other professionals, such as the district nurse, speech and language therapist and medical consultants. People's healthcare needs were considered within the care planning process. Assessments had been completed on physical and mental health needs. From our discussions and the review of records we found the staff had developed good links with other health care professionals and specialists to help make sure people received prompt and effective health care.

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.

The service worked within the principles of the MCA and trained staff to understand the implications for their practice. Consent was obtained from people in relation to different aspects of their care, with clear records confirming how the person had demonstrated their understanding. Mental capacity assessments had been carried out, leading to decisions being made in people's best interests. Records showed these decisions involved relevant professionals as well as the person's family or representative. Formal consent to care and treatment was also captured in people's records.

Is the service caring?

Our findings

People we spoke with told us they were very happy with the support and the staff who cared for them. One person commented, "The carers are very good." Another person told us, "I get excellent care." One relative told us, "The staff are absolutely fantastic, nothing is too much trouble for them" and "The staff are like extended family."

People and relatives told us that staff's time keeping was good and that they were reliable. They told us they would be contacted beforehand if a care worker was going to be late. One relative commented, "Either the office or the care worker, or sometimes both, will telephone me if the care worker is running late." One person told us, "My care workers are always here for the right amount of time, they will let me know if they were going to be late." Support staff also confirmed that they would contact the office if they had been detained on a previous call. The office staff would then inform the person of the delay.

Staff we spoke with understood their role in providing people with effective, caring and compassionate care and support. Staff were knowledgeable about people's individual needs, backgrounds and personalities. People were encouraged to make choices about their day-to-day lives and they were involved in decision making about their care.

People's care records were up to date and personal to the individual. They contained information about people's likes, dislikes and preferred routines. They provided information of how the person wanted to be supported, if they were not able to fully inform staff of their preferences. Examples in records included, "Care workers are to turn on my television, pass the headphones and make sure my television control is accessible on the table", "If the weather permits I like to go on walks around the area" and "I would like to see various faces throughout the week, therefore I am not wanting to see the same care worker for every visit." The person told us this was accommodated as they said, "I see seven to eight different care workers during the week as this is what I asked for."

Detailed information was recorded to make staff aware of each person's communication methods and how to keep people involved in daily decision making. One communication care plan stated, "[Name]'s speech can be slurred at times especially when they are tired." Where a person did not communicate through words, or had limited speech, specific details about what their different gestures and facial expressions usually meant were recorded.

All people we spoke with said their privacy and dignity were respected. Staff were considered to be attentive, friendly and respectful in their approach. Staff were aware and respectful of people's cultural and spiritual needs.

People and their relatives were aware of, and were supported, to have access to advocacy services to support and speak on behalf of people if required. Advocates help to ensure that people's views and preferences are heard.

Is the service responsive?

Our findings

People told us the care they received met their needs. One relative told us, "[Name]'s care plan has changed and we had a meeting about it."

Before people started to use the service, an assessment was carried out to ensure people's needs could be met. From the information in the assessments individual care plans were developed and put in place to ensure staff had the correct information to help them maintain people's health, well-being and individual identity.

Care plans covered a range of areas including, diet and nutrition, psychological health, personal care, managing medicines and mobility. We saw if new areas of support were identified then care plans were developed to address these.

Care plans were person-centred and well detailed to guide staff's care practice. The input of other care professionals had also been reflected in individual care plans. For example, the speech and language therapy team, SALT team guidance was in place for a person with dysphagia, (difficulties with swallowing.)

Care plans provided instructions to staff to help people learn new skills and become more independent in aspects of daily living whatever their need. They reflected the extent of support each person required. For example, a medicine care plan stated, "Reduce the level of support to level one as [Name] only needs prompts." A care plan for personal hygiene recorded, "[Name] is able to brush their own teeth." Another care plan stated, "I would like care workers to help me with my exercises on each visit. I keep the leaflet for my exercises on the kitchen bench." Care records were up-to-date and personal to the individual. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. People's care records were kept under review. Monthly evaluations were undertaken by staff and support plans were up-dated following any change in a person's needs.

Some people were supported by staff as part of their package of care to go into the community and they had staff support to follow their interests and hobbies. One person told us, "I like going to the gym." A second person said, "I enjoy going out with [Name] staff member. I do research and like going to the museum and cinema. We have a carer's pass so they don't need to pay." Another person's care plan stated, "[Name] enjoys getting out and about and wants regular trips to the local shops, the town centre and sometimes ventures out in their car."

Staff completed a daily diary for each person and recorded their daily routine and progress in order to monitor their health and well-being. This information was then transferred to people's support plans which were up-dated monthly.

Regular meetings took place with people and relatives, if they were involved, to check that people's care requirements were still being met and if there were any changes in people's care and support needs. People

were also asked for feedback at reviews about the service. We saw feedback from one relative where a team of staff supported a person with more complex needs that stated, "I know that the expertise and experience of each care worker is very valuable to the team as they all play a massive part in looking after [Name]-I cannot thank them enough."

Written information was available that showed people of importance in a person's life. Staff told us people were supported, if needed to keep in touch and spend time with family members. People were also consulted and their wishes were respected where they did not want relatives to be informed about events taking place in their life.

People told us they knew how to complain. One person told us, "I would speak to someone if I needed to, but I haven't needed to." Information about how to complain was also detailed in the information pack people received when they started to use the service. The agency's complaints policy provided guidance for staff about how to deal with complaints. A record of complaints was maintained. Complaints received were investigated and resolved with the necessary action taken.

Is the service well-led?

Our findings

A registered manager was in post who had become registered with the Care Quality Commission in April 2017.

The registered manager was fully aware of their registration requirements and notified the Care Quality Commission of any events which affected the service.

The registered manager assisted us with the inspection. Records we requested were produced promptly and we accessed the care records we required. The provider and registered manager were able to highlight their priorities for the future of the service and were open to working with us in a cooperative and transparent way.

The culture promoted person-centred care, for each individual to receive care in the way they wanted. Information was available to help staff provide care the way the person may want, if they could not verbally tell staff themselves. There was evidence from talking to staff that people were encouraged to retain control in their life and be involved in daily decision making.

The atmosphere in the service was relaxed and friendly. The office provided a welcoming atmosphere and facilities for people and staff to call in. The provider and registered manager had many ideas to promote the well-being of people who used the service. Staff and people we spoke with were very positive about their management and had respect for them. One person commented, "Management are very approachable." Another person said, "Management will respond, they are there and they listen to us." A relative commented, "They [the management team] are really on the ball."

Staff members were extremely positive about the service. All staff said they were well-supported and were invested in by the provider and registered manager. Their comments included, "I absolutely love it, working for the company", "It is the best company I have ever worked for", "I think the organisation does extremely well", "Staff are invested in by management", "They are a very supportive company", "It is absolutely fantastic working for the organisation, staff are invested in and that makes for happy staff which passes onto customers" and "I do feel listened to."

People and relatives were also very positive about the service provision. One person commented, "The agency is the best I have ever used." And, "My Homecare is significantly better than other companies I have used. Staff are appropriate and are interested in the client." The person also said, "The company recognises that care workers are as important as the client." A relative told us, "I would not use any other agency, they are so reliable and provide fantastic care."

The provider and registered manager had created a management and staff team that were experienced, knowledgeable and familiar with the needs of the people receiving support. The provider, registered manager and service supervisor were based at the location office. They had daily contact with one another, ensuring there was on-going communication about the running of the service. Monthly meetings were held

where the management were appraised of and discussed the operation and development of the service.

Staff told us they also had regular meetings and were able to discuss the operation of the service. Records showed staff were provided with the opportunity to discuss any complaints, staff performance, share information and quizzes took place to check staff competencies. Staff told us the provider and registered manager listened to their views and suggestions and were very keen to ensure the highest quality of care was provided.

Staff said communication was effective to ensure they were made aware of risks and the current state of health and well-being of people. This included verbal information from the office and the daily care entries in people's individual records. One staff member said, "The organisation is very good at communicating."

Regular audits were completed internally to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of monthly, quarterly and annual checks. They included, health and safety, complaints, safeguarding, infection control, training, care provision, medicines, personnel documentation and care documentation. Audits identified actions that needed to be taken. The registered manager told us staff from head office also carried out a six-monthly external audit to check how the service was operating.

People told us senior staff members called at their homes to check on the work carried out by the care workers. Staff confirmed there were regular spot checks carried out by staff including checks on paperwork completed, moving and handling and the safe handling of medicines.

One staff member said, "We do have spot checks to the houses." Another staff member told us, "Spot checks happen every two months."

The registered manager told us feedback was sought from people through meetings and surveys. One person told us, "I get asked about the service and I am told to get in touch if ever there was a problem." Feedback from staff was obtained in the same way, through regular staff meetings and asking them for their views about service provision.