

Comforting Care Limited

My Homecare Wakefield

Inspection report

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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 Wakefield is a domiciliary care agency and provides personal care to people living in their own homes. At the time of our inspection there were nine people receiving personal care.

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.

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

People felt they received a safe service. There were systems and processes in place to safeguard people from potential harm. Staff completed training about safeguarding and knew how to report abuse. Risks to people were assessed and measures were put in place to reduce them.

There were safe infection control procedures in place including enough supplies of personal protective equipment (PPE) for staff. People received their medicines safely and as prescribed.

There were enough staff to meet the needs of people using the service and recruitment was ongoing, with all necessary recruitment checks carried out. Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide effective care.

People's needs and choices were fully assessed before they received a care package. People's care plans included information needed to support them safely and in accordance with their wishes and preferences. Where the provider took on the responsibility, people were supported to eat and drink enough to meet their dietary needs.

People were supported to live healthier lives and staff helped them to access healthcare services when required. We saw the service worked closely with healthcare professionals to ensure good outcomes for people.

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 and their relatives told us they were treated with kindness and compassion; their privacy was respected and their independence was promoted.

People knew how to make a complaint or raise a concern. Quality assurance systems were being developed to further identify areas for improvement. Staff told us they enjoyed working for the service and told us the culture was to ensure care was person centred.

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

Rating at last inspection

This service was registered with us on 03 April 2020 and this is the first inspection.

Why we inspected

This was a planned inspection following registration.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 Wakefield

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

My Homecare Wakefield is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

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

Inspection activity started on 4 August and ended on 10 August 2022. We visited the office location on 4 August. We reviewed documents and contacted people on 10 August 2022.

What we did before the inspection

We reviewed all the information we had received about this service since its registration with us in 2020. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with the registered manager, training manager and two care staff. We reviewed a range of records. This included three people's care records. We looked at three staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records, audits, training records, policies and procedures.

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 of 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 from abuse

- People told us they felt safe and at ease when they received their care. One person said about the staff, "I feel perfectly safe. They are all wonderful."
- The provider had a safeguarding policy in place. This outlined their responsibilities in helping to keep people safe from the risk of abuse or avoidable harm.
- Staff had received training about safeguarding adults. They were knowledgeable about types of abuse and knew that they needed to report all allegations and suspicions of abuse without delay.
- There had been no safeguarding concerns since the service was registered with us. The registered manager understood their responsibilities in relation to safeguarding people. They knew they needed to make appropriate referrals to the local safeguarding team when there were concerns about people's safety or abuse was suspected.

Assessing risk, safety monitoring and management

- To support staff in providing safe care, risk assessments were carried out at the initial pre-assessment meeting with the person, to identify any potential risks and was kept under regular review. This included risks associated with a person's mobility and known medical conditions.
- Where risks were identified, measures were put in place to guide staff on how to reduce them. For example, reducing the risk of falls, by ensuring the floor was free of any potential trip hazards.
- One staff member confirmed there was a system in place to record any accidents and incidents. They told us they would contact the registered manager, who would ensure effective action was taken to ensure the safety of the person. Where required, risk assessments were put in place or updated, to minimise the risk of it happening again.

Staffing and recruitment

- There were enough staff to meet people's needs.
- There was a call monitoring system to provide the registered manager and care supervisor with oversight of the times and durations of support calls made and identify any issues with late or missed calls. This was monitored to ensure any issues with care were identified as they arose.
- Safe recruitment processes were in place. We checked the recruitment records for three new staff members. We found appropriate recruitment checks had been completed to ensure they were suitable for their roles.
- People said there had been no missed calls which we confirmed from records. They said calls were usually on time and that staff stayed the full duration and sometimes stayed longer to help them. One person said, "Staff are on time and if late it's only a few minutes, which I understand."

Using medicines safely

- The provider had systems in place to make sure people received their medicines safely, which included a medicine policy and procedure. People's care and support plans contained clear information about their medicine needs and what staff needed to do to meet these needs.
- Where applicable the provider liaised with relevant health care professionals to ensure up to date guidelines were in place to support staff to safely administer specific medicines.
- Staff told us they had received comprehensive medicine training. One staff member said, "I would describe the medication training as very thorough."
- Checks were made to ensure staff correctly supported people with their prescribed medicines. This included observations of staff practice made by the management team during 'spot check' visits to people's homes and regular checking of how staff completed medicine administration records (MARs) to detect any errors or concerns.

Preventing and controlling infection

- People's safety was promoted because of the actions staff took to reduce the likelihood of infections spreading. For example, through effective use of personal protective equipment (PPE).
- Staff had received training in infection control and told us senior staff undertook spot checks, so they could be assured the likelihood of infections was reduced.
- The provider had an infection control policy in place to provide guidance to staff.
- Relatives and people told us staff always made sure they had appropriate PPE on before they carried out any care activity.

Learning lessons when things go wrong

- The provider had a system for responding to and recording incidents and accidents.
- The registered manager noted there had been no reported incidents when providing care to a person. However, they explained their process for recording and reviewing incidents and identifying learning from when things might go wrong, so as to improve the service.

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

- Peoples' needs were assessed before personal care was provided.
- Details of people's assessments were in place. This information helped to ensure staff were sufficiently trained to provide the care and support needed.
- People received care that met their needs and preferences. One relative told us, "The carers understand [person] needs and deliver fantastic care specific to those needs."

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to meet their needs.
- New staff completed an induction and training that was linked to the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life.
- Staff received ongoing training relevant to their roles, and specific to people's needs.
- A training plan was in place to ensure staff's knowledge and skills were kept updated and in line with current best practice.
- Staff were supported through regular supervision. One staff member told us, "I do feel well trained and the induction programme and shadowing other staff gave me confidence within my job role."

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

- Staff received training on supporting people with diet and nutrition. Where needed, staff supported people to have food and drink of their choice.
- People and relatives said staff always asked if people wanted a drink. This helped to protect from potential dehydration.

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

- People were cared for by staff who knew how to assist them if they wanted support to contact their GPs or the emergency health services.
- Staff gave us examples of how they had worked jointly with other health and social care professionals such as social workers, emergency services and how they followed district nurses' advice so people's health would be promoted.

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 understood their responsibilities under the Act and staff empowered people to make their own decisions.
- A staff member confirmed they always asked a person for their consent before carrying out a care task and would act on their response.
- No one using the service at the time of the inspection had any restrictions placed on their liberty.

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 since registration of this 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

- Staff treated people with dignity and respected their diversity. People and their relatives spoke very positively about the staff. One person told us, "All the staff are marvellous; they are kind, caring and very understanding."
- Relatives told us care staff were kind and respectful. Comments included, "They [staff] really make a difference. They make [person] comfortable and happy."
- People's cultural needs were acknowledged in care plans, and staff understood what was important to people.
- Staff could tell us information regarding people's religious beliefs and respected their requests for care to be provided in a specific way.
- The service employed staff who spoke a range of languages and this helped with communication for some people.

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

- People and their relatives told us they were involved in decisions about their care. One relative said, "I have always been involved in any decisions regarding the care arrangements."
- People's care plans included a record of people's involvement, preferences and choices.

Respecting and promoting people's privacy, dignity and independence

- The management team and staff respected and promoted people's privacy, dignity and independence.
- People and their relatives told us "They [staff] always shut the door and keep personal care private" and "Yes, privacy and dignity is always apparent."
- People were supported to do as much as they could for themselves. One person told us, "Well I'm sometimes limited so staff support me when I need it." A relative said, "I'm astounded at the progress made. [Person] is now going shopping with staff which was almost unthinkable before. It's been a fantastic service for us."
- Staff had a good understanding of how to promote people's independence. One member of staff told us, "I don't just jump in. It's important I give people time if they want to carry something out themselves."

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 received care that was personalised, and care plans contained important information relating to the person's individual needs. Important information such as people's personal histories was recorded along with what people liked and disliked.
- People had regular reviews of their care needs. These were undertaken within the first week of receiving care with the agency. Follow on reviews were then undertaken at regular intervals
- People were happy with the care they received. Provider reviews were an additional check to ensure people were happy with their care and support.

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.

- The provider had considered people's communication needs. People's care plans contained information about how they communicated, and if any communication aids were used.
- All people using the service were able to communicate verbally with staff.
- The registered manager told us they would provide information in other formats if this was required to support people. For example, by providing care plans in easy to read format or in larger print.

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

- Although most people did not require support with social aspects of their lives, staff were ready to offer it when needed.
- Staff knew people's emotional needs and supported them to maintain the relationships important to them, for example by communicating frequently with their families.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place.
- The registered manager told us the service had not received any complaints since it registered with CQC.
- There was a service user guide given to people when they started using the service. There were details about how to make a complaint and what people could expect to happen if they raised a concern. This included contact details for other organisations who could be approached if someone wished to raise a

concern outside of the service.

- People and relatives felt comfortable about contacting the service if they had any concerns. One relative said, "I don't have any worries. If there was something I would just ask them, and I am confident they would sort it."

End of life care and support

- At the time of the inspection there was no one receiving end of life care.
- The registered manager informed us that should they be required to provide people with end of life care they would always ensure they liaised closely with people's relatives, healthcare professionals and others, to ensure each person received the care they needed and wanted at the end of their life.

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 understood their regulatory roles and responsibilities.
- The governance systems and structures were at early stages of redevelopment. Whilst some audits were in place, the registered manager had recognised these needed further developing as the service grew. The quality assurance systems in place helped to ensure areas for improvement were identified and action taken to continuously improve the quality of the service provided.
- Staff said they were well supported by the registered manager and training manager, with ongoing training and one to one supervision. They understood their responsibilities to keep people safe whilst respecting and promoting personalised, individual care.
- The registered manager ensured regular monitoring visits took place to review staff's practice. The visits covered the quality of care being delivered to meet people's individual needs. This included staff's competence in supporting people with their medicines and their working practice, such as personal protective equipment.

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

- People and relatives said the registered manager was approachable, friendly and accommodating.
- Feedback about the culture and approach of the service was very positive. A relative said, "We consider ourselves very fortunate to have My Homecare Wakefield. I think they are faultless and would not hesitate to recommend them."
- Staff told us the service had a person-centred approach and they enjoyed working for them. A staff member told us, "I find the service runs smoothly and we get good support from the management team." Another staff member said, "I can approach my line manager at any time, they are always available, helpful and supportive."

Continuous learning and improving care

- We found a commitment to the continuous improvement of the service and the care provided. The registered manager told us they ensured information from complaints, feedback, care plan reviews and accidents and incidents were used to inform changes and improvements to the quality of care people received.
- The provider's policies and procedures were kept up to date to ensure the service delivery would not be interrupted by unforeseen events.

- The registered manager told us, "Should there be lessons learnt from when things go wrong, improvements would be made to the systems to enhance the care people receive. I would make sure the lessons were shared with staff during meetings and supervisions."

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 understood their responsibility in relation to the duty of candour and the need to report certain incidents, such as alleged abuse or serious injuries, to CQC, and had systems in place to do so should they arise.

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

- The management team demonstrated they had good communication systems and involved people, relatives and staff. People and relatives confirmed office staff were good at communicating with them.
- Staff meetings took place regularly and phone, email and use of telephone applications supported good communication between care staff and the management team.
- Staff told us they enjoyed working at the service. One staff member said, "It's a really good place to work, great staff and management."
- Records showed the management team called staff regularly, in between supervisions, to check they were happy, and no issues had arisen. This was appreciated by staff.

Working in partnership with others

- The provider worked well with other organisations to ensure people's needs were appropriately met. This included liaison with statutory health and social care bodies.