My Homecare (Bedford) Ltd

My Homecare Bedford

Inspection report

Bedford Heights
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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 comprehensive inspection took place on 23 and 24 August 2017 and was announced.

My Homecare Bedford is a domiciliary care service that provides a personal care service to people living in their own home. At the time of our inspection 3 people were using the service. The service's office is located in a large office complex on the outskirts of Bedford.

A registered manager had been in post since registering the service in 2016. 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. The registered manager was present during this inspection.

Staff who had received training about keeping people safe from harm were able to put this knowledge to good effect. Staff knew who they could report any incidents of harm to as well as describing the signs and symptoms should they identify or suspect that harm had occurred. People were assured that any incident of harm would be reported and investigated appropriately. Actions were taken to prevent the potential incidents reoccurring.

Risk assessments were in place to support people with their safety and helped reduce the likelihood of harm to people.

Medicines were administered and managed safely by trained staff whose competency had been assessed. Action had been taken to ensure that the recording of administered medicines was in line with current guidance for the safe management of people's medicines.

A sufficient number of staff with the necessary skills, qualifications and attitude had been recruited. Staff had the training and support they needed and were able to meet people's assessed needs.

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. The registered manager was aware of what they were required to do should any person lack mental capacity. No one using the service needed to be lawfully deprived of their liberty.

Staff possessed the necessary care skills to identify and support people with their nutritional needs. Staff enabled people to access health care support from external healthcare professionals when required.

People were looked after by staff who provided them with kindness, compassion and respect for their privacy and dignity.

People, their legal representative or relatives were enabled to be involved in identifying, determining and planning the review of their care.

People were supported to be as independent as they wanted to be where this was safe. People were supported in such a way that helped reduce the potential risk of social isolation. Staff with the right skills were matched as far as possible with the people they cared for such as people living with dementia.

An effective system was in place to gather and act upon people's suggestions and concerns before they became a complaint.

The registered manager was supported by representatives of the provider as well as other registered managers within the My Homecare franchise. Staff had the support mechanisms in place that they needed to fulfil their role effectively.

The registered manager and provider ensured that the appropriate authorities were informed about important events that, by law, they are required to do. People, their relatives and staff were involved and enabled to make suggestions to improve how the service was run. Quality monitoring, audit and assurance processes that were in place were effective. This helped drive continuous improvements in the standard of care that people received.

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.

People were protected from the risk of harm and risk assessments that were in place helped reduce the potential for any accident or incident.

People's assessed care and support needs were met by a sufficient number of staff who had mostly been recruited in a safe way.

Medicines were managed and administered by staff who had been trained to do this safely.

Is the service effective?

Good

The service was effective.

Staff were trained and had the right skills to support people they knew well.

Staff were knowledgeable about how people needed to be supported to make decisions. People could be as independent as they wished with making decisions and choices.

People were enabled to access health care services when required. People were supported to maintain their food and fluid intake.

Is the service caring?

Good

The service was caring.

People benefited from the way their care was provided with compassion, dignity and respect.

People's care plans had been developed in consultation with the person.

People had the support and advocacy they needed with the input from their relatives when required.

Is the service responsive?

Good

The service was responsive.

People were valued by staff who enabled them to contribute to the identification and planning of their care.

People could be as independent as they wanted to be and staff encouraged people to maintain current skills.

People's comments, queries and suggestions were acted upon before they became a complaint.

Is the service well-led?

Good

The service was well-led.

The registered manager and provider ensured that incidents were reported to the appropriate authorities.

Effective quality assurance, audit and checking procedures were in place to help drive sustained improvements.

The registered manager fostered a positive staff culture and this helped staff to undertake their role in an open and honest manner.

My Homecare Bedford

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 was undertaken by one inspector, took place on 23 and 24 August 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and the registered manager and staff are often out during the day; we needed to be sure that someone would be in.

Before the inspection we looked at information we hold about the service. This included information from notifications the provider sent to us. A notification is information about important events which the provider is required to send to us by law.

Prior to the inspection we made contact with the local authorities who commission people's care, including social workers. This was to help with the planning of the inspection and to gain their views about how people's care was being provided.

We spoke with one person and two relatives by telephone. We also spoke with a representative of the provider and the registered manager as well as three care staff.

We looked at three people's care records, medicines administration records and records in relation to the management of staff and the service.

Good

Is the service safe?

Our findings

Staff had been trained on how to keep people safe and they knew who they could report any incidents of harm to such as the registered manager or the local safeguarding authority. The registered manager had undertaken effective investigations where allegations of harm had been reported. They had also involved the local safeguarding authority in those investigations. Improvements in identifying potential allegations of abuse had been made had been sustained and people remained safe. One person said, "They [staff] are ever so careful with me and I couldn't ask for nicer people." A relative told us, "The girls [staff] are more like a family to me and my [family member] than I could ever have imagined and this makes us feel safe." Staff knew who they could report any incidents of harm to as well as describing the signs and symptoms should they identify or suspect that harm had occurred. This meant that people's safety was given the priority it deserved.

Where people were at risk, such as from falls or moving and transferring, we found that comprehensive risk assessments were in place to manage these risks. Staff had the guidance they needed to help keep people safe, for example in the event of an emergency such as a fire, or maintaining people's skin integrity. We found that risk assessments had been reviewed and updated when people's care needs changed. For example, one person had returned from hospital and an additional staff member had been required to assist with the person's mobility.

Staff told us the actions they needed to take to keep people safe, for example the type of hoisting sling that was used when moving and transferring people, and when it was safe to move the person. A relative said, "One thing you can rely on is that two staff always arrive [to help with transferring]; sometimes there is a slight delay until the second one arrives but we have never had a missed call. If they [staff] are running late their [electronic care call] monitoring system prompts the [registered] manager to help or provide alternative staff."

Records showed and staff confirmed that a process was in place to recruit staff who were suitable to work with people using the service. Staff were subjected to various checks including that provided by the Disclosure and Barring Service (this is an organisation which checks to see if staff have any criminal records). In addition, staff had to provide evidence of their qualifications, two written references and a record of their previous employment history before they started work. One staff member told us, "I had to provide my driving license, my passport, two references and one of these from my most recent employer. I had to make a written declaration of my health to say I was able to meet people's needs safely."

However, we did find one staff member who did not have any written references. There was also no documented risk assessment in place to determine the risk that this staff member could potentially pose. Their previous employer had not, despite several requests from the registered manager, confirmed the staff member's previous employment. The registered manager had undertaken an increased amount of observations. This was to ensure that new staff were suitable. Three staff files checked included all the necessary records. This showed us that although there were systems in place to help ensure that only staff deemed suitable were employed they were not always robust.

During our telephone calls to people, staff rosters we viewed and speaking with staff, we found that there were sufficient staff to meet people's assessed needs. One person said, "They [staff] always stay until I am happy that everything recorded [in their care plan] had been completed." A relative told us, "Oh yes, they [staff] arrive and leave on time. However another relative told us that sometimes care calls could be up to an hour late. They had reported this to the provider who told them he would address this matter. The relative went on to say that the staff met all their family member's needs in the time allocated but sometimes the timing could be better. They said, "I don't mind if they are a few minutes late due to traffic. My [family member] is always happy to see them [staff]." A staff member told us, "I have time to travel. Sometimes I share a lift [with staff] if we are going to the same person's house. Yes, we do have time to have a chat, provide all the care needs and complete the records on the intervention [daily care notes] sheets.

We found that staff had been trained, as well as being deemed competent, in the safe administration of people's medicines. Records we viewed showed that staff recorded the administration of medicines correctly. Any errors or omissions in the recording of medicines had been acted upon and improvements made such as staff being given additional training or reminded of their responsibilities. One person told us that they "always had their medicines as prescribed and before food if needed." We found that people had their medicines as prescribed.

Good

Is the service effective?

Our findings

People said that the staff who cared for them knew them, their needs and preferences well. One person said, "I have had care from them [the service provider] for about a year and they [staff] know how to meet my needs. We do have a laugh as well. I can't fault their knowledge about me. They have never let me down." A relative told us, "We don't get many new staff but when we do the [registered] manager works with them for a few [care] calls until they are confident with me [in relation to the care of the family member]." A staff member told us "[Registered manager] is very knowledgeable and is very good at informing us of any changes in care practise." Another person told us, "The girls [staff] know exactly how to help me. They can't be faulted; it's as if they have known me all my life. We chat about everything really." The registered manager told us that they consulted with people and their relatives about what aspects of care were to be provided. This resulted in people's needs being what the person wanted and needed.

Records we looked at showed that staff training and regular updates and refreshers were planned and were provided on a regular basis. One relative told us, "From my experience they [staff] seem to know exactly what they are doing. The [registered] manager is keen to make sure they are meeting my needs." A person said, "I am totally reliant on them [staff]. They do the things [care] I can't." One staff member said, "I have had training on safeguarding, first aid, dementia care, diabetes awareness and catheter and continence care."

Other subjects staff had been trained on included the Mental Capacity Act 2005 (MCA) and moving and handling. The registered manager told us, "All new staff have to complete the Care Certificate (a nationally recognised qualification in care). They have a three to four day induction depending upon their existing knowledge. They then have to demonstrate evidence of their understanding of the subjects covered by answering set questions. I can then judge their learning." Staff with the right skills were matched as far as possible with the people they cared for such as people living with dementia.

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. 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. We checked whether the service was working within the principles of the MCA.

The procedures for this in domiciliary care services are managed through the Court of Protection. We were told and found that no one currently using the service needed to be deprived of their liberty. We found that where people had needed some support with their decision making that staff adhered to the principles of the MCA. One person said, "I sometimes forget the odd thing or two. They [staff] prompt me but they don't put words in my mouth. I can choose what's best for me."

A relative told us that they had lawful authority to make certain decisions about their family member's life

such as with their finances. They said, "My [family member] has [health condition] and they [staff] always ensure that care is provided with as much input from my [family member]; even if this is a nod or a smile." Staff told us the decisions people could make and what these were for things such as when to take medicines and when to eat. Care plans included the level of detail about the specific decisions a person could or could not make as well as those decisions that were made with staff support. This meant that people's best interests were considered in relation to their care and enabled people to make unwise choices if this was safe.

Staff were knowledgeable about assisting people to eat and drink sufficient quantities and how to help them maintain their nutritional health. This was confirmed in the records we viewed and people we spoke with. One person said, "They [staff] always make sure I drink, whatever the weather and they leave me a drink when they leave. I can eat for myself but need help preparing my favourite meals." A relative told us, "[Family member] likes sugar in their tea and the girls [staff] remember this every time."

People's health needs were met with support from staff, if needed. One person said, "I am absolutely confident that if ever I was unwell that they [staff] would call me an ambulance or GP. People and their relatives told us that if ever they were unwell that staff would call for health care support. Another person told us, "I have a district nurse come to see and they provide [health care] support to me. Any changes to my moving and handling are recorded to make sure that I stay as well as I can."

Good

Is the service caring?

Our findings

People were looked after by staff in a compassionate and sensitive manner. Staff understood what mattered to people such as their preferred gender of care staff and that these staff respected people's privacy and dignity. One person said, "I know it's not easy for them [staff]. I need help with most things these days and they are very careful at covering me up as much as they can. They respect my dignity and close the doors, curtains as well, as giving me time to be in private." A relative told us, "We are like family and friends rather than care staff. We have become such good friends professionally that it would now be difficult to imagine life without them." And, "They [staff] respect my independence and make sure I do whatever I can and only intervene when I need some help."

People were supported and encouraged to make their views known about their care. Care plans were detailed and provided staff with the necessary level of details needed to meet people's care needs. The registered manager, in conjunction with the social service's assessment, determined what people's needs would be and what would make the biggest difference to people's lives. For example, by making sure staff involved people in their care as much as possible. This was achieved by including people in daily conversations and understanding how they were communicating through body language or facial expressions. By this involvement, people's lives were enriched by the methods staff employed to meet people's needs. This was also whilst respecting the skills people still retained such as with independent dressing, eating or mobility. One person said, "I do need help and they [staff] provide this by putting my walking aid in reach and this lets me get about on my own."

Staff described to us in detail about how they approached each person and their home. For example, by knocking or ringing the door bell and waiting for the person or their relative to let them in. One person said, "I can't fault how caring the girls [staff] are. Their patience is amazing." One staff member told us, "[Name of person] has a key safe for their door [security]. They like me to use this and gain access. Once I am in the house I always say hello and make myself known to them." Another staff member said, "I care for people as if they were my own [family]. I appreciate that we are entering their lives in a very private way and I do all I can to make this as easy and respectful for them as possible.

Information about advocacy services was provided to people when this was required. This was in addition to those relatives who had a lawful power of attorney for people's health and/or welfare. One person said, "If I ever need help with determining my care I would ask. They [staff] have a very good [registered] manager who advises me on my options [for advocacy]. In the end it's my choice who decides what happens to me."

Good

Is the service responsive?

Our findings

People, and their relatives, were involved in the consultation about their needs and the subsequent development of the person's care plan. One person said, "When I started with care from [the provider] I had a meeting with the [registered] manager. We went through what I wanted and what they [staff] could do to meet my care needs. It all seems to be working well."

One relative told us, "I have developed a really good bond with them [staff] and as a result they can adapt to my [family member's] individual circumstances. A staff member said, "Getting to know people is key. Making sure that we consider what makes the biggest difference to their lives is also very important. This could be their favourite pastime, drink, topic of conversation or just being there for them when they need you."

Another staff member told us, "By taking care of the little things, such as a person having a 'wet shave' or using a 'pea sized' amount of toothpaste, or providing communication by touch, has made a difference." This was as well as introducing personal care in stages to help reduce a person's anxieties. For example, by giving people time to comprehend the help staff needed to provide but by not rushing this. Care plans we looked at included this amount of detail.

Records showed us that as part of a review of people's care changes had been made to people's care plans as a result of making the care as person centred as possible. For example, by speaking in a firm but sensitive way based upon the person's known needs. This was to help ensure the right standard and quality of care was provided. One relative told us, "I guess it's because they [staff] know how to move my [family member] without hurting them and understanding what it's like living with [health condition]."

We saw that a process was in place to regularly review and update people's care plans. The registered manager told us how people's care records were kept up-to-date. This was through a combination of face to face meetings, care calls and telephone calls to people or their relatives. Any identified changes were implemented promptly or as soon as necessary if the situation was of an urgent nature such as following an increase in care needs shortly after returning home from hospital.

One person told us, "I couldn't ask for my care to be better. I trust them [staff] implicitly with providing all my [care] needs. I have to as I rely on them for nearly everything." We saw that any changes to care plans were agreed with the person or their lawful representative. A relative said, "I had the owner [representative of the provider] come to see me. They and the [registered] manager went through all my care needs. I was able to request additional care as my needs had changed. We often just chat about me and my life." A relative told us, "It's such a relief to have found a care team able to meet my [family member's] needs and for them to be amenable in a short period of time to any changes we request." This meant that people could be confident that the service was flexible in meeting their needs.

People and relatives told us that they knew who they could speak with if they wanted to raise a concern or complaint such as the registered manager. This was as well as having their concerns investigated and responded to in line with the provider's policies before they became a complaint. A social worker said that

wherever any changes (as a result of concerns) were needed the registered manager and a representative of the provider met with people to discuss their concerns. The social worker added, "People using the service were asked what actions they felt appropriate and this was then discussed as to how these actions could best be implemented. The agency [provider] are very proactive in learning from such events and will implement additional training or ask Social Services for advice / guidance on the actions required if they are uncertain." We found that any concerns raised with the registered manager had been addressed to improve the service through staff supervision and training.

Good

Is the service well-led?

Our findings

At the time of our inspection a registered manager was in post and they had been so since registering the service in 2016. The registered manager had notified the CQC about important events that, by law, they are required to do. However, this had not always been as promptly as it should have been. The registered manager told us, "Following a recent incident I am now fully aware of when I need to inform you [CQC] and not wait until social services have concluded their investigation."

The registered manager and a representative of the provider had completed a range of quality assurance, spot checks and observations of staff in relation to the standards of care provided by the service. This was aimed at identifying and driving improvements. Staff told us they were at ease when the registered manager was making sure that the provider's standards of care were being monitored. A relative told us, "Oh yes, the girls [staff] get checked up on. The [registered] manager comes out and works with them too. I get informed if ever there is anything that the staff member could have done, or do, better." One staff member said, "I always get feed-back following staff supervision or observed care practise. The [registered] manager is very diplomatic and supportive in a positive way. I can always rely on them for support when and if ever I need it."

People were involved in contributing how the service was run and how the provision of care was determined. For example, we saw that the provider regularly met with people and also if a specific need arose. This was to help ensure that the right, and most effective, actions were taken and put in place by the registered manager. One person told us, "When I needed to rearrange care staff they [provider] were very good. I don't have any concerns. All the staff are just wonderful and I simply can't praise them enough for what they do."

The provider's representative told us, "I am not in this business just for money. I only want to increase the number of people using our agency when we are capable of doing this." The registered manager told us that the provider was very supportive of suggestions and also in having the right staffing resource. A new position of care-co-ordinator was in the process of being filled. This would allow the registered manager to undertake their role more efficiently as the size of the service provided, and the number of people using it, grew. The registered manager was supported by representatives of the provider as well as other registered managers within the My Homecare franchise. This enabled them to keep up-to-date with current information related to the care industry.

A social worker said, "The Director [provider's representative] is very proactive in training and refresher training for care staff. Regular team meetings and individual supervisions are held." A staff member told us, "I had a very through induction, on-going training and supervision every six weeks. The [registered] manager is very knowledgeable about the care industry and has worked her way up to being the [registered] manager."

The registered manager had created a staff culture that was open, fair and transparent. This encouraged staff to follow by their example. The registered manager said, "It is important that all care staff believed in

and put into practise the same ethos and values in enabling people to live in their own home for as long as possible." The provider's values in their Statement of Purpose included, "We believe that a prerequisite for those [staff] involved with people is that they genuinely care about others." We found from what people, relatives and staff told us that this was the case. One relative said, "The whole team [provider] works to the same standards. I do have a preference but my [family member] is happy with them [staff] all."

Staff were supported in their roles through various meetings whether this was a formal staff meeting or by working with the registered manager. We saw that staff meetings included subjects such as medicines administration and accurate recording, food hygiene, safeguarding people from harm and updates about dementia care. This was to help ensure that the right standards of care were provided by staff and that this was consistently applied throughout the service.

We received positive comments from people, their relatives or representative. These included, "I would definitely recommend them [care service provider]," and, "I couldn't live without them [staff]. They are all amazing in what they do for me." A relative said, "We did have a couple of very minor issues to start with over our preferred care call timing, but this is all sorted now and the timing is spot on."

Staff were aware of the whistle blowing policy and when to use it. One staff member said, "If I ever witnessed an unacceptable standard of care I would report this straight away to the [registered] manager. If my concerns were about them I would call the Director [provider's representative] or the CQC. However, I have never had to do this working for them." Another staff member told us, "[Registered manager] is just so approachable; I know that whatever I tell them would be acted upon immediately." People could be assured that the standard of care was checked and the quality of the care audited to ensure standards of care were maintained.