

My Home Care Agency Limited

My Home Care Agency Limited

Inspection report

2nd (top) floor Springfield House
23 Oatlands Drive
Weybridge
Surrey
KT13 9LZ

Tel: 01932645722

Date of inspection visit:
04 June 2019
13 June 2019

Date of publication:
09 July 2019

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

My Home Care Agency is a domiciliary care agency that was providing personal care to 17 people aged 65 or over at the time of the inspection.

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

People who received care from My Home Care told us they felt safe and supported by staff who visited them. Staff were punctual and consistent at carrying out visits with people in a person-centred manner. One person told us, "The staff are very nice and helpful."

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.

The service was not always well managed as records of audits had not been completed. Staff, people and relatives all told us they thought the service was well run and managed.

Care plans were created with people and relatives to ensure they were person centred and tailored to peoples' needs and routines. Staff were trained and supported to be effective carers in a collaborative team. Where needed, staff were quick to support people to have access to health care professionals such as occupational therapists or, when necessary, emergency services.

People's needs were assessed before they used the service to ensure the agency could provide the care they needed. People said their care workers always stayed for the allocated length of their visits.

Staff attended safeguarding training and understood their responsibilities in terms of recognising and reporting abuse. People were protected as robust recruitment procedures were in place.

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

Rating at last inspection

The last rating for this service was Good (published December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

My Home Care Agency Limited

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

This inspection was carried out by one inspector.

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

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at the office to speak with us. Inspection activity started on 4 June 2019 and ended on 13 June 2019. We visited the office location on 4 June 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. This included the previous inspection report, notifications since the last inspection and feedback from the local authority. Notifications are changes, events and incidents that the service must inform us about. We used all of this information to plan our inspection.

During the inspection-

We spoke to six staff members including the registered manager and provider. We looked at four care plans and eight staff files. We checked the complaints log, accident/incident records and surveys completed by people who used the service. We also checked quality monitoring audits and records of spot checks on staff.

After the inspection –

We followed up on information and evidence around audits, employment references and contact details for staff, relatives and people. We conducted telephone interviews with four people and five relatives.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to minimise the risk of abuse and to act in accordance with the local authority's and provider's safeguarding policy. There had been one safeguarding incident since the last inspection which had been safely handled.
- People told us they felt safe with the service. One relative said, "My husband is very safe with the staff." Staff were able to explain to us the correct process they would follow if they thought someone was being abused.

Assessing risk, safety monitoring and management

- Risk assessments had been completed for every person using the service which considered areas such as personal care, risk of falls and the environment in which care was to be provided. Records were up to date and described the actions staff should take to reduce risks.
- For one person their risk assessment had picked up on the need for bed rails to ensure they didn't fall out of bed. Various options had been considered for him, the cause of the risks were discussed and guidelines for staff were set out.
- There were detailed and appropriate contingency plans in place to ensure people's care would continue in the event of an emergency.

Staffing and recruitment

- People were cared for by suitable and sufficient numbers of staff as the provider had robust recruitment procedures in place. The provider carried out appropriate checks to ensure they employed only suitable people.
- There were sufficient staff numbers to complete the home visits being undertaken. Staff had not missed a visit since the last inspection in 2016 and people told us that staff were rarely late. One person said, "They are always on time. They have never missed a visit."
- Staff used a call monitoring system which required them to sign in and out of their visits.

Using medicines safely

- Peoples' medicines were being administered safely by staff. All medicine administration records (MARs) we saw had been filled out correctly and with no gaps or errors.
- One relative said, "They manage my mother's medicines and they do that well."
- Staff also carried out regular audits of people's medicines and their medicines records. This helped to ensure that any discrepancies were identified and rectified quickly.

Preventing and controlling infection

- People were protected from the risk of infection because staff knew to wear gloves and aprons at visits. One member of staff told us, "I always use my gloves, wash my hands, wipes and I use bags to ensure waste is also cleaned away."
- People we spoke with also confirmed that staff were good at keeping their houses clean and washing their hands. Staff had received infection control training.

Learning lessons when things go wrong

- Lessons were learned when things went wrong so that improvements could be made to the service to keep people safe.
- There had been a low number of minor accidents or incidents for the service to review in the past year. For example, when one person suffered bruising from their chair lift, staff created a new process for staff to follow so that this would not happen again.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained 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 and choices were assessed and considered so that care and support could be effectively delivered by staff. One person had a serious long-term illness and their needs around this were explained for staff to understand. Their assessment also included an information pack about the illness so that staff could learn about the symptoms, causes and treatment of this illness.
- Each care plan contained a detailed assessment which was completed before people received care. The assessments detailed people's care needs and support required. The assessment looked at current health issues, mobility, vision, diet, hearing, mental capacity, medicines, body maps/skin integrity, food preferences and social interests. This ensured that staff were able to meet the needs of people before they started to receive care and support.

Staff support: induction, training, skills and experience

- People received effective care because staff were well supported with induction, training, supervision and appraisal. One person told us, "The staff know what they are doing."
- Senior managers completed regular spot checks with all staff and people to ensure safe and effective care was being provided. This ensured staff followed proper procedure and care plan guidance.
- We found that effective recruitment checks had not always been completed as three members of staff didn't have references. Following the inspection, the registered manager obtained references for these members of staff. The potential risk or impact of this was limited because spot checks were completed regularly to ensure safe and correct practice by staff.
- Staff received comprehensive training that ensured they had the skills to perform their roles. One staff member told us, "Recently I have had training in hoists, moving and handling, accident response and medication."

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

- Where required, people were supported to eat and drink enough to maintain a balanced diet.
- People and relatives told us that staff were good at listening to people's requests and preparing what they wanted to eat or drink. One person told us, "They cook together with them. They all work together in the kitchen. The food and help has been great."

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

- Staff enabled consistent care by writing detailed records of care visits on the digital application all staff

had access to. This enabled other staff members to understand developments and changes in people's care.

- This application and real time digital record had allowed staff to spot trends or patterns in health. One person's condition was slowly deteriorating and this was noticed by office staff who maintained oversight of the application. This person was then treated by their GP.
- People were supported to see medical professionals where necessary. One relative told us, "They have gone with her to hospital for appointments and to the doctors."

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- People's capacity had been considered and the service ensured that there were no restrictions on peoples' freedom or independence. No one receiving care lacked capacity at the time of the inspection.
- Staff were knowledgeable of the MCA and knew what they needed to do should someone's capacity fluctuate. One staff member told us, "I think about capacity all the time. My client has full capacity so she is able to make her choices."

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained 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

- People were treated with kindness, respect and compassion by staff. One person said, "They always keep the door shut. They are good at making sure I am treated with respect." A relative said, "It's more like companionship than caring. They are really good companions. They walk the dog together and the staff have made a huge difference to my mother's life."
- People and relatives told us staff were consistently thoughtful and friendly during their visits with people. One relative had commented in feedback, "You are known to always go the extra mile."

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

- People were supported to express their views consistently by staff and the registered manager. Staff and people told us that they enjoyed detailed conversations with each other during visits and this allowed people to receive care that reacted and responded to people's views.
- Although no one had any specific religious or sexual preferences that required support or care, the registered manager stated that they always asked people about them.

Respecting and promoting people's privacy, dignity and independence

- Peoples' privacy and dignity was considered and upheld by staff. Staff knew that they needed to close people's curtains before providing personal care. One staff member said, "I make sure people have time behind closed doors or curtains when its necessary."
- Peoples independence was respected and promoted. One staff member told us, "I make sure I am not there when she wants to go to the toilet or when she wants to go to bed." A second staff member said, "I encourage them to do as much as they can for themselves. I work with them and support them to see what they can and can't do."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained 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 personalised care that was responsive to their needs. Care plans were personalised and detailed daily routines specific to each person. Staff were able to explain the support people needed and what was important to the person. One person had required staff to stay with them outside of their visit times due to an emergency and staff had remained with them for a further five hours.

- Care plans contained enough person-centred information for staff to get to know people well. For example, one person's care plan contained information about their profession, hobbies, family and personality. One relative told us, "The long-term carer has been absolutely outstanding. She has helped my mother with her mental health problems and she has encouraged her to take part in more activities."

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.

- People's communication needs were recorded in their care plans. All of the people being cared for were able to communicate with staff and understand information given to them such as consent forms or policies.

Improving care quality in response to complaints or concerns

- There was a clear complaints policy in place for people and this was included in each person's care plan. All complaints had been recorded and responded to in line with the policy.

- Where one person had complained about a staff member, an investigation had been completed and that staff member had been removed from that person's visits. One person said, "I did make a complaint in the past. They dealt with that very well. I've had no reason to complain since."

End of life care and support

- Staff and the registered manager routinely asked people for their end of life preferences. Each care plan we reviewed contained a signature confirming that the person did not wish to discuss or set out their end of life plans.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders did not always complete quality assurance of the delivery of care.

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

- Quality compliance audits had not been recorded by the registered manager or provider. Although there was a record of an audit having been completed, there were no actual records of analysis, findings, outcomes or improvements made as a result. The impact of this was minimal as we found records of medicines, visits, risk assessments and care plans to be accurate and correct.
- The provider stated that audits were completed but that written records of the audits were not retained. Written records of audits are needed to enable long term improvements and robust oversight that can be evidenced.
- Following the inspection the provider implemented new, detailed audit records which would record analysis, findings and actions. This will be checked at the next inspection.

We recommend that the management team completes records of all audits completed.

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

- People were supported by an approachable management team. Staff worked as a team, were happy in their work and were supported by fair and progressive management. An open, transparent and inclusive approach was encouraged and promoted by the management which enabled staff to discuss any concerns they had with them.
- People and staff told us they felt supported by the management team. One person told us, "The management seem excellent. They have to deal with a lot. They have been very helpful with me." A second person said, "I think the agency is well managed because of the quality of the carers and their understanding."
- One staff member told us, "I think they are good managers. They look after you here. If you have some really strong concerns or you have things going on personally they are very supportive."

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 provider was aware of their responsibilities with regard to reporting significant events to the Care Quality Commission and other outside agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken.
- Information for staff and others on whistle blowing was on display in the service, so they would know what

to do if they had any concerns.

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

- People, relatives and staff were asked for their views about the agency via satisfaction surveys. Feedback surveys were sent out in 2018 to people and staff which were returned with positive results. One survey stated, "I thank you for all the wonderful people who have been with us for the last two years."
- Staff meetings were held every couple of months and invited staff to discuss topics such as clients, care plans, safeguarding and training. Staff told us they felt engaged and involved in the service, "The team meetings are useful and keep us updated. If we have problems we can tell them about it."
- The registered manager had a credible strategy for sustaining high quality care at the service. The registered manager and staff kept up to date with published reviews and updates on care and support. For example, recently updates had been published around thickener amounts and best practice and this had been sent to all staff to ensure proper understanding and knowledge.

Working in partnership with others

- The management team had connections and links with other organisations to enable improvements and communication. The registered manager took part in forums and meetings with skills for care.