MHC Peterborough Ltd

My Homecare Peterborough

Inspection report

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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?	Requires Improvement

Summary of findings

Overall summary

About the service
My Homecare Peterborough is a domiciliary care agency registered to provide personal care to people living in their own homes. The service supports younger people, older people some of who were living with dementia, mental health, people with a physical disability and people with a sensory impairment. The service also provides some people with live-in care and support in the person's home. At the time of the inspection, 33 people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found
Not all monitoring systems and processes were as effective as they could have been. The manager acted promptly about the improvements we found needed to the quality of records, recruitment, care plans and risks assessments. There had not been any negative impact on people. However, until we pointed these out the provider's monitoring had not identified the improvements needed.

People's needs were assessed before the service provided them with care or support. People's care plans lacked detail and this created a risk of care not being as person centred as it could have been. Staff, however, knew people's needs well.

Enough skilled and suitable staff had been recruited. People were supported by a consistent staff team who they felt comfortable with. People received their medicines as prescribed and were cared for by staff who ensured they followed infection prevention guidance and good practise.

People felt safe with the care provided to them. Risks to people's health and safety were assessed and staff knew how to support people to keep them safe. The service and its staff team took on board learning when things went wrong. This prompted a review of people's care needs to reduce the risk of any recurrences.

People said staff had the skills necessary to care for them well. Staff had received the required training and ongoing support to help them maintain and improve their care skills to fulfil their role and responsibilities.

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.

People said staff were caring and knew their needs and preferences well. Staff treated people with dignity and respect and they encouraged and promoted people's independence.

People said they were involved when reviewing their care and felt staff were responsive to their changing needs.

The provider was open and transparent and promoted a person-centred culture within the service. The provider worked well with other organisations, to provide people with joined up care.

People, their relatives and staff thought the service was well managed and responsive to their needs. However, some people and relatives felt that communication could be improved. The manager told us they had acted where staff had not followed procedures

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

Rating at last inspection
This service was registered with us on 25 June 2021 and this is the first inspection.

Why we inspected
The inspection was prompted in part due to concerns received about the management of the service, staffing, risks management and staff skill levels. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from these concerns but there was a risk of this occurring. Please see the Safe, Effective and Well-led question sections of this full report.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well led. Details are in our well-led findings below.	**Requires Improvement**

My Homecare Peterborough

Detailed findings

Background to this 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 carried out by one inspector and an Expert by Experience. 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 did not have a manager currently registered with the Care Quality Commission. This means that the provider is solely and legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

Inspection activity started on 21 February 2022 and ended on 25 February 2022. We visited the office location on 21 February 2022.

What we did before the inspection
We reviewed information we had received about the service since registering. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We contacted the local authority and safeguarding authority. We used all of this information to plan our inspection.

During the inspection
We spoke with five people who used the service and 11 relatives about their experience of the care provided. We received feedback from one health professional and a member of the local authority placements team. We spoke with nine members of staff including the manager, senior care staff and care staff. We also spoke with the nominated individual of staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed, including training records, monitoring records, compliments and complaints and various policies and procedures.

After the inspection
We reviewed information relating to care visit records and safeguarding incidents we asked the provider to send us.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
- Staff received safeguarding training and they understood how to safeguard people, identify and report concerns if needed, and took action to help keep people safe.
- The manager and provider reported incidents to the appropriate organisations and this helped keep people safer.
- Staff we spoke with knew what signs or symptoms, or risks, of abuse to look out for and to whom they could report these to, such as the Care Quality Commission (CQC).

Assessing risk, safety monitoring and management.
- The manager had identified a range of risks including choking, malnutrition and people's home environments. We found these risks were managed well. One person said, "[Staff] know exactly what they are doing."
- Staff understood how to provide care and support to people to reduce the risk and potential of avoidable harm. Information in care plans about managing risk was limited. For example, 'provide all personal care', 'provide dignified care' and 'use equipment to hoist the person', but there was no detail what this meant or what staff needed to do to minimise any, or potential, risks.
- The manager told us they would add additional detail. Staff however, worked safely by using equipment correctly and making sure people at risks of pressure sores had these prevented.

Staffing and recruitment
- Concerns had been reported to us about staff recruitment. We found that a robust process was in place to help ensure there were enough staff who were suitable. One relative told us, "We have fairly regular care staff, good time keeping, very flexible and they stay the allocated time."
- Disclosure and Barring Service (DBS) checks had been completed. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. We found that not all DBS checks were for staff's current employment with the provider. Additional monitoring and supervision was in place, but no update to this DBS had been sought. This meant there was a risk of not identifying other potential criminal convictions since the previous DBS. This was for just one staff member and the manager immediately submitted a new DBS application. No further concerns had been identified since the staff began their employment.
- Various checks had been undertaken including those for evidence of good character, previous employment references, photographic identity and proof of a right to work in the UK.

Using medicines safely

● People were supported to be independent to administer their own medicines or had help from a relative to do this. Care plans detailed who was responsible for people's medicines administration.
● Staff received training and support to help ensure they were competent to safely administer medicines including liquid medication and the application of topical skin creams. One relative said, "Staff have the skills to administer medicines through a PEG (percutaneous endoscopic gastrostomy feeding tube)."
● Medicines were managed and administered safely. Staff recorded the application of skin creams as well as records being in place to support people if relatives were not able to administer medicines.

Preventing and controlling infection
● Staff were trained and supported to promote good standards of infection prevention and control (IPC).
● Staff wore personal protective equipment (PPE), they used this effectively and disposed of it safely. This helped prevent the risk of infection and cross contamination.
● The provider's IPC policy was up-to-date and staff adhered to this, to minimise the risks of infections.

Learning lessons when things go wrong
● The manager and provider supported staff to learn when things went wrong. This helped reduce the risk of recurrences.
● For instance, if staff acted on their own accord to not report they could not attend a care visit, or not always wearing PPE. Staff were reminded of their responsibilities and other actions were taken if there was a repeat of the incidents. One person told us, "If staff don't wear PPE, the manager sorts them out."
● The manager used a positive approach to improving staff performance and shared more general learning through a staff WhatsApp (phone text messaging service) group, meetings or supervisions.

Good

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service including information provided by the local clinical commissioning group. This helped inform people's care planning and the delivery of it.
- The manager kept up to date with current guidance and ensured that this was shared with the staff team. Guidance was implemented into policies and staff training. For example, medicines administration in the community and percutaneous endoscopic gastrostomy (PEG). This is where people have their food and medicines through a tube in their stomach.
- The manager supported staff with guidance and knowledge based on people's needs, such as for end of life care, sensory impairments and dementia. These assessments focused on people's preferences. One relative said, staff knew their family member well and the person was, "Doing amazingly."

Staff support: induction, training, skills and experience

- Staff were trained in areas relevant to their roles, such as medicines administration, adults and children's safeguarding, dementia awareness, moving and handling, IPC and data protection. The manager was supported by an in-house trainer who could also provide staff with additional support if needed.
- Staff told us they were well supported, had regular supervisions and competency assessments to ensure they were effective in their roles. New staff received an induction to the service. This involved working with more experienced staff to get to know people being supported. One staff member told us their support was, "The best I have ever had working in care." Another said, "Supervisions are two way. I feel listened to."
- One person told us, ''[Manager] has been to observe how staff fit the sling. I feel safe when they use the hoist." A relative said, ''The regular [staff] have the skills and knowledge to look after my [family member]."

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

- People were supported to eat a balanced and healthy diet whilst also having full freedom of choice around their meals.
- Records were in place for people at an increased risk of malnutrition including monitoring of people's weight and fluid intake. One person told us, "[Staff] get my meals. No problem. They get me what I want."
- Relatives were positive about the way that people were supported to eat healthily. One relative said, ''I prepare food for my [family member] but if she doesn't want it [staff] make her something else." Another person said, "[Staff] bring me drinks. They even hold the glass for me, so I don't drop it."

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

- People were supported to see health professionals, such as community nurses and GP's when needed. All

people and relatives we spoke with felt confident that staff would know when to request healthcare or emergency support. Incident records showed how staff had responded to people falling or concerns about skin reddening.
● The manager worked closely with various health professionals and plans were in place to support people to be seen by a health professional including MacMillan nurses and occupational therapists.
● Staff supported people to stay healthy in areas such as hand hygiene and the provision of equipment related to the safety of people's care.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● People were given choice and control over how they spent their time. Staff sought consent from people in a variety of ways, so their choices were respected. One staff member told us how some people used non-verbal ways to communicate such as, with a computer tablet. One relative said, ''[Staff] are always polite and ask before supporting [family member] with anything or entering our home.''
● Some people had their decisions made by a court appointed deputy, such as a lasting power of attorney. These representatives made decisions that were in people's best interests.
● Staff received training in the MCA and had a good knowledge of what this meant when it came to supporting people. One staff member told us how they would offer a selection of different foods and clothes the person could choose from.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The manager and staff team put people first and foremost by providing a consistent staff team wherever possible. People and relatives were positive about the care and support they received. One person told us, ''I have a good laugh with staff and we share jokes equally well.'' Another said, "[Staff] are very understanding. They always ask if I need anything further and check my [dignity]."
- Relatives described the compassion staff showed when providing care and being respectful. One said, "Staff are kind, friendly, I can have a laugh with them. [Family member] smiles when they come. She recognises their voices."
- Staff treated people with kindness and respect and spoke calmly. This helped support people if ever they felt anxious. A staff member said, ''It doesn't matter how people communicate, such as through a relative's voice, a (computer tablet) or just giving people more time to respond. We do what is needed."

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

- People were offered choices in their day to day support. For instance, with regard to the gender of care staff, or having a live-in care staff member, who could better meet people's choices and needs.
- People felt involved in decisions about their care. One person said, "Originally, there was a [recording] error in the care plan stating I couldn't make decisions. We have moved forward with this as the manager came and sorted it out." Another person told us, ''In the first three weeks I wasn't happy, but my [care] is much improved now. [Staff] genuinely care when they are here.''
- People and their relatives said care was being provided as agreed, and changes in people's needs resulted in care plans being amended.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to live fulfilling lives with achievable goals. This was to retain or gain further independence and then supporting people with these. One person said, ''[Staff] help me to eat. They get everything ready, but I eat independently and wash my own face. They don't do everything, just the things I want them to."
- People's independence was promoted. A relative told us ''[Staff] are great at supporting my family member to live in their home. Another relative told us, "We want to keep this [staff] member] she's magic." This was because staff knew the person very well.
- Staff respected people's privacy and dignity, closed curtains and doors and kept people's information confidential. Staff were polite and respectful when speaking with people and gave them personal space if this is what the person wanted.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● Staff knew the finer points of people's lives and understood how to respond to these in a person-centred way. For example, when to have a laugh or joke. However, some staff did not record daily information in detail other than, 'all personal care provided' to demonstrate the care being provided. This limited the provider's ability to respond if people's needs changed. The manager told us they would remind all staff to make accurate and detailed records, as well as checking this when monitoring people's care.

● People and relatives were positive about the support provided. One relative told us they used remote monitoring for their peace of mind. They said, "The [staff] are always very gentle with [family member]. They are even considerate towards the dog."

● Improvements were needed to the level of detail in people's care plans and risk assessments. Although, staff were focused people's preferences and choices as well as their physical support needs. These were well understood by the staff team. One staff member told us about a person who liked to be patient by not being rushed. Staff told us, "They like chatting as well and this relaxes them. Although, we have to be professional.''

● Relatives spoke to us about the personalised support that their family members had received. This meant their family members needs were met in a person-centred way.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People were supported to communicate in various ways, such as using a computer tablet or with relative's support. This helped them to understand what was being spoken about. A staff member told us how they ensured people could communicate with the use of technology, gestures, body language or from their knowledge of the person.

● Staff knew how to communicate with people and training was being organised to support staff to improve further in this area.

● Policies and procedures, such as those around complaints or safeguarding were available in accessible formats as required. All people we spoke with had care plans that were accessible.

Improving care quality in response to complaints or concerns

● People and relatives felt comfortable to raise any concerns, and compliments were used to identify what

worked well. One person said, ''I complained about a [staff member]. I didn't like them as they made me feel I was a nuisance. They have not been back since." Other staff however, had been more suited to the person.

● There was a complaints procedure in place, and this was available in accessible formats for people to use. A relative told us if they had any concerns they would contact the manager as they were very responsive.

● Complaints were responded to through the provider's complaints process and were analysed for any potential trends. If needed, lessons were learnt to prevent recurrences. The provider and manager worked with people to resolve complaints equitably where this was within their control.

End of life care and support

● People were supported, where needed, to make end of life decisions such as to stay at home, have support for pain and anxiety and to maintain dignity. However, the detail about how this would be done was not recorded in care plans. The manager told us they would add this information

● The manager was passionate about end of life care. They ensured people's choices, religious beliefs and values were respected and upheld by all staff. For example, the manager recognised for people at end of life that the quality of life came before a normal diet, with agreement from a health professional. This promoted people's general health and wellbeing.

● Staff adhered to end of live care procedures and policies, such as decisions about resuscitation or emergency healthcare and people's nutrition. This meant any medicines for 'as and when required' pain relief or just in case medicines were in place when needed.

Requires Improvement

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The nominated individual hadn't always notified us without delay about incidents they are required to. However, these were submitted retrospectively and all actions taken, such as contacting the local safeguarding team, CCG or police had ensured people's safety. The nominated individual told us they would ensure, in future, that we would be notified in line with regulatory requirements.
- The service did not currently have a registered manager. However, a manager was in post who had recently applied to be the registered manager. Additional support was provided by the nominated individual and other management staff were being recruited to help drive improvements.
- There was a variety of monitoring systems in place to help manage the overall quality of service provided. Areas monitored included feedback from people, spot checks of staff, care plans and risks assessments. The manager acted promptly about the improvements we found needed to the quality of records, care plans and risks assessments. There had not been any negative impact on people. However, monitoring systems and processes in place to check the quality of the service were not as effective as they could have been. Examples included a lack of detail in care plans, staff records, and risks assessments. This created a risk of people's care not being person centred or as safe as it could have been. Although the manager and provider took action this was only because we pointed out the issues. We wanted to be assured that these actions would be sustained in the longer term.
- The nominated individual and manager understood the need to be open and honest when things went wrong. For example, if staff did not follow procedures and they were unable to make care visits as planned. One person said, ''It is easy to contact the manager. I could ring them and they would be round as soon as possible." A relative told us the care and support provided was, "Excellent and supportive. The [manager] says give me a ring and I will sort it for you. I can't fault the service."
- Staff were clear about their roles and explained these to us in detail. The manager understood where they could learn more and was working with the agency's head office to help ensure they understood their future role.
- Most feedback about the service and its management was positive. One person said, ''They listen to me and my needs without being pushy. Carries out what they say they will do." Another told us, "The manager has rung me several times to see if all is OK. I feel I am kept informed."

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

● The manager and staff team were passionate about supporting people to live as meaningful a life as possible. Staff spoke with enthusiasm about how they supported people and how they planned to support people in the future. One staff member said, "I am getting the support I need. If I am unsure I ask the manager or one of the senior care staff and they guide me. If new staff there can also be emergency situations and the manager is there. Any time of the day or night."
● Most people and their relatives were complimentary and praised the support provided for being consistently good. One person said, ''I would definitely recommend the [service]. No exceptions, all [staff] are kind and efficient."
● Relatives spoke about the caring attitude of the staff and the manager. One relative explained how staff had supported a person during a recent health appointment by arranging additional community nursing support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People were involved in all aspects of their support including day to day discussions with staff. More formal meetings such as with senior care staff or the manager were completed, and this helped drive better working quality of people's care. One relative said they got to provide feedback and that things had not gone well to start with. The provider had acknowledged where improvements were needed and things were now working better.
● Relatives were regularly asked to feed back about the service and about their involvement at the service.
● One relative told us how well the service responded, often at short notice, to changes in their family members health status.
● Staff felt well supported by the manager and had the opportunity to feed back about the service in supervisions and staff meetings. Staff told us they felt listened to and that their feedback was taken on board.

Continuous learning and improving care
● The manager was passionate about improving the service. They took feedback about improvements and compliments onboard and put actions in place to remedy these. Examples of compliments had thanked the staff for saving a person's life and for looking after a person very well.
● For example, we fed back that care plans, risks assessments and people's daily care notes lacked detail. Although the manager took immediate action and showed us improvements already taken, further actions were needed to show how these would be sustained.
● The provider and manager took action to improve the service based on the findings of their monitoring processes. For example, if the electronic care system was not accessible, a backup in the form of hand written notes would be used to record the care provided.

Working in partnership with others
● The manager and staff team linked with health professionals to support good outcomes for people.
● A health professional told us the service's manager was very open, proactive and always ensured people's needs were met.
● Due to many people's multiple and complex support and care needs frequently changing, GPs, health professionals, and palliative care nurses were involved on a regular basis. One relative told us the involvement of these professionals, "Had made a huge difference."