

S. Ali Care Ltd

# My Homecare Rochdale

## Inspection report

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21 November 2019

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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

My Homecare Rochdale is a domiciliary care agency. At the time of the inspection the agency was providing personal care to 3 people living in their own homes.

### People's experience of using this service and what 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 provided with safe care and support. Staff were aware of their responsibilities for protecting people from abuse. Risks were well managed. There were sufficient staff to meet people's needs.

Staff received the training and support they needed. Where needed people were supported to access appropriate health care services.

Staff knew people really well. People told us staff were caring and kind, helped maintain their dignity and treated them with respect. People were involved in all decisions about their care and support.

People were provided with personalised care that took account of their needs, wishes and preferences. Care records were person centred. They gave sufficient detail to guide staff on how to provide support safely whilst maintaining people's independence.

The registered manager understood their responsibilities and monitored the quality of the service using a range of systems. People were positive about the registered manager and the way the service was organised. Policies and procedures guided staff on what was expected of them. The registered manager understood their responsibility to notify CQC of significant events such as safeguarding concerns.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 23 November 2018 and this is the first inspection.

### Why we inspected

This was a planned inspection based on the previous rating.

### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below

# My Homecare Rochdale

## 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 undertaken 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.

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 provider or registered manager would be in the office to support the inspection.

The inspection took place on 21 November 2019.

#### What we did before the inspection

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 reviewed information we had received about the service. We sought feedback from the local authority. We also asked Healthwatch Rochdale for their views on the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

#### During the inspection

We spoke with all three members of staff including the registered manager and two support workers. The support workers are also the providers. On gaining permission we visited one person who used the service and one of their relatives in their home.

We reviewed a range of records. This included two people's care records. We looked at two staff files in relation to recruitment 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 reviewed training data and policies sent to us.

# 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 and avoidable harm.
- Staff had received training in safeguarding people from abuse and were aware of their responsibilities for raising any concerns they may have.
- People felt safe with the staff who visited their homes. People told us this was because they knew staff well.

Assessing risk, safety monitoring and management

- Risks to people's safety were identified and well managed. This included risks for individuals, their home environments and staff. These were reviewed regularly and updated when changes occurred.
- Where equipment such as hoists were used, the equipment did not belong to the service. However, records showed the registered manager had a system to ensure they were appropriately checked and maintained. This helped ensure the safety of people who used the service and staff who used the equipment.
- Emergency plans gave information to staff on action to take for events that could disrupt the service.

Staffing and recruitment

- There was a safe system of staff recruitment.
- There were sufficient staff to meet people's needs. All visits required two staff because of people moving and handling support needs. People told us that two staff always attended.
- People told us that visits were never missed and very rarely late. If either of the staff were not available, the registered manager attended visits. One person said, "They [staff] come on time. They are reliable. If I want them to come early or later they will. They are flexible."

Using medicines safely

- At the time of our inspection the service was not supporting anyone with their medicines.
- We found medicines management policies and procedures were in place in the event the service started to support people with their medicines. The registered manager told us staff would be provided with the required training when it was needed.

Preventing and controlling infection

- Staff were trained in preventing and controlling infection.
- People we spoke with confirmed that staff always used appropriate personal protective equipment (PPE), such as disposable gloves and aprons when providing personal care. This helped to reduce the risk of

infection.

#### Learning lessons when things go wrong

- There had been no accidents or incidents to people who used the service or staff. The registered manager had a system in place ready to record accidents and incidents and identify any lessons that could be learned should any occur.

# 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 individual needs and choices were assessed before they received a service. The assessments were used to develop individual care plans which guided staff on how to support people. This helped to ensure the service could meet people's needs.
- Records were kept in people's homes of all care and support provided.

Staff support: induction, training, skills and experience

- Staff received the induction, training and supervision they needed to carry out their roles effectively. One staff member said, "Training has been good. Although I have done most things before."
- Staff told us they felt supported by the registered manager.

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

- People lived in their own homes and could eat what they wanted. Staff were not supporting anyone with food preparation.

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 provider was meeting the requirements of the MCA.
- Everyone using the service had capacity to make decisions about their care. People had been fully involved in all decisions about how their care and support was provided and had consented to their care plans and risk assessments.
- People we spoke with told us staff respected the decisions they made. Staff were aware of how to ensure



people were involved in decisions. One staff member said, "We always ask. It's like [person who used the service] can't speak. But we know how to ask things and know what [person] means with expressions and noises."

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

- Where needed staff helped people to access appropriate health care services.
- Staff had worked closely with the Occupational health team to ensure one person's moving and handling plan was updated when their needs changed and they understood how to support the person appropriately and safely.
- Care records included detailed information about people's specific health conditions and how this might impact on their daily living and the support staff might need to provide.

# 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

- All staff knew people really well. They spoke about people who used the service in kind and caring terms. They showed an interest in, and compassion for, the people who used the service. One person told us, "They [staff] are good with [person who used the service]. [Person] trusts them. They wouldn't leave without making sure [person] is ok; comfortable and happy."
- Staff spoke respectfully and with great compassion about the people they supported. They told us they enjoyed the work they did. Staff said, "I love my job. I love helping people" and "They are like my family. They are the best thing about the job."
- We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff and people demonstrated that discrimination was not a feature of the service. Services were organised to ensure people's cultural, religious and spiritual beliefs were respected.

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

- People were involved in all decisions about their care and support. One person said, "They [staff] listen."
- One person who used the service did not use words to communicate. Care records described the persons communication and all staff were aware of what the persons facial expressions and gestures meant. The person indicated to us that staff understood their communication and listened to them.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to support people to maintain their independence and how to promote people's privacy and dignity while providing their care. People told us that when staff were providing personal care they ensured that their dignity was respected.
- Care records included information about what people could do for themselves and how staff could promote people's independence.

# 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; 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

- The registered manager and staff provided people with personalised care that took account of their needs, wishes and preferences. One person said, "We are happy with them. They go out of their way to help. If I ask them to do something, they will. They are supportive. They talk to us and ask how we are and have a chat."
- Care records were person centred. They gave sufficient detail to guide staff on how to provide support safely whilst maintaining people's independence. Care records had been reviewed regularly and updated if changes were needed. Records indicated all support that needed to be provided at each visit; breaking down each task. They also gave staff suggestions of things the person might want if those tasks had been completed, such as tidying up.
- The registered manager told us that to try to help reduce social isolation they were trying to organise access to arts and craft sessions for people and their relatives.

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.

- The registered manager told us that if required important information was available in accessible formats; including larger print and alternative languages for people for whom English was not their first language.
- Great importance was placed on understanding and respecting how people communicated.

Improving care quality in response to complaints or concerns

- The registered manager told us they had not received any complaints. We saw that, should any complaints be received, there was a suitable system to respond to concerns.

End of life care and support

- The service was not supporting anyone with end of life care.
- If people had a 'do not attempt resuscitation' form (DNACPR) in place, records indicated where in the person's property this was kept. This would help to ensure people's wishes regarding resuscitation were respected.

# 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

- There was a system for auditing and monitoring the quality of the service. This included regular spot checks of staff performance and the support they provided.
- People were positive about the registered manager and the way the service was organised. One person told us, "[Registered manager] is alright. We are able to talk to her." Staff said, "[Registered manager] is really good. She has everything organised" and "She is good. She understands care." We found the registered manager to be confident and knowledgeable, open and honest. One person said of the service, "I would definitely recommend them."

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

- People were involved in all aspects of their care and received good quality, person-centred care that met their needs.
- People and staff told us they would recommend the service. One person said, "We chose them. They are very good."
- Staff meetings were held regularly. We saw that discussions had included the service provided, training, new packages of care and PPE.

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

- The registered manager engaged with people, others acting on their behalf and staff in an inclusive way.
- There was a system that could be used for gathering people's views annually. This had not been used at the time of our inspection. The registered manager told us that as there were only three people using the service, they were able to gather their feedback very regularly. One person told us, "[Registered manager] has come out to visit us quite a few times. The other company's we have had didn't do that."
- There was a service user guide and a statement of purpose. These explained the service's aims, values, objectives and services provided.

Working in partnership with others; Continuous learning and improving care

- Managers worked with healthcare professionals to achieve good outcomes for people.
- The registered manager had a system in place that would enable them to review and monitor action taken for any accident, incident, safeguarding or complaint.

- The service had a range of policies and procedures to guide staff on what was expected of them in their roles.

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 registered manager was aware of their responsibilities under the duty of candour.
- The registered manager understood their responsibility to notify CQC of significant events such as safeguarding concerns. Since the service was registered with CQC there had been no notifiable events.