

Your Own Home Care Limited

Your Own Home Care

Inspection report

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02 December 2016

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 22 and 25 November and 2 December 2016. It was an announced visit to the service.

This was the first time the service had been inspected it was the service's first inspection since registration.

Your Own Home Care is an independent, family owned company. It is registered to provide personal care to people. The service is provided to people in their own homes, in the Aylesbury and surrounding areas. At the time of our inspection 14 people were being supported.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received lots of positive feedback from people who used the service. Comments included "They (staff) are always very friendly and professional," "I get on exceptionally well with them (staff) all" and "Very helpful and understanding." A relative told us "Believe me I am critical but I can honestly say they (staff) are brilliant, very very caring."

Where people had been identified as needing support with their medicine we saw this was included in their care plan and a medicine risk assessment was undertaken. However we found that some staff had provided people with support with medicines when they had not been trained to do so. We have recommended the service follows good practice in the safe handling of medicines.

We found there was some monitoring of the service. The registered manager did a lot of this by going out and delivering care. Few records were made about the quality of the service. The service had a number of policies and procedures, but the registered manager did not always work towards them. For instance, staff did not receive supervision and appraisal in line with the policy. We have made a recommendation about record keeping in the report.

People were protected from the risk of abuse. The service had a safeguarding procedure in place. People we spoke with stated they knew who to speak with if they had any concerns. Staff received training on safeguarding people. Staff had knowledge on recognising abuse and how to respond to safeguarding concerns.

People told us they had developed good working relationships with staff. Staff spoke passionately about the service they provided. Staff told us they really liked working for the service.

People told us they felt they received a personalised service, comments from people included, "I get asked

'what do you need?' and whatever I have asked for I got." Another person told us "I get asked about choice and a re-check happens to ensure it is still suitable."

People were always introduced to new staff; people told us how this was important to them as no strangers would turn up.

The service worked well with healthcare professionals and helped to support people to maintain good health.

There was a clear vision in the service to provide a high quality service, this was clearly laid out by the registered manager and the staff understood and agreed with this.

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.

People were assisted by staff who did not always receive training before supporting with the administration of medicines.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures in place for staff to follow in the event of any abuse happening.

People always had support from staff who had sufficient time to meet their needs.

Requires Improvement ●

Is the service effective?

The service was effective.

People were encouraged to make decisions about their care and day to day lives.

People were cared for by staff who were aware of their roles and responsibilities.

People who required it were supported to ensure adequate nutrition.

Good ●

Is the service caring?

The service was caring.

Staff were knowledgeable about the people they were supporting and aware of their personal preferences.

People were treated with dignity and respect.

People were supported to celebrate important events.

Good ●

Is the service responsive?

The service was responsive.

People were able to identify someone they could speak with if

Good ●

they had any concerns. There were procedures for making compliments and complaints about the service.

People told us they received a personalised service which met their needs.

Is the service well-led?

The service was not always well-led.

The registered manager did not always keep records as to how they monitored the service.

People told us the registered manager was approachable. They had confidence in the registered manager.

People could be certain any serious occurrences or incidents were reported to the Care Quality Commission. This meant we could see what action the service had taken in response to these events, to protect people from the risk of harm.

Requires Improvement ●

Your Own Home Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 23 and 25 November 2016 and the 2 December 2016. It was an announced visit. The provider was given notice because the location provides a domiciliary care service and we needed to ensure someone would be available to help with the inspection. The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed notifications and any other information we had received. A notification is information about important events which the service is required to send us by law.

We spoke with four people who were receiving care and support, two relatives; the registered manager and three care staff. We reviewed four recruitment and training files for staff. We looked at records relating to six people's care and treatment and cross referenced practice against the provider's own policies and procedures.

We also contacted social care and healthcare professionals with knowledge of the service. This included people who commission care on behalf of the local authority and health or social care professionals responsible for people who were supported by Your Own Home Care.

Is the service safe?

Our findings

People told us they were happy with the service provided. One person told us "They (staff) make sure the windows are shut and the doors are locked before leaving." Another person told us "They always check the back door to make sure I am safe."

Where people required assistance with their medicines, a risk assessment was conducted. The registered manager provided a medicine administration record (MAR). The staff were expected to use the MAR to record what had been administered. We looked at completed MARs we noted a number of gaps in the records. We spoke with the registered manager about this. They advised us a senior staff member checks the MARs. This was supported by what we saw. We noted a monthly check was completed and list of issues was made. The registered manager told us this was discussed with staff at team meetings. No evidence was available to demonstrate learning from this. We noted that some staff had been in post for nearly two months without training on the safe administration of medicines. We asked the registered manager if this could account for the gaps in MARs. We checked one person's record and found two gaps in MAR were for days when a staff member who had not received medicine training provided the care. The registered manager told us staff employed were all experienced and would have had previous training in safe administration of medicines. We asked the registered manager if they sought confirmation of this. They told us they did not. Two staff we spoke with handled people's medicines. They told us they had not worked in the care industry before and did not have previous medicine training.

We recommend the service ensures staff who are responsible for supporting people with their medicine are sufficiently trained to do so.

The service operated robust recruitment processes. Pre-employment checks were completed for staff. These included employment history, references, and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check. Where staff were awaiting a full enhanced DBS, a first response check had been undertaken. This protected people from the risk of harm until all clearances were received.

People were protected from the risk of abuse. The service had a safeguarding procedure in place. People we spoke with stated they knew who to speak with if they had any concerns. Staff received training on safeguarding people. Staff had knowledge on recognising abuse and how to respond to safeguarding concerns.

People spoke highly about the service provided. They told us staff always had enough time to spend with them. This was supported by what staff told us. One staff member told us "We have enough time, if this changes we let (the manager) know and they will assess if more time is needed." We spoke with the registered manager about how they roster the care calls. We noted this was conducted on a regular basis. We looked at rosters and saw that travel time had been allocated to staff. The registered manager told us they would not accept a care package if they could not be certain they would be able to meet the person's needs. On day one of our inspection the registered manager received a call from a prospective client. It was clear the service would not compromise and agree to taking on something it could not deliver.

The service used a risk assessment overview form to identify if a full risk assessment was required. Where identified, risk assessments were conducted for mobility, falls, and skin integrity for instance. The risk assessment identified the severity of the risk; however it did not always record how the risk was to be reduced. We checked other documents available. We found there was more detail in the personal care plan on how a risk was managed. For instance, one person was at risk of falling. The risk assessment stated "(Name of the person) has decreasing mobility due to dyspnoea and SOBOE" (shortness of breath on exertion) the personal care plan stated "Allow time to rest and recover after mobilising." We spoke with the registered manager about the content of the risk assessments. They informed us that staff understood the risks to people and they were reviewed when necessary.

Is the service effective?

Our findings

People and relatives told us they felt staff were knowledgeable. People received effective and compassionate care, from staff who understood people's preferences, likes and dislikes.

Staff told us they felt supported by the registered manager. We looked for records about the support provided. We did not find any records relating to staff appraisal. We asked the registered manager if staff appraisal and supervision occurred. They told us they did not appraise staff, and they would usually meet with staff three times a year for a one to one session. We asked to see the provider's policy on supervising staff. We noted the policy stated staff should receive four one to one meetings in a year. We asked the registered manager if this happened. They told us staff did not always have four meetings in a year; however they felt staff were supported as they provided regular support and also worked alongside them on a regular basis. On the second day of the inspection the registered manager told us they intended to hold an appraisal with the staff.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. We noted the service supported people who had a dementia illness. Services should only seek consent from a third party if the third party had been granted legal authority to act on the person's behalf. It is good practice for services to ensure they have seen a copy of the document which grants legal authority so they can be sure they are working to the principles of the MCA. We noted the service asked a family member to sign a consent form and a care contract. We asked if the family had legal authority to act on the person's behalf. The registered manager was unsure. They checked with another family member who confirmed this was the case. The registered manager acknowledged the need to seek confirmation of a third party's legal status and told us how they would ensure this happened in the future.

Staff we spoke with had a good understanding of the MCA and how they would involve people in making decisions about their care. The registered manager told us how they had contacted social services when they had become concerned about a person they supported.

People told us they felt the staff were well trained. One person told us "I don't know where she (the manager) get them (staff) from but they are the best." Another person told us "They (staff) come and shadow before they come on their own." This was supported by what staff told us. Comments from staff included "I had an induction, I had to do online training, and then I had hands on experience. I shadowed and each client was explained to me." Staff told us the hands on experience really helped them understand people's needs. Staff had a mixture of face to face training and online courses to help them understand their

role. The registered manager kept a list of training completed.

We saw evidence that people were supported to maintain good health; onward referrals were made to external healthcare professionals as required. For instance, one person was being supported by a district nurse. One person told us, "The carers notice when I am not well, they report this back to the manager, I have had a phone call to say do I need the doctor, they are very good like that." A relative told us "When my wife has been unwell, (the manager) has contacted the right people, very prompt, there has been no hesitation."

Where required people were supported to maintain nutrition and hydration. One person told us, "I don't ask for it, but when I go back in to the lounge there is a cup of tea waiting for me." We noted that information about people's nutrition was detailed in their care plan. For instance, one person care plan stated "Ensure (name of person) has sufficient fluids to drink within reach when you leave."

Is the service caring?

Our findings

People told us how kind and compassionate the staff were. Comments included "They (staff) are always very friendly and professional," "I get on exceptionally well with them (staff) all" and "Very helpful and understanding." A relative told us "Believe me I am critical but I can honestly say they (staff) are brilliant, very, very caring."

People told us how the staff had developed good professional working relationships with them. One person told us "I feel listened to, I only have to mention something and it's done, for instance I made a comment the other day that I thought I had kicked the bottom of the bed out, by the time I have finished in the wet room, the carer had gone upstairs and remade the bed. I didn't expect it and didn't ask, they just get with it, I could not ask for more." Another person told us, "You only have to ask and it's done, if I want water putting in my flowers it would be no trouble."

People told us they felt involved in decisions about their care. One person told us "I get asked 'what do you need?' and whatever I have asked for I got." Another person told us "I get asked about choice and a re-check happens to ensure it is still suitable."

People were provided with a handbook. This gave them details about the service and what level of service could be provided. It had contact details for advocacy services. Advocacy gives a person independent support to express their views and represent their interests.

Staff spoke passionately about the work they undertook. One staff member told us "I really enjoy my job" another staff member told us "I enjoy every minute of it."

Staff were knowledgeable about how to treat people with dignity and respect. They told us they would ensure someone was helped in a dignified manner. This was supported by what people told us. One person told us "I am always treated with dignity; they (staff) always make sure they keep me warm with towels around me. A healthcare professional told us they had visited to assess someone with a new piece of equipment. They told us staff were very respectful both to the person and to their relative. The professional told us how caring the staff had been under difficult circumstances.

People told us they were always introduced to a new staff member. This was supported by what staff told us. The registered manager told us all new staff were introduced to people to ensure no-one has a stranger visiting them. A member of staff told us, "We complete a list of who we have been introduced to and which of our colleagues we have shadowed." This helped the registered manager ensure staff understood people's needs.

We looked at feedback the service had received from people comments included "I would be lost without them," "Thank you for you've done, your kindness and sincerity and compassion in our hour of need" and "I have not found a more professional team in the area."

The service helped people support important events. We noted people who used the service were sent a birthday card. This was appreciated by people we spoke with. People told us the staff had supported them to be as independent as they could be. People told us this was particularly important to them.

Is the service responsive?

Our findings

The registered manager undertook an assessment prior to people receiving support. Information was gathered from people about the type of support required and what time they wished to have the support. This information was pulled together and a care plan was created. In addition to the care plan, some people with more complex needs had a detailed call guide. This document provided additional support to care staff. Most staff told us they had enough information about the person they supported. This was in part due to the shadowing they had completed. However, one member of staff felt the care plans could be more detailed.

The registered manager told us how they visit the people supported on a regular basis. They undertook some of the care visits. This helped to ensure people received a person centred service. One person told us "(name of manager) comes to see me as a carer, they chat to me when getting ready, but they will stay with me afterwards and check that I am ok."

One person told us they received a personalised service. They had been particularly pleased with the flexibility the service had been able to accommodate. The person told us how a change in the time of their care call had enabled them continue an important role in the Royal British Legion.

People told us they had been involved in developing their care plan. We saw where changes occurred in people's need this was recorded and changes were made to risk assessments and care plans. Where required the service sought support from external agencies to undertake reassessment. For instance, one person had been visited by an occupational therapist that had provided information to the service on how best to support a person move position. The occupational therapist told us the service was committed to providing safe person centred care.

The registered manager kept an office communication file. This detailed information from staff. For instance, where staff had telephoned the office for advice or to inform of changes. Staff told us they regularly communicated with the office and always received a response in a timely manner from the registered manager.

The service prided itself on providing a person centred service. There was a minimum amount of time allocated to each care call to ensure people received the right care. Each week people were aware of who would be supporting them as this information was sent out to them.

The service had a complaints process. This was detailed in the handbook each person who used the service received. Staff were aware of the complaints process and what to do in the event of a concern being raised. The service also provided information about how they would respond to a complaint. The registered manager told us they sought regular feedback from people, this was conducted through undertaking the care calls themselves.

Is the service well-led?

Our findings

People told us they thought the service was well-led. Comments included, "I can honestly say they are excellent," "It provides exceptionally caring service" and "I would not want to move to another company, I have recommended the service."

The registered manager undertook some quality assurance to monitor the service and to drive improvements. We saw that a medicine and care record audit was undertaken. However, there was no action plan devised. The registered manager was able to tell us events took place, like team meetings and quality visits. We found there was a lack of documented evidence to support robust quality assurance. For instance, team meetings were not recorded as minutes. We found brief notes from team meetings were made. The service did not analyse information contained in accident and incidents. Other records about the delivery of the service and support to staff could have been improved. The registered manager did not always follow their own policies. For instance, staff were not always supported as stated in the provider's supervision and appraisal policy. The registered manager acknowledged this. We noted the registered manager was on the rota to provide care to people. We asked the registered manager to consider if they had enough time in the office to drive improvements and develop quality assurance processes.

We recommend the service works towards their own policies and procedures for supporting staff.

The registered manager was passionate about providing a high quality service. This was demonstrated in the handbook they provided to people who use the service, in their discussions with us and comments provided by staff. They had a wealth of knowledge from many years of experience in health and social care. The registered manager felt it was important to provide hands on care and it was a way of connecting with people who used the service and they used it to monitor if care was appropriate.

Staff felt the service promoted a high quality service. Comments from staff included, "We are a small team and we get on," "This is the best boss I have every had" and "I feel appreciated and valued, it's a good place to start."

People, their relatives and staff told us the registered manager was approachable and always responsive to them. People told us they always received a call back from the registered manager, this was echoed by staff. One staff member told us, "I know I can always ring (the registered manager), if they are busy I will always get a call back."

People told us there was good communication with the office and the registered manager was available to them if they needed. This was supported by what staff told us. Comments from staff included, "Once a month we have a team meeting, if you cannot attend we get sent an email telling us the update."

The registered manager told us the team meetings were important. A staff member told us they found the team meetings really useful as they were an opportunity for staff to share their views on how best to support people. They told us "If you are struggling with someone, others can tell you how they support them."

Services have a legal responsibility to be open and transparent. We call this duty of candour (DOC). We spoke with the registered manager about their responsibilities under this. The registered manager had sent us notification about important events which were required to.