

My Homecare HCI Ltd

My Homecare Hayes

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

My Homecare Hayes provides a domiciliary care service for older people living in their own homes in the community. At the time of our inspection, there were 10 people receiving personal care.

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 risks to people's health and safety had been identified and assessed. Risk assessments did not always contain guidelines for staff about how to reduce risk and support people to remain safe. Initial assessments were not comprehensive and did not always contain the correct or necessary information so there was a risk staff would not know how to meet people's individual needs.

Care plans were also not comprehensive and not always person-centred. They did not always contain enough information for staff to know people's individual needs and choices.

The provider had systems in place to monitor the quality of the service and make improvements where needed. However, they had not started to use these and had failed to identify some of the areas for improvement we found.

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 were consulted in all aspects of their care and support and their choices were respected.

People who used the service and their relatives were happy with the service they received. People said the staff were kind, caring and respectful and they had developed good relationships with them.

The provider worked with other professionals to help make sure people had access to health care services. The provider had systems in place for the safe management of medicines. Nobody was being supported with their medicines at the time of our inspection. People's nutritional needs were assessed and met.

Staff were happy working for the service and felt well supported. They enjoyed their work and spoke positively about the people they cared for. They received the training, support and information they needed to provide effective care. The provider had robust procedures for recruiting staff to help ensure only suitable staff were employed. Newly recruited staff received an induction which included training.

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 31/1/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service registered.

We have found evidence that the provider needs to make improvement.

Enforcement

We have identified a breach of regulation in relation to safe care and treatment.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

My Homecare Hayes

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

The inspection was carried out by one inspector and an expert-by-experience who undertook telephone interviews with people who used the service and relatives. 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 registered manager would be in the office to support the inspection.

Inspection activity started on 10 September 2019 and ended on 11 September 2019. We visited the office location on 11 September 2019.

What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four members of staff including the registered manager, care coordinator and two care workers. We reviewed a range of records. This included three people's care records, three staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with four people who used the service and two relatives of other people to seek their views of the service.

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 requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider had not appropriately identified and assessed all risks to people's health and safety. One person's initial assessment stated they were at risk of pressure ulcers due to being cared for in bed. Instructions included for 'Carers to report any changes'. There was no pressure ulcer risk assessment in place and no guidelines for staff to know how to recognise signs or reduce the risk of pressure ulcers developing.
- Another person was at risk of falls. We saw a falls assessment in place, however this was more of a checklist, was not individualised and did not state the level of risk and what measures were needed to minimise this. There were no guidelines for staff to follow to help ensure they knew what to do to help prevent the person from falling.

The provider had not robustly assessed all the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw evidence that other identified risks had been assessed appropriately and included measures in place to reduce the risk of harm. For example, a person who lived with diabetes and another who had had a stroke both had a detailed risk assessment and guidelines were available for staff to follow to help ensure they understood the conditions, recognised the symptoms and met people's needs.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and were happy with the care they received. One person stated, "Oh yes, they are excellent" and another said, "I am satisfied with them."
- The provider had a safeguarding policy and procedures in place and staff were aware of these. There were no safeguarding concerns at the time of our inspection.
- Staff received training in safeguarding adults and told us they knew what to do to keep people safe. One staff member stated, "If I was worried about a person's safety, I would assess the situation and call the office and the relative, or 999 if necessary."

Staffing and recruitment

- The provider had appropriate procedures for recruiting staff. These included formal interviews and carrying out checks on their suitability and identity. New staff underwent training and were assessed as part

of an induction, before they were able to work independently.

- There were enough staff deployed to meet the needs of the people who used the service. The registered manager told us, "If a carer is off sick, we allocate another staff. We always have cover. If necessary, I would go or [care coordinator] would." The provider was in the process of recruiting more staff, so they could take on more people and be able to meet their needs.
- Some people told us staff were not always on time for their planned visits. One person stated, "Today, they were a bit late. About 30 minutes." The registered manager told us lateness was always addressed with staff, and they were confident the new electronic system would help improve punctuality.
- There was always a senior member of staff on call out of normal office hours. This meant people who used the service and staff were able to call someone anytime.

Using medicines safely

- The provider had a medicines policy and procedures in place and all staff received training in the administration of medicines. At the time of our inspection, nobody was being supported with their medicines apart from one person being verbally reminded to take these. This was recorded in their care plan.

Preventing and controlling infection

- There were systems in place to prevent the spread of infection and cross contamination. All staff received training in infection control and had access to personal protective equipment such as gloves and aprons, and where necessary, sleeve and shoe covers.

Learning lessons when things go wrong

- There was a policy and procedure for the management of incidents and accidents. However there had not been any since the service had started to operate.
- Lessons were learned when things went wrong. The registered manager told us, "When a carer was late, we received a complaint. That made us put a lot of effort into establishing a log in system. We are testing two at the moment to see which one fits best for us. We have very reliable carers and clients are able to call us if someone is late."

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. All the people who used the service had been referred by the local authority, who provided the agency with a full assessment of their needs. However, the provider's assessments were not comprehensive and not always personalised. We discussed this with the registered manager. Following the inspection, they showed us evidence of improved documents, including pre-admission assessments and care plans.

Staff support: induction, training, skills and experience

- People and relatives thought staff were well trained and knew how to support people. New staff received an induction which included an introduction to the service and its policies and procedures and shadowing more experienced staff. They were assessed in all areas of their work, such as food preparation, moving and handling and personal care. When assessed as competent, new staff could support people unsupervised.
- Staff received training in subjects the provider identified as mandatory such as safeguarding, moving and handling, medicines, end of life, mental capacity and infection control. Staff were supported to complete the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives new staff to care an introduction to their roles and responsibilities.
- Further training was planned to take place soon for all staff in subjects more specific to the needs of people who used the service such as person-centred care, equality and diversity, end of life care and dementia.
- Staff told us they felt supported by the management and received regular supervision. One staff member told us, "They come for spot checks regularly. I get supervision." The care coordinator confirmed this and said, "Staff have regular supervision." Senior staff undertook regular spot checks in people's homes and we saw evidence of this. These helped ensure people who used the service received their care according to their needs and wishes.

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

- People were happy with the support they received with their meals. One person told us, "They heat food up in the microwave for me" and another said, "They heat up the food my [relative] cooks." One relative stated, "They now help [family member] to eat. They do it all in a nice way. I have seen them feed [family member.]" -
- People were supported by staff with food and drinks of their choice. Some required already prepared meals to be warmed up and other required snacks to be prepared.

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

- People had access to healthcare professionals and staff supported them to attend appointments where necessary. Staff knew what to do if a person they supported was unwell. One person told us, "Yes, [Staff member] called the ambulance once." A relative stated, "They call the GP who will do a house visit." The registered manager told us, "We liaise with district nurses, physios, we make referrals to occupational therapists and community matrons. The carers are there and notice if someone needs additional support. We work as a team."
- The provider had an 'Oral hygiene' protocol. This contained guidelines for staff to help ensure they knew how to provide support about oral care, for example, tooth brushing, denture care and supporting the person to access dental appointments if necessary.

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 told us they were consulted about their care, and their choices were respected. The registered manager told us where people had the mental capacity to make decisions about their care, these were respected. We saw people had signed their records to show they had been consulted and agreed with the content of these.
- Staff received training on the principles of the MCA and demonstrated an awareness of this. One staff member told us, "Sometimes people don't have full capacity, so it helps to understand it. At the moment, they have capacity. I would report anything I am concerned about." The registered manager stated, "If we saw someone's capacity declining, we would call the GP and take appropriate steps." At the time of our inspection, all the people who used the service had the mental capacity to make decisions about their care and support.

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

- People told us they were treated with kindness and respect. One person stated, "Oh yes they do [treat me with respect]. A relative agreed and said, "They leave a drink for [family member] on [their] table and snacks and ask if [they] want the radio on and make sure [they] can turn the TV on."
- People were asked if they preferred a female or male care worker, but this was not recorded in their care plan. One person, told us, "I was [consulted], I don't mind." The care coordinator admitted they asked people but did not record this. They said they would record this going forward.
- People's religious and cultural needs were respected and met. For example, one person required staff to attend early on Sundays to help them wash and dress for Church. Another person required halal meat and no pork products. Staff wore shoe covers due to family praying on the carpet and the need for cleanliness.

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

- People told us they were consulted and involved in decisions about their care. They told us staff took time to explain things and listen to them.
- People were encouraged to express their views via quality questionnaires and telephone monitoring. The registered manager told us, "We try our very best to involve the person, so they can make decisions about their care."

Respecting and promoting people's privacy, dignity and independence

- Staff meetings included discussions about values, including respect. The meeting minutes we viewed included 'respect is showing someone you value them and that their feelings are important' and 'respect the service user's home'.
- Staff demonstrated they adhered to these values in all aspects of their work. One staff member told us, "I really love care work. I like to talk to people, give them care. It makes me happy."
- Staff recorded a summary of each visit in people's care logs. We saw these were written in a person-centred and respectful manner and included social interactions as well as tasks undertaken.

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 requires improvement.

This meant people's needs were met through good organisation and delivery.

This meant people's needs were not always met.

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

- There was a risk staff would not have enough information about people to meet their needs in line with their choices and wishes. Care plans were not always comprehensive and did not always include details about people's background, interests and preferences, and how they wanted their care. For example, one person's care plan stated they required full assistance with their personal care, but there were no guidelines about how they wanted this and how to deliver the personal care.
- However, some care plans included details about the support a person required at each visit. These were person-centred and included detailed instructions based on the person's wishes. For example, 'I would like the carer to ensure I have enough fluid upon my reach and my radio'. Care plans included a summary of people's medical history. A member of staff confirmed, "We get a lot of information about each person. We go through everything together."
- The registered manager acknowledged they needed to ensure care plans contained more details about people's background and their likes and dislikes. Following the inspection, they sent us evidence of newly improved care plans. They told us these were now being used.

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.

- All the people who used the service were able to communicate verbally. Most used English as their first language and were able to access and understand all the documents they were given when they started using the service.
- Overall people were happy with how staff communicated with them. However, one person told us, "They don't all speak enough English. When I asked them to take something out of the fridge, they may get the wrong thing. They then take it back." We raised this with the registered manager who assured us all the staff spoke good English and they had not received any complaints before. However, they told us they would look into these issues and would make improvements where these might be needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- Most of the people who used the service lived with relatives and were able to maintain relationships with their extended family. Where necessary, staff accompanied people to access the community, for example shopping, taking part in an activity of their choice, or accessing a place of worship.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure, and this was available to people who used the service. At the time of our inspection, there had been one verbal complaint in relation to a care worker's lateness. We saw evidence this had been taken seriously and the complainant had been responded to in a timely manner. Appropriate action was taken to help ensure this did not happen again.
- The provider kept a log of compliments they received from people and relatives. Comments we saw included, "I thank you all so much for your care and kindness", "My carer is like part of the family. I couldn't be happier to see her every day, makes my day so much better" and "I am so happy with the [care workers] who go and see my [family member]. They are extremely kind and caring."

End of life care and support

- People's records did not contain information about how people wanted to be cared for at the end of their life. The registered manager told us people were reluctant to discuss this and the subject was avoided. However, they had planned for all staff to receive training in this subject by the end of the month and told us they would include an end of life section in people's care plan going forward.

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

- The provider had a number of auditing tools in place which included audits about recruitment, care plans, accidents and incidents, health and safety and medicines. Because they had only started supporting people in June 2019, they had not started to use these. As a result, they had not identified the issues we found in relation to risk assessments.
- However, we saw evidence of unannounced spot checks in people's home where senior staff checked records and if the care workers were following the person's care plan. There had been no accidents or incidents at the service, and nobody using the service was being supported with their medicines. The registered manager confirmed they were undertaking audits from now.
- The provider had an electronic system for staff to log in and out of people's homes. This was to help ensure people received their visits as planned. However, the care coordinator told us the system was not always working and it made this 'difficult to monitor lateness'. The registered manager told us they were currently testing two systems, in view of choosing the most reliable one for implementation.
- Staff told us lateness was monitored. One staff member told us, "If you are delayed and don't call the office, they don't like it. All the clients have the office number and will call if they are not happy. We log in and out too."

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

- People and relatives spoke positively about staff and management. They told us the registered manager was approachable. Their comments included, "Very good. No problems", "[Registered manager] is very nice. [They] have been to see me", "I have never met [them], seems very nice on the phone and constructive" and "If [they are] not there, [they] will phone me back."
- Staff told us they felt supported by the management and could contact them at any time. Their comments included, "Manager is friendly but strict sometimes", "You get a lot of support. If you report something, they deal with it and give you feedback. I feel valued and listened to. This is good" and "I've had so much support, outstanding, they follow up on things. They check on us like how we are and if we have had a good day. I have never had that before. It makes you want to do your best. I am not going anywhere."

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 provider had a 'Duty of candour' protocol in place. This stated the provider's duty to report any accident or incident, to take appropriate action and to offer an apology if necessary. The registered manager told us, "As part of the induction, I tell staff, things go wrong, nothing is perfect, but if we are open and transparent, it minimises the consequences and it allows us to deal with issues appropriately. They know I will be there to support."

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

- The provider carried out regular telephone monitoring with people who used the service to obtain their feedback about the care they received. We viewed a sample of these and saw people's feedback indicated they were happy with the service.
- The registered manager told us they planned to send questionnaires to people to gather their feedback about the service around Christmas time.
- People were given a 'Service user guide'. This contained details about the staff and management, the provider's statement of purpose, what to expect from the service, how to complain, and useful contact numbers, including the out of hours number in case of emergency.
- There had only been one staff meeting taking place since the company started operating. The agenda included time keeping and lateness, complaints, ID cards and uniforms, supervision and training. The registered manager confirmed they planned to have more regular meetings from now on.

Continuous learning and improving care

- The registered manager was experienced and had worked in domiciliary care for eight years. They held a recognised qualification in health and social care. They were looking into becoming an accredited trainer, so they could deliver training to staff as needed.
- The registered manager told us they felt supported by their line manager and said, "The head office is very good and supports us to develop. They do audits, provide us with training and support. It is reassuring. The quality assurance manager is very good. The director deals with all business-related issues. The marketing manager helps us with recruitment and advertising."
- The registered manager was supported by a care coordinator. They told us, "I am always reading stuff to increase my knowledge. I phone pharmacies and GPs to find out about medical ailments etc."
- Staff told us they were involved in the running of the service and participated in its development. One staff member stated, "We had a meeting to discuss any improvement. They listen to us, they are supportive. We all work as a team and support each other. We have regular meetings to discuss any problems or if anybody is struggling."

Working in partnership with others

- The registered manager kept abreast of developments within the social care sector by attending meetings and training courses organised by the local authority. They told us, "I went to a market engagement meeting, any free training. Any opportunity, I go. Like medication or dementia awareness. It's good to broaden your knowledge."
- They added they increased their knowledge by liaising with a range of healthcare professionals such as occupational therapists, physiotherapist and hospital staff. They said, "We work with other healthcare professionals to better the clients' lives."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not always assess the risks to the health and safety of service users of receiving care or treatment.</p> <p>Regulation 12 (1) (2) (a) (b)</p>