

MHC Manchester Ltd

My Homecare Manchester West

Inspection report

Office 4, Dam House
Astley Hall Drive, Astley
Manchester
M29 7TX

Tel: 01613596335

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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 Manchester West is a domiciliary service providing personal care to adults with a range of support needs living in their own houses and flats. At the time of this inspection the service was supporting 18 people.

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

Systems in place helped safeguard people from the risk of abuse. Staff managed people's medicines safely. Staff followed infection prevention and control guidance to minimise risks related to the spread of infection. Staffing levels were sufficient to meet people's needs and managers recruited staff safely. Staff followed an induction programme, and training was on-going throughout employment.

Staff thoroughly assessed people's needs prior to a service starting. Care plans included information about support required in areas such as nutrition, mobility and personal care to help inform care provision. Staff made appropriate referrals to other agencies and professionals when required.

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 told us they were well treated, and their equality and diversity were respected. People felt staff respected their privacy and dignity and took into account their views when agreeing on the support required. Staff identified people's communication needs and addressed these with appropriate actions.

Managers responded to complaints appropriately and used these to inform improvement to care provision. The provider was open and honest, in dealing with concerns raised. The management team were available for people to contact and undertook regular quality checks, to help ensure continued good standards of care.

The provider and registered manager followed governance systems which provided effective oversight and monitoring of the service. These governance systems and processes ensured the service provided to people was safe.

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 15 July 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 Manchester West

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 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

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 because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 13 September 2022 and ended on 16 September 2022. We visited the location's office on 13 September 2022.

What we did before the inspection

We reviewed information we had received about the service since the date of registration. We sought feedback from the local authority and professionals who work with the service. 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 three people who used the service and two relatives. We reviewed three people's care plans and associated records. We spoke with three care staff, the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. A variety of records relating to the management of the service, including policies and procedures and staff recruitment records were reviewed.

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 of abuse

- People were protected from the risk of abuse. Systems and processes were in place to help safeguard people from the risk of abuse and any issues raised were logged and fully investigated.
- Staff had received training in safeguarding and were able to describe different signs of abuse and neglect and the action they would take if concerned.
- People and their relatives spoke very positively about the care staff provided. One person said, "The staff are better than good, they're smashing. I feel very safe with them and it's all okay thanks." A relative told us, "The staff are fantastic, marvellous."

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health, safety and wellbeing.
- People had risk assessments in place which included any factors that might affect the person, with actions for staff to take. Risks to people's safety were identified and managed well. A person told us, "I've been with lots of different care agencies in my time, and I can honestly say that this agency is the best."
- Staff understood where people required support to reduce the risk of avoidable harm.
- The service had a system for recording and monitoring accidents and incidents

Staffing and recruitment

- Staff were recruited safely and had the necessary safety checks in place before starting work, including a criminal record check to confirm they were suitable to work with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff employed to meet people's assessed needs.
- Staff confirmed the recruitment process they followed which included an interview, shadowing other staff and getting to know people before supporting them and providing references.

Using medicines safely

- Staff managed people's medicines safely; an up to date policy and procedure was in place.
- Staff completed appropriate training and had their competence assessed to ensure they administered medicines safely.

Preventing and controlling infection

- Staff managed people's medicines safely; an up to date policy and procedure was in place.
- Staff completed appropriate training and had their competence assessed to ensure they administered

medicines safely.

- Supplies of personal protective equipment (PPE) were available to all care staff and staff were reminded of the need to use PPE this and were observed to ensure correct and safe use.

Learning lessons when things go wrong

- The provider had a system in place to have an overview of any accidents, incidents or near misses. Staff knew how to report accidents and incidents.
- The provider analysed data to help identify useful themes and trends to minimise risks and reoccurrences.

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 completed assessments of people's needs before they began to receive care and used these assessments to develop care plans.
- Staff documented people's assessed needs. Records showed the management team monitored care to ensure it was safe and reflected people's assessed needs.
- Care plans included relevant health and personal information. Staff monitored people's health care needs and worked in partnership with other relevant health care professionals, as required.

Staff support: induction, training, skills and experience

- Staff were required to complete a period of induction, shadowing other staff and getting to know people before starting to work alone. A person told us, "The quality of care they [staff] give is excellent. New girls always shadow the regular ones for experience. I think they must all be trained properly; they seem to be."
- Managers monitored staff training provided and maintained a staff training matrix, including when training was due for renewal.
- People received care and support from staff who had the skills and training to meet their needs. Training was aligned to the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- Staff supported some people to maintain a diet of their choosing; support was dependent on the person's requirements, whether this be support with eating and drinking or preparing meals.
- Staff kept records of the support provided to people each day and had received training in fluids and nutrition. A person said, "The carers are more like friends now." A relative told us, "Staff know what to do and they just crack on and get going; that's fine."

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

- Staff monitored people's health and wellbeing and supported them to access healthcare services, where necessary. A relative told us, "Staff are all lovely to us and very different to the previous agency. My Homecare are so different, so supportive."
- Care plans contained advice provided by healthcare professionals, so staff were providing care which met people's health needs. A social care professional told us, "The staff team I have encountered whilst visiting [person name] are very personable, caring and approachable. [Person name's] mental health has

significantly improved since having a consistent staff team and they provide [them] with the high level of care and support that [they] require to have all of [their] care needs met, managing and maintaining nutrition and providing support to access the local community."

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.

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.

- Staff followed the principles of MCA. Specific capacity assessments and best interest decisions were clearly documented to demonstrate decisions made for people without capacity had been made in their best interest.
- There was an emphasis on involving people, who were given choice about how they liked their care and treatment to be given.
- Staff provided people with sufficient information to enable this, in a format that met their needs. A social care professional told us, "The management are easy to contact and quick to respond to any queries I have and attend any reviews I request their presence at."

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

- People were well treated and supported by staff. Relatives told us their family members were supported by staff who were kind and caring. One relative said, "Staff have a nice chat with [person name] and it sounds alright." A person told us, "It's just like a family, it's brilliant and the staff have been so comforting to me."
- Staff were aware of people's protected characteristics for example, age, disability and race. Staff promoted respect when providing support.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were supported to make decisions about their care. In the assessment and care planning process, people were asked about their desired outcomes and what they needed staff to do to support them, so their views and opinions were understood and acted on.
- The provider contacted people and relatives to ask them for their general feedback about care. A person told us, "Staff are always there for me and they know exactly what to do for me." A relative told us, "Staff chat with [person name] when they put [their] creams on, they're very good."
- Staff treated people with respect and were knowledgeable about how to maintain privacy and dignity when providing care.

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 contained specific individual details about people, how they wanted to be supported and the outcomes to be achieved. Care plans were detailed with people's likes, dislikes and preferences. Staff we spoke with demonstrated they knew people well.
- People and relatives were involved in care planning and care plans included preferences for care.

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 were supported with their communication needs. Care plans documented the support the person required with their communication needs, which was updated in real time for staff to access. A social care professional told us, "I visited today with [person name's] advocate and wanted to feedback about the carer whom was present; her approach with [person name] and method of engaging with [them] was fantastic. I sincerely believe it is this type of approach which has enabled [person name] to build a rapport with the staff and will allow [them] to be supported at home."
- People's care planning information was available to them on an App. For people who may not have access to the internet, the same information was available to them in paper format. If needed, information could be provided in a different format such as braille, audio or PECS (Picture Exchange Communication System). We saw evidence of information being provided in large print and using pictures.

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

- Staff supported and encouraged some people to take part in activities and maintain social relationships to promote their wellbeing. We saw evidence of people being supported in the community and taking part in activities important to them.
- People received care which was personalised and met their needs and wishes.
- Care files contained a range of person-centred information, including detailed key background information, what was important to that person and how best to support them.
- People and relatives told us they always felt listened to and could contact the office at any time. A relative told us, "Staff are very good at remembering names, they even ask me if I needed any help and they helped

me yesterday." Another relative said, "They [managers] do phone us up regularly and ask if everything is okay and going well, in fact they phoned a couple of days ago."

Improving care quality in response to complaints or concerns

- Most people had not had cause to make a formal complaint and everyone told us they would be comfortable raising concerns with the staff or management. People's relatives told us they knew how to complain but had not needed to.
- An effective complaints process was in place and there was oversight of complaints. There was a complaints log with actions taken following complaints or concerns raised. A relative told us, "They're a relatively new agency, I think about a year old but they're doing well. They're always asking for feedback."

End of life care and support

- Staff worked alongside other relevant professionals such as doctors and district nursing teams to support people's choices when they reached this stage of life. Staff received training in basic life support.
- Where people had been willing to discuss this stage of life, care plans documented their end of life wishes.

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.

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

- The provider ensured people were able to voice their opinions. People, relatives and staff were actively encouraged to discuss any concerns. The provider collected feedback regularly from people who use the service and their relatives. A relative told us, "They [managers] phone up and ask how they [staff] are doing."
- The provider aimed to hold monthly staff meetings and staff confirmed this.
- Relatives spoke positively of the care staff; they said staff treated people well, with care, dignity and respect. A person said, "They [staff] are friendly, and we do chat."
- The provider communicated with staff through emails, face-to-face meetings, telephone calls and update bulletins.

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

- The provider was meeting the requirements of the duty of candour. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong.
- The provider promoted openness and honesty and kept in contact with people and their relatives. Relatives felt staff were always open and honest with them about everything, including if things had gone wrong; they told us any concerns they had were addressed by the management team when discussed.
- Care plans identified people's different equality characteristics and there was no evidence to suggest anyone had been discriminated against.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Governance systems ensured the registered manager and provider had clear oversight of the service. Auditing systems were in place to monitor and maintain a standards of care.
- The registered manager was aware of their regulatory requirements and knew their responsibility to notify CQC and other agencies when incidents occurred which affected the welfare of people who used the service; our records confirmed this.
- Staff understood the importance of their roles and responsibilities and their performance was monitored.
- Managers reflected on past performance issues and used this to improve the services provided.

Working in partnership with others

- There was evidence of joined-up work between the provider and other professionals to meet the needs of people using the service. A social care professional told us, "My experience of working with the service has remained positive. The service responded to [a change to a person's needs] very proactively."
- The provider worked well with other organisations to ensure people's needs were met. This included liaison with statutory health and social care bodies. Another social care professional said, "I have worked closely with [registered manager name] for a number of cases and always felt [they] are professional and approachable, I find approachable can be difficult to find recently. [Registered manager name] is also assertive and honest with other professionals and service users. I feel and have experienced that [they] are realistic in what the care agency can provide and explains this clearly to service users."