

Vila Pvt Ltd

# My Homecare Bexley & Greenwich

## Inspection report

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23 December 2020  
24 December 2020

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

My Homecare Bexley & Greenwich is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of the inspection, 31 people were receiving personal care.

### People's experience of using this service and what we found

People and their relatives told us people were safe and that staff treated people well. The registered manager completed risk assessments for each person using the service. Staff administered people's medicines safely and protected people from the risk of infection.

People were supported by effectively deployed staff and the registered manager monitored visits. The provider carried out comprehensive background checks of staff before they started work. The provider had a system in place to manage accidents and incidents.

Staff received training and supervision, to ensure they could meet people's needs. Staff told us they felt supported.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager assessed people's needs to ensure these could be met by staff. The provider worked with other external professionals to ensure people were supported to maintain good health. People and their relatives were involved in making decisions about their care and support.

Systems and processes to assess, monitor and improve the quality and safety of the service were in place. There was a clear management structure in place and staff were aware of the roles of the management team.

### Rating at last inspection and update

The last rating for this service was requires improvement (published 3 October 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We received concerns in relation to safeguarding and whistleblowing. As a result, we undertook a focused inspection to review the key questions of safe, effective, and well-led only.

We have not inspected caring and responsive key questions. Ratings from previous comprehensive inspection for those key questions were used in calculating the overall rating at this inspection. Therefore, the overall rating for the service has now improved to good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for My Homecare Bexley & Greenwich on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# My Homecare Bexley & Greenwich

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was completed by two inspectors, a pharmacist specialist and an Expert by Experience. The Expert by Experience made telephone calls to people and their relatives to obtain feedback about their experience of the care provided. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 18 December 2020 and ended on 24 December 2020. We visited the office location on 23 December 2020.

#### What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts that had been raised. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We spoke with four people and six relatives of people who used the service about their experience of the care provided. We spoke with five members of staff, including the commercial manager and the registered manager. We reviewed a range of records. This included seven people's care records and medication records. We looked at five staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

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

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had not always adequately assessed risks to people or taken action to mitigate areas of risk where they had been identified. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- People were kept safe from avoidable harm. One person told us, "I have to have a double up call as I need hoisting and [staff] always do this in a safe and gentle way making sure no accidents can occur." A relative said, "Oh yes safety is fine. My loved one can be very unsteady at times when having a wash and getting dressed so they are by their side supporting my loved one, so they can't fall over."
- Risk assessments were up to date with guidance for staff on how to reduce individual risks. Risk assessments were reviewed periodically and as and when people's needs changed. The registered manager monitored them to ensure any areas for improvement were identified and discussed with staff.
- Staff told us these records provided them with the relevant information they needed to understand people's needs.

### Using medicines safely

At our last inspection the provider had not always managed medicines safely. Staff responsible for administering medicines had not been assessed by the provider to ensure they were competent to do so safely. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Staff managed medicines safely. Medicine care plans and risk assessments contained information about the level of assistance people needed from staff.
- The provider trained and assessed the competency of staff administering medicines.
- Staff had the information they needed about how and when to administer PRN, "as required", medicines. Protocols were in place for these medicines, which had been prescribed but did not need routinely.
- The registered manager carried out regular medicines checks and if any areas of improvement were identified, these were discussed with staff.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us people were safe and that staff treated people well. One person told us, "I feel quite safe in their (staff) company." A relative commented, "They (staff) help wash and dress my loved one in a safe manner." Another relative said, "They (staff) carry out all [Name's] personal care in a safe and gentle manner so [Name] does not get distressed in any way."
- The provider had a policy and procedures in place to protect people from the risk of abuse. Staff had completed safeguarding training and understood the different types of abuse and the signs to look out for. They were clear about their responsibilities to report any concerns to the registered manager.
- The provider kept records of safeguarding alerts and monitored their progress to share learning. The registered manager implemented performance improvement plans for staff to make sure they used incidents as an opportunity for learning.
- The provider worked in cooperation with the local authority, in relation to safeguarding investigations and they notified the CQC of these as they were required to do.

Staffing and recruitment

- People benefitted from a well-deployed staff team, who stayed the full allocated time with people. One person told us, "[Staff] always get here but will get a call if they are running late and never leave me early after arriving." A relative told us, "[Staff] are good on time. Never missed coming or leave early."
- The provider operated safe recruitment processes. Staff had provided details of their work history and any gaps in employment had been explored thoroughly. Each staff member had a disclosure and barring service (DBS) check in place. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

Preventing and controlling infection

- People were protected from the risk of infection. One person told us, "[Staff] carry out all chores in a safe and clean manner which makes me feel safe from the COVID-19 virus." A relative told us, "I was nervous at first, exposing carers to [Name], but they are all tested weekly, so I feel ok now with this. Carers all wear PPE (Personal protective equipment)."
- The provider had good infection prevention and control procedures in place and staff had completed training in this area.
- Staff understood the importance of effective hand washing and wore the appropriate PPE, including aprons, masks, gloves. They disposed of waste appropriately, to protect people and themselves from the risk of infection.

Learning lessons when things go wrong

- The provider had a system in place to respond to accidents and incidents and to reduce the likelihood of them happening again.
- Staff completed accident and incidents records and the registered manager, and the commercial manager monitored these events to identify learning and discussed this at staff meetings.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law  
At our last inspection the provider had not always adequately assessed people's needs and care plans were not regularly reviewed to ensure people's individual needs were being met. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- People received care based on an assessment of their needs and preferences. The registered manager had assessed people's individual needs and provided staff with the information they needed to care for people. Assessments included, any specific medical needs, physical and mental health, mobility, nutrition, skin integrity, likes and dislikes, faith and cultural needs. One person told us, "I make all my own plans and decisions, quite capable of that I still am."
- People's relatives had the opportunity to input into the assessment process. A relative commented, "I am involved in the care planning after talking to [Name], I have a copy and it is all in order."
- Care plans were kept under regular review to ensure people's changing needs were met.
- Staff knew people well and described the individual support they provided to people. One staff member told us, "The care plans are very detailed, and I know exactly what I need to do for my clients. If there are any changes that I notice I can send the care plan to the office and they update it for me."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People's capacity to consent to their care and support was documented.

- People and their relatives were involved in making decisions about their care. One person told us, "Every time, I tell them what I want and [staff] never do anything without referring to me first." Another person told us, "Always have a chat when [staff] arrive and go from there. I decide what to have done and they do as I ask of them."
- Staff had received MCA training and understood people's rights under this legislation. The registered manager and staff understood their responsibilities under the MCA.

#### Staff support: induction, training, skills and experience

- The provider ensured staff were appropriately trained and skilled to support people and meet their needs. Training covered subjects including, basic food hygiene, health and safety, moving and handling, administration of medicines, infection control, privacy and dignity and safeguarding adults. One person told us, "[Staff] are well trained and knowledgeable and we have a laugh. They are all so good with me." Another person told us, "Training is good as I need hoisting and [staff] know how to do that perfectly which does require the correct training and skills to do."
- New staff had completed a comprehensive induction and shadowing of experienced staff.
- Staff told us the training programmes enabled them to deliver the care and support people needed.
- The provider supported staff through regular communication, supervision and staff meetings. Staff told us they felt supported and could approach the management team for support.

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

- Where people required this support, staff ensured people ate and drank enough.
- People's care plans included dietary information, including people's nutritional needs and preferences about what food they wanted to eat.

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

- The provider worked with other external professionals to ensure people were supported to maintain good health. People's health needs were recorded in their care plans along with any support required from staff in relation to this need.
- Relatives coordinated people's health care appointments and health care needs, and staff were available to support people to access healthcare appointments if needed.
- The registered manager told us staff would notify the office if people's needs changed and if they required the input of a healthcare professional such as a district nurse, speech and language therapist, occupational therapist, GP or a hospital appointment.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- There service benefitted from an effective, visible and supportive management team. There was a registered manager in post and they demonstrated a good knowledge of people's needs and the needs of the staff team.
- Staff were aware of the individual roles of the management team and described the leadership at the service positively. One member of staff told us, "The managers are supportive and the office staff are always there on the phone if I need them. There is enough staff and I know how to report any concerns or issue I have" and "I have worked for difficult companies and feel this one is good. I have seen that all records are up to date and the care plans are good."
- There was an on-call system in place to make sure staff had support outside of office working hours.
- There was a clear programme of checks in place to assess the safety and quality of the service. The management team carried out unannounced spot checks of staff to ensure care was provided as planned and, as a result, some staff received additional supervision to drive improvements.
- The provider had enabled real time call monitoring, to oversee the work carried out by staff in people's homes.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a duty of candour policy in place and the registered manager understood their responsibility to be open and honest and share any learning with people when things went wrong.
- Staff were required to report all accidents, incidents and near miss events which were monitored by the management team.

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

characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider sought people's views through spot checks and care reviews. Staff had acted to make improvements where people had made suggestions. For example, a change of visit times.
- Staff meetings were held, where any changes in people's needs were discussed, coordination with health care professionals, and any changes or developments within the service.
- People and their relatives provided positive feedback about staff and the management team. Comments include, " [The management team are] nice and helpful with anything at all"; "On the whole happy with them and to be fair any issues, they deal with quickly and responsibly"; "Very happy no complaints. [The Manager] even changed the call time for an earlier call in the evening which they did on my request, so quite responsive." and "All my carers are nice ladies, very approachable, caring and kind."

Working in partnership with others

- The provider had worked in partnership with a range of professionals and acted on their advice. For example, they worked with commissioners, safeguarding teams, GPs, district nursing, hospitals, and speech and language therapists.
- The registered manager and the provider remained committed to working in partnership with other agencies and services to promote the service and to achieve positive outcomes for people.