

Minster Home Care Ltd

Minster Homecare

Inspection report

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05 October 2022

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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

About the service

Minster Homecare is a domiciliary care service providing personal care and support to people living in their own homes. Not everyone who used the service received personal care. The Care Quality Commission (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. At the time of the inspection the service was providing personal care to 34 people.

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

People and relatives were very happy with the service, felt it was safe and staff were caring. One person told us, "I can't think of many people who have better carers." A relative said, "My relative's care is very, very good."

Risks to people's health, safety and well-being were effectively managed. Staff safeguarded people from abuse. Medicines were safely administered and managed. The provider had effective infection prevention and control systems in place.

Safe recruitment procedures were followed and there were enough staff employed to meet people's needs. Staff were supported, to provide care in a person-centred way, through regular training, supervision and incentives. People were supported with their nutritional needs, and staff worked effectively with external professionals to ensure people received the support they wanted and needed.

Support was personalised and based on people's assessed needs and preferences. Staff spoke highly of people and were passionate about their roles. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People and relatives were involved in making decisions about their care. Staff respected people's privacy, dignity and promoted their independence. People and relatives were aware of the provider's complaints procedure and felt confident to raise concerns.

People and relatives felt the service was well-managed. The registered manager promoted an open, honest culture and was approachable. Systems were in place to effectively monitor and develop standards at the service. Feedback was regularly sought and valued. The provider promoted continuous learning and improvement.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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

Rating at last inspection

This is the first inspection of this service which registered with the CQC on 31 March 2021.

Why we inspected

This was a planned inspection to rate the service.

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 ●

Minster Homecare

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The service is a domiciliary care service. It provides personal care to people living in their own homes.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was to make arrangements to carry out a virtual inspection and we needed to be sure that the provider or registered manager would be available to support the inspection.

Inspection activity started on 14 September 2022 and ended on 5 October 2022. We contacted people and relatives on 21 September 2022.

What we did before inspection

We reviewed information we held about the service. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 3 relatives about their experience of the care provided. We spoke with the registered manager, the administrator and received feedback from 7 care staff.

We reviewed a range of records including 2 people's care and medicines records. We looked at recruitment records for 2 members of staff. A variety of records relating to the management of the service, including policies and procedures, were also reviewed.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video/telephone calls and emails to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

Following the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed all evidence sent to us electronically by the provider.

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.

Assessing risk, safety monitoring and management

- Staff effectively assessed, monitored and managed risks to people's personal safety and wellbeing.
- Care plans contained detailed risk assessments about people's individual care, support and environmental needs.
- The provider had a business continuity plan so people would continue to receive safe and effective care in emergency situations.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. Concerns were appropriately reported and actioned in a timely manner.
- People were protected from the risk of abuse and told us they felt safe in the presence of staff. One person told us, "They're very amenable. I am safe, they've all been lovely, very relaxed and do what is required." Another person said, "I am very safe, they're very nice, they're lovely."
- Staff received regular safeguarding training and knew how to report concerns.

Staffing and recruitment

- Safe recruitment procedures were in place and staff files contained appropriate background checks. One member of staff said, "The company is always looking to employ new staff to ensure there is sufficient."
- Staffing levels were effectively managed and there were enough staff to meet people's needs. One person told us, "They're very busy but they don't miss calls. I know they will turn up." Another person said, "I've had no missed calls, they've been late but they're usually good with timing and will ring if they're running late."

Using medicines safely

- Staff managed and administered people's medicines safely. People were happy with the support they received to take their medicines.
- Staff were trained and knowledgeable about people's medicines. One member of staff said, "We are very strict and will only administer medication from its original packaging and only medication that has been prescribed by a doctor."
- The registered manager carried out regular medicine audits and staff competence checks.

Preventing and controlling infection

- People were protected from the risk of infection by trained and competent staff.
- Staff followed good infection control practices and used personal protective equipment when supporting people.

- Management carried out regular checks to ensure staff followed the provider's infection prevention and control policies and procedures effectively.

Learning lessons when things go wrong

- The registered manager took clear and timely action to record, report and investigate any incidents or accidents.
- Lessons learned were shared with staff.

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

- Staff carried out detailed assessments of people's needs and choices before they started using the service. Assessments were continually evaluated and reviewed to ensure people received the care that met their needs.

Staff support: induction, training, skills and experience

- People and their relatives were confident the staff had the right skills to provide the care and support they needed. One relative told us, "I think they're well trained."
- Staff completed an induction and received regular training. One member of staff told us, "I am always learning new things and growing as a carer."
- Staff told us they felt supported through regular supervisions, observations and a range of incentives. One member of staff said, "I have been very well equipped with relevant training and support." Another staff member said, "We have an open-door policy if we need help and support."

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 MCA 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 service worked within the principles of the MCA.
- Staff received MCA training and sought consent from people prior to providing support.
- People were supported to make as many decisions as possible for themselves.

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

- Staff supported people to maintain a balanced diet. One person told us, "Staff help me to prepare food and vegetables which I would otherwise struggle to manage."
- Care plans contained information on people's nutritional needs and preferences.

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

- Staff worked well with other professionals to ensure people received effective care such as GPs, District Nurses and occupational therapists. One professional told us, "The registered manager has contacted me on a number of occasions to ensure that they have the correct moving and handling documents in place for people and will ask for advice if people's needs change."
- People had confidence staff would help if they arrived to find them unwell. One person told us, "When I was ill, the carer phoned the surgery and took the sample for me, they helped me get the treatment I needed." Another person said, "I was found on the floor and they got me to hospital."

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.

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

- People were empowered to make choices and have as much control in the delivery of their care, as possible. One person told us, "They're all very pleasant, nice people and they understand my likes and dislikes." One member of staff said, "We always make sure people are at the centre of any decisions made regarding their care."
- Staff involved people and their relatives in day to day discussions about their care. One person told us, "They're kind, they have a good sense of humour and we have a laugh."

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

- Staff were enthusiastic about ensuring people received good care.
- People and relatives were complimentary about the care and support provided. One person told us, "They understand what I need." Another person said, "I would recommend them."
- Staff understood the importance of treating people as individuals and were aware of equality and diversity issues.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. One person told us, "They don't rush me, they are great."
- Staff promoted people's independence, without compromising safety. One member of staff said, "We always put the client's privacy and dignity first. We try and encourage the clients to do things for themselves."
- Staff treated people with dignity and provided compassionate support in an individualised way. One person said, "They are kind and treat me well, with dignity and respect."

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

- Care plans were person-centred and regularly reviewed. They contained detailed information about people's daily routines and specific care and support needs. One relative told us, "[Name's] care was planned, and they have regular reviews."
- Staff knew people's preferences well and were responsive to their changing needs. One relative said, "The staff are good, they will adapt the care plan."

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

- People were supported to maintain and develop relationships, and to follow their own interests and social activities including, swimming and horse riding.
- Staff supported people with companionship where needed. This included supporting them to access the local community such as shopping and going for a coffee.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and regularly reviewed.
- Staff were knowledgeable about the most effective ways to communicate with people.
- The provider ensured people had information accessible to them in different formats, when needed.

Improving care quality in response to complaints or concerns

- Procedures were in place to investigate and respond to complaints.
- People and relatives knew how to raise concerns. One person told us, "I would complain if necessary and I know how to." A relative said, "If I bring something up, they will respond. The manager will talk to the carers and things improve."

End of life care and support

- People's end of life wishes were respected.
- Care plans contained details of people's decisions and religious beliefs.

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.

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

- The registered manager and staff understood their roles and the importance of complying with regulatory requirements.
- Staff performance was routinely monitored, and regular audits were conducted to improve service delivery. Areas of risk were routinely assessed and mitigated.
- The service was well managed. Staff morale and teamwork were good. One member of staff said, "I enjoy working for Minster as they are all friendly, helpful and morale is good."

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 and registered manager understood their responsibility under the duty of candour. They knew the importance of being open and honest, and when to apologise, investigate and respond.

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

- Staff supported people to achieve good outcomes and maintain their well-being. People were central to the culture of the service. One professional told us, "Staff supported a person with their wish to be cared for at home rather than in residential care. The person returned home and was successfully looked after, with equipment and a package of care in place."
- People and their relatives were complimentary about the registered manager. Comments included, "The manager is very nice, approachable" and "The manager is nice, she's brilliant."
- Staff told us they enjoyed their job and felt valued. One member of staff told us, "All colleagues like to work here very much."

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

- The provider and registered manager positively encouraged feedback about the service. One member of staff told us, "I really appreciate that Minster Homecare are always open to suggestions which makes us feel that we are growing as a company together."
- People, relatives and staff were given regular opportunities to share their views. This included reviews, meetings and questionnaires.
- Staff spoke highly about the management. One staff member told us, "I feel that my manager and director

constantly think of the needs of staff and clients." Another staff member said, "Minster put on incentives, star of the month, loyalty bonus, refer a friend scheme, and welcome ideas from carers. They recently set up an ideas board in the staff room which is good as you feel you are being heard."

Continuous learning and improving care

- The service was committed to continuous learning and improvement.
- Effective systems were in place to successfully identify areas for improvement and lessons learned. This included regular audits, spot checks and supervisions.

Working in partnership with others

- The provider worked with local commissioners and key organisations to promote good outcomes for people. One professional said, "In the current climate of economic downturn, with much focus on budgets and shortages of staff in almost every sector of society, it is heartening and positive to see that in this situation, your customer really does come first. This is as a direct result of the skills and excellent practise demonstrated by your carers."