

My Homecare Kingston Ltd

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Inspection report

151 High Street
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29 July 2021
17 August 2021

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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

My Homecare Kingston provides personal care to people in their own homes. 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. There were 13 people using the service at the time of this inspection.

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

Relatives of people using the service said they were happy with the service provided and would recommend the service to others. They told us their family members were supported by staff who understood how to keep them safe and were caring and respectful towards them.

People were supported by staff who were recruited safely, had appropriate training and were well supported by the registered manager. Staff understood how to safeguard people using the service and were confident any concerns raised would be listened to.

Procedures were in place and followed for the safe management and administration of medicines and infection prevention and control.

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's care was planned around their wishes, preferences and needs. Relatives understood how to complain but had not needed to because they were happy with the care provided. They were confident that, if they contacted the administrative office, the management team would respond to them promptly.

Systems were in place to monitor the quality of care people received as well as their satisfaction with it. People, relatives and staff were encouraged to share their feedback.

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

Rating at last inspection:

This was the first inspection for the service.

Why we inspected:

This service was registered with us in October 2019 and this is the first inspection.

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 well-led.

Details are in our well-led findings below.

Good ●

My Homecare Kingston

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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. 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 we needed to be sure the manager would be in the office to support the inspection.

Inspection activity started with a visit to the agency office on 29 July 2021 and ended on 17 August 2021 when we contacted relatives of people using the service and care staff by telephone to gather their views.

What we did before the inspection

We reviewed the information we held about the service including any feedback from the local authority and notifications of significant events the provider had sent to us. 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

At the office we spoke with the registered manager and the office manager. We reviewed the care records for four people using the service and five staff files in relation to recruitment, training and supervision. We also

looked at a range of records relating to the management of the service.

After the inspection

We contacted five relatives and five care staff to gather their views of the service. We continued to seek clarification from the provider to validate the evidence found.

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

- People were protected from abuse. Staff received training to identify and report abuse. Additional safeguarding training was also being provided for care staff working with children. Staff told us they would report any concerns to the registered manager and were confident appropriate action would be taken. Comments included, "I can always speak to [registered manager]. She is always there" and, "I've had safeguarding training for both adults and children."
- Relatives told us the staff who visited were caring, respectful and made sure their family member was kept safe and well. One person said, "You cannot fault them – wonderful." Another person said, "The care is very good."

Assessing risk, safety monitoring and management

- The provider had assessed and managed risks to people's safety. People's care records included guidance for staff about how to provide support in a safe way. The registered manager carried out assessments to look at any risks such as moving and handling and taking medicines. The person's home environment was also assessed to make sure it was safe.
- Staff told us they knew how to provide people's care safely. Relatives of people using the service told us that their family members received consistent care from a regular staff member who knew their needs. Care plans addressed the key care tasks required by each person and staff told us that they could contact the registered manager for advice at any time. One staff member commented, "We talk about what we could do."

Staffing and recruitment

- There were enough staff to support people safely. People received care from either an individual or a small team of care staff who they knew. The registered manager said they tried to match people to care staff and accommodate any preferences.
- Relatives told us that the carers were punctual and stayed for the correct length of time. One person said, "They are always on time and stay for the full time." A member of care staff said, "There is no pressure to rush calls. I will contact people if I am delayed, or the registered manager will do so."
- The service carried out recruitment checks on care staff to ensure they were suitable to work in people's homes. This included Disclosure and Barring Service (DBS) and identity checks along with references to confirm they were of good character.

Using medicines safely

- Staff were trained in how to support people with their medicines and had their competency checked to do this safely. Staff completed records of the support they had given to people although no medicines were

being administered by staff at the time of this inspection.

Preventing and controlling infection

- People were protected from the risk of infection. Staff were trained in preventing infection and using Personal Protective Equipment (PPE) effectively to reduce the risk of infection.
- Relatives told us staff used appropriate PPE when they provided care. Staff told us the provider had ensured they had appropriate protective equipment, such as face masks, disposable gloves and aprons throughout the pandemic.

Learning lessons when things go wrong

- The provider had systems to identify and learn from any incidents. This included sharing the learning from incidents with the staff team to further improve the safety of the service. A 'WhatsApp' group had been established to share learning with regular weekly virtual staff meetings also taking place.

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 care needs were assessed before the service started to provide care or support and these assessments were used to inform people's care plans. Relatives said they were invited to participate in the assessment process to help staff to further understand people's needs.
- The care plans we looked at addressed the support people required although they varied as to the level of detail included about the person, and their individual likes and dislikes. We discussed ways of further personalising the care plans to help ensure they reflected the person, their life, and the things that were important to them.

Staff support: induction, training, skills and experience

- Relatives told us staff had the skills to meet their family member's needs. One relative said, "They have been absolutely fantastic, helped to keep [person] safe and well."
- Care staff were expected to attain the Care Certificate. The Care Certificate represents a nationally accepted set of standards for workers in health and social care.
- Staff received regular refresher training and told us they felt supported by the management. One staff member said, "I've attended all the training, safeguarding, manual handling, lots." Another staff member commented, "They are very efficient at getting you on training."
- Records showed that staff received a regular documented one to one supervision with their line manager.

Staff working with other agencies to provide consistent, effective, timely care

- Relatives told us they were confident staff would call the doctor or emergency services if they were required. One relative gave us an example of how the service had called an ambulance recently after becoming concerned about their family members health.
- Systems were in place for staff to alert the office if they became concerned for a person's health. Staff said the registered manager supported them effectively to take the appropriate action and ensure the persons safety.

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.

- The registered manager and staff had received training about the Mental Capacity Act 2005. Where required, we saw people's individual capacity to make specific decisions was assessed, for example, to take their medicines.
- Where there were concerns about a person's ability to consent to their care, and they had no legally authorised representative, the service assessed their mental capacity to consent to care. Where a person was found to lack capacity, a best interests process was followed to identify how to provide the necessary care in the least restrictive way possible. This would be completed in partnership with the Local Authority as appropriate.

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

- Relatives told us care staff knew their family member well and said they were happy with the care. One relative told us, "It's been fantastic for [person]. They adore them." Another relative said, "The staff member is absolutely brilliant."
- Care records were written in a respectful and compassionate manner that demonstrated awareness of people's equality and their diverse needs.

Supporting people to express their views and be involved in making decisions about their care. Respecting and promoting people's privacy, dignity and independence

- Care staff told us they asked people what they would like help with at each visit as some people preferred to have support with a variety of things. A relative told us, "They have always been very obliging" when referring to the flexibility of the care staff supporting their family member.
- The managers and staff asked people for their views about their care. Regular telephone monitoring and other spot checks included the views of people and/or their relatives.
- Relatives told us care staff treated their family member well, were polite to them and their dignity was always maintained. One relative told us they could not have wished for better staff.
- Care staff told us they received training about the importance of maintaining people's privacy and dignity and knew the people they supported well. This helped them understand each person's individual preferences and how people preferred to be cared for.

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

- People's care reflected their needs and wishes. Relatives told us they could always discuss the care being provided with the staff and with the registered manager, to ensure their family members needs and preferences were met. We saw any changes in people's needs were updated in care plans.
- One relative commented, "They listen to me." Another relative said, "They are very good."

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.

- Staff understood how people preferred to be communicated with and this was referred to in people's care plans. The registered manager understood the importance of using communication methods such as large print and alternative language formats, where this was appropriate.

Improving care quality in response to complaints or concerns

- Relatives we spoke with did not have any complaints, but they knew how to complain and felt confident their issues would be resolved if they did. One person told us, "I was not happy with a carer. The [registered] manager soon changed the person." Another relative said, "There have been hiccups along the way but these have always been sorted out."
- The agency had a written complaints process in place and this was made available to people using the service and their representatives.

End of life care and support

- Where appropriate, people's end of life wishes and contacts were known and recorded for staff to refer to.

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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager promoted a positive culture and set of values that informed the care provided by the service. They were committed to the provision of a high quality 'person centred' service and ensured their staff shared their vision and values.
- People were assured they could contact the agency office and have any query they raised resolved in a timely manner. Staff were happy working for the service and their feedback about the registered manager included, "A very hardworking lady" and, "She is around all the time – every time I request some support".

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

- Relatives felt able to raise any issues with the service. Staff felt confident to contact the registered manager if they had concerns.
- The registered provider understood the need to investigate and respond to complaints and, when appropriate, to make referrals to other organisations such as the host Local Authority.

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

- Regular checks were made by the registered manager to ensure the quality of service. For example, to check medicines records and care notes were completed accurately by staff. Staff attendance at calls was also monitored to ensure staff arrived at the agreed time and stayed the duration of the call.
- Spot checks were of staff and the support being provided were also undertaken. Written records were kept of these regular checks and a process in place to action any changes required to improve the quality of service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- People told us the registered manager called to ensure they were happy with their care. They told they felt comfortable speaking with staff and sharing feedback about the service they received. One relative said, "They work well with you." Another relative commented, "We would not go elsewhere." All of the relatives we spoke with said they would recommend the service to other people.
- The management team and care staff were a diverse team and understood and promoted an inclusive culture. Care staff had received training on Equalities and understood people's protected characteristics. A

member of staff told us that "My manager doesn't discriminate."

- The registered manager was working in partnership with local stakeholders such as the local authority and clinical commissioning groups.