

Compassion 4 Care Ltd

My Homecare Birmingham East

Inspection report

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Date of inspection visit:
07 March 2019

Date of publication:
17 May 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

My Homecare (Birmingham East) is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides services to people living with dementia, learning disabilities or autistic spectrum disorder, mental health, older people and younger adults. At the time of this inspection three people were receiving support from the service.

CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People's experience of using this service:

People who used the service and their relatives told us staff were kind and caring. People were supported to have choice and control of their lives. However, people's capacity to make decisions about their care had not been assessed to ensure that staff supported them in the least restrictive way possible. Policies and systems in the service required reviewing to support this practice. Please see the 'action we have told the provider to take' further on in the report.

People's healthcare needs were being met. However, we couldn't assess whether medicines were managed safely as support in this area was not provided. Systems were in place to protect people against avoidable harm, abuse, neglect and discrimination. The care they received was safe.

Care plans were up to date. However, they did not detail what care and support people wanted and needed in relation to communication and behaviours that may challenge. Risk assessments were in place. However, there was no risk assessment in place to inform staff how to reduce risk in relation to people's behaviours.

People's likes, preferences and dislikes were not recorded in people's care records. However, staff had a good knowledge of people to ensure care was delivered in accordance with people's preferences. .

Staff were being recruited safely and there were enough staff to take care of people. Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff were supported by the registered manager and were receiving formal supervision where they could discuss their ongoing development needs.

There was a complaints procedure and people knew how to complain.

Everyone spoke highly of the registered manager who they said was approachable and supportive. There was some quality monitoring in place, however, this was not always effective. Issues around recruitment files, risk assessments and care plans had not been identified.

Rating at last inspection:

This was the first inspection of this service since it registered with CQC on 24 October 2017.

Why we inspected:

This was a planned inspection.

Follow up:

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

For more details, please see the full report which is on the CQC website at 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?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

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 Birmingham East

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was completed by one inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to people living with dementia, learning disabilities or autistic spectrum disorder, mental health, older people and younger adults.

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:

The inspection was announced. We gave the service three days' notice of the inspection site visit because we needed to be sure someone would be present.

We visited the office location on 7 March 2019 to see the registered manager and to review care records and policies and procedures.

What we did:

We reviewed information we had received about the service. This included details about incidents the

provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During this inspection, we looked at one person's care records, and records relating to the management of the service, including staff training records, audits and meeting minutes. Following the office visit, we spoke with two relatives and one member of staff.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety.

Assessing risk, safety monitoring and management

- Before admission to the service an initial assessment was completed to assess whether the service could meet people's needs.
- People's care files included appropriate risk assessments which had been conducted in relation to their support needs. Risk assessments covered areas such as the home environment, mobility, personal care, medicines, equipment, and manual handling.
- People's care documentation set out the risks and control measures in place to mitigate the risks. However, one person could display behaviours that challenged and there was no risk assessment or care plan in place to explain to staff how to manage this safely.

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us the service was safe. Comments included, "Oh yes (relative) is fine with the staff. It's good for me as well that (relative) is comfortable with staff. They're definitely safe" and "(Relative) takes their time to get know people, but I know (relative) is safe when they are with the staff."
- There was a safeguarding and whistleblowing policy in place which set out the types of abuse, how and when to send safeguarding referrals to local authorities and the expectations of staff.
- The manager told us there had been no safeguarding incidents in the last twelve months.
- Staff could explain what action to take to ensure people were safe and protected from harm and abuse.

Staffing and recruitment

- Safe recruitment practices were followed, and appropriate checks were done on applicants, including checks with the Disclosure and Barring Service (DBS) to ensure applicants were appropriate to work with vulnerable people.
- The service was adequately staffed which ensured staff provided a person-centred approach to care delivery.
- When checking staff files, references and interview notes were not present. These were sent following the inspection.

Using medicines safely

- At the time of this inspection, the service was not supporting people with medicines.
- There was a medicines policy in place.
- Staff were trained in administering medication in case the needs of the service changed.

Preventing and controlling infection

- Staff completed training in infection prevention and control.
- Staff had access to personal protective equipment such as gloves, aprons and shoe covers. Spot checks

confirmed that staff were using the equipment provided.

Learning lessons when things go wrong

- There were appropriate processes in place for recording and investigating accidents and incidents.
- There were systems in place to learn when things went wrong. However, there had been no accidents or incidents to see if the system was effective.
- Staff members were aware they must call the office to report any issues including accidents and incidents.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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.
- Assessments had not been completed of people's capacity to make decisions about their care and support. The registered manager had confirmed that she had spoken to other people involved with their care who confirmed they had capacity. However, there was no record of this.
- There were no records in place to show that people had consented to their care.

We recommend the provider considers current guidance on the Mental Capacity Act 2005 (MCA) and acts to update their practice accordingly.

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

- Assessments of people's needs were completed, outcomes were identified, and care and support was regularly reviewed.
- Staff applied learning effectively in line with best practice, which helped to achieve good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- Staff were trained to be able to provide effective care and received regular supervision.
- Staff spoke highly of the training, support and supervision they received. One staff member told us, "The training is great, we meet each month and a different topic is covered. We have a presentation, then a question and answer session. It's very informative. Next time we are covering palliative care."
- Staff told us additional training was provided so they could meet the needs of people using the service.

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

- At the time of this inspection, the service was not providing support to people in this area.

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

- The service worked with other agencies and professionals to ensure people received effective care.
- Where people required support from other professionals this was supported, and staff followed guidance

provided by such professionals.

- Information was shared with other agencies if people needed to access other services such as GPs, health services and social services.

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

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

- One relative told us, "(Relative) is very happy with the staff. They are ever so kind. (Relative) loves to see them, they make each other laugh. I can't complain about any of the staff. Not only do they care for (relative), they also make sure I'm ok, they will drop me off at the shops and things like that."
- Another relative told us, "The staff are without doubt 100 percent respectful. We've been with them a while now, they are like family. (Relative) can take a while to settle with new people but they are always up for the challenge. We've been through a lot with other care providers, but never had an issue with these. When (relative) comes home, (relative) is always laughing. That is a sign they have had a good day."
- Staff were caring and supportive to the people who used the service. Both staff and management were committed to ensuring that people received the best possible care.
- Staff we spoke with were positive about their role. They told us, "I have worked for other care agencies, this is the best one I've worked for. People are at the centre of everything."

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

- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received.
- People's diverse needs were recorded. Staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- When people had expressed their views about their preferences these were respected. Staff could tell us about how people preferred to be supported. People's care records confirmed their preferences had been acted on to promote positive outcomes.
- Records showed people who used the service and relatives were involved in care planning and reviews.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. Through our conversations with staff, they explained how they maintained people's dignity whilst delivering care. Staff told us they always ensured doors and curtains were closed when delivering personal care. Staff told us they explained to people what was happening at each stage of the process when delivering personal care. One staff member told us, "I talk people through what's happening, it's about the person having autonomy."
- The service supported people to live as independently as possible. Staff gave us examples about how they encouraged people to complete certain aspects of their own personal care and day to day activities which supported them to maintain their independence.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's likes, dislikes and what was important to the person were not recorded in people's care plans.

However, staff were knowledgeable about people's preferences and could explain how they supported people in line with this. One staff member told us, "I ask the person each time I support them, what do they want me to do, how would they like me to do it for them."

- People's care plans did not include details about their communication needs. Some people had very complex needs. One person was blind and did not communicate verbally, but there was no information about how staff should communicate with the person during support. However, due to staff knowing people well, their needs were known and understood by staff. This was confirmed by their family members.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. People who used the service told us they would feel able to raise any concerns with the registered manager. One person told us, "I have the managers number. If I wasn't happy I would contact them. I have never had a need to though." Another person told us, "I have never had a need to complain, we see the manager on a regular basis, so I know who to complain to."
- We looked at the complaints log and found no formal complaints had been received in the last 12 months.

End of life care and support

- The registered manager informed us they were not currently providing care for people at the end of life. If this changed they would support people whilst working alongside other professionals to meet people's needs and wishes.
- Staff had received training in the provision of end of life care.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was a registered manager in post who provided leadership and support. We found the registered manager open, honest and committed to making a genuine difference to the lives of people using the service.
- The quality assurance systems which were in place to monitor the service had not always been effective in identifying areas for improvement. For example, the quality assurance system had not identified that one person's care records contained inadequate assessment of risk and guidance for staff about supporting the person with their behaviours. It had also not identified that people's care plans did not contain enough information to guide staff in how to support people with their communication needs.

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

- People who used the service were positive about the registered manager. Comments included, "The manager always comes and visits and checks that we are happy with things" and "The manager visits regularly and checks through things with us to make sure we are happy."
- The service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice.
- The registered manager knew people using the service and their relatives very well. People told us, they were kind, caring and very knowledgeable about people's lives and personalities.

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

- The registered manager and the staff team knew people and their relatives well which enabled positive relationships to develop and good outcomes for people using the service.
- The quality of the service was monitored using quarterly review meetings to obtain the views of people who used the service and their relatives. This was completed either face to face or via the telephone.
- The registered manager made themselves easily available to people using the service, relatives and staff.

Continuous learning and improving care

- The registered manager understood their legal requirements. They were open to change, keen to listen to other professionals and seek advice when necessary.
- There was an electronic monitoring system in place, which included a dashboard. The dashboard allowed the registered manager to have an oversight of logged events such as accident and incidents and

complaints from other franchise's which the register manager could learn from and use to make improvements to the service.

Working in partnership with others

- The registered manager attended provider meetings held by Birmingham council, along with meeting other registered managers at the franchise. This provided the registered manager with a wide network of people they could contact for advice.