

My Homecare (Yorkshire) Ltd

My Homecare Yorkshire

Inspection report

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15 November 2017

17 November 2017

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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

This announced inspection took place on 14, 15 and 17 November 2017. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office to meet with us.

My Homecare Yorkshire provides personal care and support to people who need assistance in their own homes. At the time of our inspection there were 48 people receiving a service in their own homes.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff knew how to respond to any possible incident of harm and how to reduce risks to people. There were enough staff who had been recruited properly to make sure they were suitable to work with people. People were supported with their medication by staff who had received appropriate training.

People were supported by staff who had the skills, supervision and training to carry out their roles and responsibilities.

Staff understood the importance of seeking consent in line with the Mental Capacity Act 2005 and knew how to support people to make their own decisions. Staff ensured people's health needs were monitored by healthcare professionals where appropriate. People's personal and health care needs were met and care records guided staff in how to do this.

Staff were caring and kind and treated people with respect. People were listened to and were involved in their care and what they did on a day to day basis. People's right to privacy was maintained by the actions and care given by staff members.

The service sought people's views and opinions. Complaints were investigated and responded to and people knew who to speak with if they had concerns.

Staff spoke positively about the support they received from the registered manager.

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.

Staff were trained in safeguarding procedures and knew how to identify signs of abuse.

People's risks were assessed and plans were in place to alleviate them.

People were supported by staff who had been recruited through a robust process. There were enough staff available to meet people's needs. People told us staff had enough time to support them.

Staff were trained in medicines administration and supported people to receive their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff received relevant training, supervision and appraisal to support them in their role.

People and their relatives were involved in making decisions about their care. Staff and the registered manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005.

People were supported to meet their nutritional needs.

Is the service caring?

Good ●

The service was caring.

People told us that staff were caring and kind.

Staff knew people and understood their needs. Staff had developed positive relationships with people.

Staff treated people with dignity and respect.

Is the service responsive?

The service was responsive.

People's needs were assessed and their care was planned and delivered to meet their individual needs and requirements.

The service was flexible in the manner they delivered care to ensure it remained person-centred.

The service had procedures in place to receive and respond to complaints.

Good 

Is the service well-led?

The service was well-led.

There was a registered manager in post who was supported by the directors. Staff told us they were both open and approachable. Staff felt supported by the registered manager and the leadership team.

There were robust quality assurance processes in place to monitor and improve the service. The provider actively sought the views of people about their experience of the care provided and used feedback received to improve the service.

Good 

My Homecare Yorkshire

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14, 15 and 17 November 2017 and was announced. One adult social care inspector visited the office base on 14 November 2017 and an expert by experience who contacted people by telephone on 15 November 2017, to seek their views. We also contacted staff by telephone on the 17 November 2017. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. At the time of our inspection there were 48 people using the service.

Before our inspections we usually ask the provider to send us provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not ask the provider to complete a PIR prior to this inspection.

Prior to the inspection we reviewed information from notifications sent to us by the provider. We contacted seven people who used the service and three relatives of people using the service. We spoke with the registered manager, the two directors of the service at the office and five members of care staff over the telephone. We also reviewed people's care records and documentation to show how the service was run.

Is the service safe?

Our findings

We spoke with people who used the service and they told us they felt safe while they were being supported by the care workers from My Homecare Yorkshire. One person told us, "They come four times a day, regular girls usually and they are on time. They do my medicines and keep me right. Of course I am safe with them, I wouldn't be safe without them." Another person told us, "I have carers four times a day, they are on time pretty much, I feel quite safe with them." A person's relative told us, "They come up to four times a day they wear their gloves and aprons, we are sure he is safe with them." Another relative said, "The carer comes once a week for three hours to get our relative out of course he is safe with staff."

The service had a procedure in place to safeguard people from the risk of abuse. Staff we spoke with could explain what they would do if they suspected abuse. Staff told us they received training in this subject and would know what to look for. One staff member told us, "I would call the office right away if I had any concerns and I know they would take action. I am confident they would resolve the issue without delay." Another staff member told us, "I would not hesitate to report anything I was concerned about." This showed that staff were aware of how to raise concerns about abuse and recognised their personal responsibilities for safeguarding people using the service.

We looked at care records and found that risks associated with people's care had been identified and risk assessments were in place. We saw risk assessments for things such as, environmental issues, mobility, fire safety and obtaining medication supplies. Risk assessments identified if the risk was low, medium or high risk. For example, one person required support to mobilise around their home and the staff had to ensure the person had their walking aid with them to support them. We also saw clear guidance was in place for staff who needed to use equipment to support people.

We looked at systems in place to ensure that people, who required support to take their medicines, were assisted to take them as prescribed. People told us and records confirmed that staff provided people with the appropriate level of support to take their prescribed medicines. We spoke with people who used the service and they felt staff supported them well. One person told us, "They come very day, they help me with my medicines." Another person told us, "They do my tablets and write it all down. It's a weight off my mind as I could forget."

We spoke with staff who informed us that they completed medication training and that the manager observed them administering medicines to ensure they were competent. We saw that people who required support with their medicines had a medication administration record (MAR) in place. This was signed by care workers following the administration of their medicines. Regular, monthly audits of MAR sheets were carried out to ensure they were accurate. This demonstrated that appropriate arrangements were in place in relation to obtaining, recording and handling of medicines.

The service had a safe recruitment system in place which was used to employ new staff. This included obtaining pre-employment checks prior to people commencing employment. These included references from previous employers, and a satisfactory Disclosure and Barring Service check (DBS). The DBS checks help

employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

We looked at four staff recruitment files and found they contained all the relevant checks such as the right to work in the United Kingdom and professional references. We also spoke with staff who confirmed that checks were completed when they began working for the agency.

Staff we spoke with told us they were given enough time to support people without rushing them. Some of the staff we spoke with told us they did not drive and walked to people's homes to provide their support. They said that routes and timings were worked out well by the office which meant they did not have to rush or wait around between people's calls. One staff member told us, "I am able to take my time to get to calls, there is never a rush." Another staff member told us, "They have the calls worked out well so I can walk between the calls without having to wait about too long." This meant the provider had ensured that there were sufficient numbers of suitable staff to keep people safe and meet their needs.

Is the service effective?

Our findings

We spoke with people who used the service and their relatives and they told us that staff were well trained. One person told us, "They all seem very well trained and they help me move about alright." Another person told us, "They are all very well trained. I don't need to tell them anything, they know what I need them to do for me." One relative told us, "Our carer is very good with my relative even when they are difficult." Another relative told us, "They all seem well trained. They always know what they're doing."

The staff we spoke with told us they completed the induction when they first started working for the provider. They said this included all of the training which was considered mandatory. This included food safety and hygiene, first aid, safeguarding, moving and handling, medication and dementia awareness. The induction also provided staff with an overview of the complaints procedure, medication management, health and safety, accidents/incidents and medication. This demonstrated that new staff members were supported in their role.

We reviewed records of staff training which were held by the manager in the form of a matrix. This showed all of the training staff had attended, were due to attend and logged reminders sent for when refresher training was required. This demonstrated staff received a range of training to support them in their roles. Staff we spoke with told us they received regular training and felt this enabled them to do their job well. One staff member told us, "I had very little experience in homecare but after my induction I felt more confident. I was able to shadow more experienced staff and this really helped too." Another staff member told us, "We do get a lot of training but not for the sake of it. It is all useful and helps to keep us up to date." This showed staff had the appropriate knowledge and skills to perform their job roles.

We found evidence of staff receiving monthly supervisions. Supervision is a one-to-one support meeting between individual staff and their line manager to review their role and responsibilities. Supervision also included feedback from colleagues and people who used the service. The registered manager told us staff received regular spot checks, observations and one-to-one feedback as part of their supervision. This was a good system to monitor and support staff to provide effective care.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where someone is living in their own home, applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. We looked at care records and found that mental capacity assessments had been conducted on behalf of people, when deemed necessary and people had given their consent in a variety of areas, including the provision of personal care. There was no-one who used the service at the time of our

inspection who was being deprived of their liberty.

We spoke with people who used the service and they told us staff always asked their consent prior to completing care tasks. Where people lacked capacity, their representatives were involved in making decisions in the person's best interest. Records showed people, their relatives and social workers discussed people's best interests in meetings about their mental capacity, risks and support needs.

We saw that some people required support to maintain a balanced diet and have access to food and fluids. We spoke with staff who said they made sure people had access to drinks and there were snacks available to them in-between their visits. One person told us, "They make my meals, I put the oven on in the evening to help them, they make just whatever I ask for." Another person told us, "They do all my meals. I have stuff in the freezer but I say to them, just go and see what's in the kitchen and surprise me." This showed that people received the support they required to meet their assessed nutritional requirements.

People were supported to maintain their health. Staff told us and records confirmed that they supported people to make and attend appointments with healthcare professionals and recorded outcomes as required. Record showed a range of health professionals were involved in meeting people's health and social care needs.

Is the service caring?

Our findings

We spoke with people who used the service and they told us My Homecare Yorkshire was a caring service. One person told us, "The girls are very nice, I have had them a long time so I know them." Another person told us, "The girls are very good, they always ask me what I want, they are nice." Another person told us, "The girls are very nice, very nice indeed."

We also spoke with people's relatives who also felt the staff were kind, caring and thoughtful. One relative told us, "The lady is so good with my relative even when they are difficult, she is just lovely." Another relative told us, "The carers are really nice to my relative, so kind and nothing is too much trouble." Another relative told us, "We recently started using the service and we cannot believe how good they are and you can tell they really do care. No complaints from us."

The service had received a large number of compliments about the service provision and staff approach. Comments included, "All of the staff who visited our relative were very caring, pleasant and only too willing to do anything to help" and "We as a family are very grateful for the service our relative received."

We spoke with staff who were enthusiastic about providing a good service and meeting people's needs. The staff understood how important it was to ensure they respected people's privacy and dignity. One staff member said, "I love my job and really want to do my best for people. They really appreciate it and it gives you a sense of satisfaction. You know you're helping them. I always ask people if they are ok with what I am doing, I get their permission for everything." Another staff member told us, "It is not an easy job but if you enjoy helping people, it is the best job to do. I have really enjoyed getting to know people. I will always make time for them, just to chat and have a laugh. I've built relationships with people. I will always give people time and wait for them. I would always respect their decision if they refused any part of their care." Another staff member told us, "It is a nice company to work for and the people I care for are lovely. They are so grateful and I enjoy every minute of what I do. It is their home and I am a guest."

People and their relatives were involved in planning of their care and how they wanted their care to be delivered. Care records showed people's involvement in their care plans which stated their preferences on how they would like their needs to be met. We saw that people and their relatives were regularly consulted and updated about any changes.

Care records showed people's cultural, spiritual and religious needs were considered. Staff we spoke with said they had read people's care records and knew the level of support and reassurance to give. People had opportunities to express their preferences for end of life care where appropriate.

Is the service responsive?

Our findings

We spoke with people who used the service and their relatives and they told us they were involved in their care and support. One person said, "The manager is good. She went through the care plan with me." Another person said, "We had a meeting about the care plan. They involved me and I was clear on what they would be helping me with when they came." People's relatives also told us their family members care plan was discussed with them regularly to ensure it was still relevant and meeting the needs of their relative. One relative told us, "They do call me to check that what is being done for my relative is still what we need. I would only have to ask for any changes and I know they would."

We spoke with the registered manager who informed us that one of the management team visited people in their homes and completed an initial assessment of people's needs prior to care and support commencing. This was to ensure the provider would be able to meet people's needs. This information was then used to formulate a care plan.

We looked at care records which contained details of people's needs. We saw they were person centred and provided staff with clear guidance on how to meet the person's needs. Care plans were in place for things such as medication, personal care, and social needs. Care plans were reviewed and updated to reflect their current needs. Staff confirmed they were informed about changes in people's care by reading through the care plans, and phone calls from the registered manager and regular updates meetings. We also saw a schedule of the call times along with tasks that were to be undertaken on each visit. This meant people's needs were identified and met.

People were supported to do the things they enjoyed and maintain their lifestyles. One person enjoyed going out for coffee and staff supported them with this. Another person was supported to attend their local church service. We saw people were supported to maintain contacts with their family and friends.

We spoke with staff about people's needs and preferences. Staff were able to clearly explain what tasks they completed at each visit. They also spoke about people's preferences and how people liked their support to be delivered. This showed people's care planning was individually tailored to meet their needs.

The service had a complaints procedure in place, which contained clear guidance and was easily accessible to those who used the service and their relatives. People we spoke with said they would know how to make a complaint if they were unhappy and would tell their carers or telephone the office. A system was in place for the recording of complaints, which outlined the areas of concern and any actions taken as a result of an internal investigation, as well as a response to the complainant. At the time of our inspection, the service had not received any complaints.

Is the service well-led?

Our findings

All the staff we spoke with told us they were well supported and felt satisfied working for the organisation. One staff member told us, "I love working for the company, they are so supportive. The manager is at the end of the phone for anything." Another staff member told us, "I am so glad I came here. The provider was recommended to me by a friend who worked here and it was a good move for me. I can't say enough good things about the service."

The registered manager and directors held regular meetings with staff to consult, update and listen to their concerns and suggestions about the service provided. The registered manager told us they operated an open door policy where staff could visit anytime to chat with them about anything. Staff confirmed this to us and told us they found this approach helpful. Staff told us they would recommend the service to their family and friends.

The provider gathered people's views through annual surveys, quality monitoring visits, phone calls and spot checks. We reviewed a selection of recent surveys, which had been completed by those who used the service or their relatives. The comments seen were all positive and people expressed their satisfaction about the service received. This showed that people's views and opinions were taken into account in the way the service was provided.

We looked at how the registered provider monitored the quality of service. We saw that spot checks took place. These were unannounced visits from a member of the management team, to people's homes to assess the quality of the support provided. They ensured the care worker was wearing the correct uniform and had their identification badge with them. They also looked to see if the care worker was wearing personal protective equipment such as gloves and aprons. The checks also included looking at care records to ensure they were fully completed and meeting people's current needs. It was also an opportunity for a member of the management team to talk with people who used the service and gather their feedback. In addition, the registered manager and directors undertook regular monitoring of their systems. Checks undertaken included care plans, medicine management, documentation/record keeping, incident and accident analysis, staff training and finance. We saw actions were put in place to address areas recommended for improvement. This demonstrated the provider had an effective system to regularly assess and monitor the quality of service that people receive.