

My Homecare (Camden) Ltd

My Homecare Camden

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 Camden is a domiciliary care agency. It provides personal care services to people in their own homes. The service provides care to people with a range of care needs including those living with dementia. At the time of this inspection there were 14 people receiving support from the service with their personal care. The service is part of the national My Homecare franchise.

People's experience of using this service:

People received a service which was personalised and met their individual needs and preferences. People told us that their independence was supported by the service.

People spoke highly of the staff who provided their care. They told us that they were cared for by regular staff who understood their needs and were competent in providing personalised care.

People told us that staff were kind, listened to them and respected the choices that they made about their care. Staff understood the importance of respecting people's privacy, dignity and equality characteristics.

People's care was planned with the involvement of people using the service and, when applicable, their relatives. The service was flexible and responsive to changes in their needs.

Staff received information about people's needs so that they provided people with the care that they required and wanted. Staff told us that they worked well as a team and would always report any changes in people's needs to senior staff.

The service assessed and managed risks to ensure that people received personal care and support safely.

Systems were in place to assess and monitor the quality and delivery of care to people. Improvements to the service were made when needed.

The provider had systems in place to resolve complaints appropriately. People had opportunities to provide feedback about the service, and action was taken to address any concerns.

The service was well led by the registered manager. People told us that the registered manager and other senior staff were approachable and could be contacted at any time. Staff told us that the registered manager and other senior staff provided them with the support and guidance that they needed to carry out their role and responsibilities.

Rating at last inspection: This was the service's first inspection.

Why we inspected: This was a planned comprehensive inspection as the service had not been rated before.

Follow up: We will continue to monitor the service through the information we receive.

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 Camden

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector.

Service and service type: My Homecare Camden provides personal care and support to people in their own homes. Not everyone using My Homecare Camden receives regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with the CQC. 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 2 working days' notice of the inspection visit because the service provides care to people in their own homes and we wanted to make sure that the provider was available on the day of the inspection.

We visited the office location on 30 January 2019 to see the registered manager and office staff; and to review care records, policies and procedures.

What we did:

Before the inspection we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. The provider had completed a Provider Information Return [PIR] in 2017. Due to a change in the date of this inspection we had not asked for a more recent PIR. The PIR 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 used all this information and the previous inspection report to plan our inspection.

During the inspection at the office we spoke with the provider who is also the registered manager and an office administrator/supervisor and two care staff. Following the inspection, we spoke with three people using the service, three people's relatives, the agency's care coordinator, and two social care professionals.

We reviewed a variety of records which related to people's individual care and the running of the service. These records included care files of six people using the service, four staff employment records and a range of other records including the service user guide.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe when receiving personal care. A person using the service told us, "I feel safe with them [care staff]".
- The provider had policies and procedures in place to safeguard people from abuse. Staff received training in safeguarding people. They were knowledgeable about types and signs of abuse. They knew that they needed to report any suspected abuse and/or discrimination to the registered manager, and if necessary the host local authority, safeguarding team, police and CQC.
- The registered manager was aware of their responsibility to liaise with the host local authority if safeguarding concerns were raised.
- Care staff told us that they would always report any poor practice from staff to ensure that people always received appropriate care and that staff improved their performance and that people were safe.

Assessing risk, safety monitoring and management

- Assessments of risk were carried out. Risk assessments included risks of falls and to do with assisting people with moving and changing position. These included the least restrictive risk management plans to minimise the risk of people and staff being harmed. We noted that the assessment of one person using the service had identified a risk of falling. However, a falls risk assessment was not in place. The registered manager told us that they would address this issue. People's risk assessments and any risks associated with people's home environment were reviewed regularly with people using the service and updated if needed as part of ongoing reviews of their care. Staff were aware of risks to people and knew that they needed to report any concerns to do with people's safety to management.
- Staff knew that they needed to report all accidents and incidents to the registered manager. They also knew how to respond appropriately in an emergency. The service had a business continuity plan, which detailed action to be taken by the service in response to significant issues such as difficulties for staff carrying out visits in very poor weather and when staff shortages.

Staffing and recruitment

- Staff records showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. A range of checks were completed. These included obtaining references and undertaking a criminal record check to find out whether a prospective employee had been barred from providing a regulated activity such as personal care to adults and children.
- Arrangements were in place to ensure that there were enough staff to meet people's care needs. The

registered manager told us that care staff were very flexible and covered care staff absences when needed.

- People told us that staff usually arrived on time and they were informed if a care worker was going to be late. People using the service told us that staff stayed the right amount of time and they did not feel rushed by care staff when receiving assistance with their personal care. A person using the service told us, "[Staff] stay as long as they should."

Using medicines safely

- There were policies and procedures in place to ensure that staff provided the support people needed with their medicines. The registered manager and care staff told us that currently staff only needed to remind some people to take their medicines. Staff received training and refresher training about safe handling and administration of medicines. During 'spot checks' of people's care the agency's care coordinator checked that medicines' tasks were carried out safely and medicines' records had been completed.

Preventing and controlling infection

- Staff completed training in infection control and food hygiene to keep people safe from harm. They knew the importance of frequently washing their hands, particularly following supporting people with their personal care.
- Systems were in place to minimise the risk of infection. Staff had received training in infection prevention and control. Protective clothing, including disposable gloves, were always available to staff. During 'spot checks' the care coordinator checked that staff used protective clothing and washed their hands when needed.

Learning lessons when things go wrong

- There were systems in place to ensure that incidents and accidents were reported and recorded. The registered manager told us that there had not been any incidents or accidents since the agency started providing a service. He spoke of the importance of learning lessons from any concerns or other issues to do with the service that might occur, so that the risk of similar issues happening again was minimised.

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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People using the service told us that before receiving a service from the agency they had been asked a range of questions about their needs and preferences. People's care records showed that people and, when applicable their relatives had been involved in an initial assessment of each person's needs. This assessment helped the service identify people's care needs and their expected outcomes. Information about people's care needs was also provided by local authorities which funded people's care. The registered manager told us that the service only accepted care referrals when the service found through their assessment process that it could meet the person's needs.
- People's needs were regularly reviewed with their involvement and were updated when there were changes in their requirements and wishes.
- People's care plans included information about people's individual needs, including their cultural, religious and dietary needs and preferences. This helped staff more fully understand people's individual needs and effectively provide the care that they needed.

Staff support: induction, training, skills and experience

- People were supported by skilled and competent staff. Staff received an induction that included shadowing experienced staff to learn about their role in supporting people and completing care duties effectively and safely. During their induction, staff completed the Care Certificate. The Care Certificate includes a set of standards that care staff should abide by in their daily working life when providing care and support to people.
- Staff told us, and records showed that care staff had completed a range of training relevant to their role and responsibilities. Training was also provided to meet people's specific needs. This training included managing distressed behaviour, understanding dementia, nutrition and well-being. There were people using the service who had diabetes (medical condition that causes a person's blood sugar level to become too low or too high). The registered manager told us that they would ensure that staff received training about supporting people who lived with diabetes.
- Staff received regular supervision and appraisal of their development and performance. 'Spot checks' of staff providing care in people's homes were carried out by the care coordinator. These checks focused on a range of areas including staff carrying out personal care, moving and handling, infection control and food preparation. During these checks people using the service had the opportunity to provide feedback about the quality of care that they received.

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

- People told us that they were provided with the support that they needed with their meals. One person told us, "[Care worker] warms up my lunch. They always ask if I want anything else." People told us that care staff offered them drinks. Details of the support that people required with eating and drinking were written in their care plans. Care staff were aware of the importance of ensuring that people's nutritional needs were met by the service. A care worker told us that they would report to management if they noticed people were refusing meals and drinks or of any other changes in their dietary needs.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other agencies including social care professionals to ensure people received effective care that met their needs and preferences. Changes in people's needs were shared with commissioners [representatives of public bodies that purchase care packages for people], when needed. The registered manager told us that they always reported to commissioners when people's needs had changed or could not be met during the allocated visit time.

Supporting people to live healthier lives, access healthcare services and support

- People's health needs and medical conditions were identified by the service. Staff knew that they needed to report any concerns to do with people's health, such as changes in the condition of a person's skin to the person's relatives, the registered manager and/or care coordinator.
- Staff knew when they needed to contact healthcare services in an emergency and when there was a significant change in a person's condition.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- Staff received training about the MCA. They knew that it should be assumed people had the capacity to make decisions about their care and other aspects of their lives unless assessment showed otherwise. They knew what that people's relatives, healthcare and social care professionals would be involved in making decisions to do with people's care and treatment in the person's best interest when needed.
- Staff told us that they always asked for people's agreement before supporting them with personal care and other tasks. People confirmed that they were fully involved in decisions about their care.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us that care staff treated them well and that they received the support that they needed and wanted. Staff told us that they received equality and diversity training. They were knowledgeable about people's differences and knew about the importance of respecting people's diversity and human rights. Care workers told us, "Everyone is equal, no one is better than any others" and "It is important to see service users as the human beings they are and treat them how I would like to be treated. That is how I care for them."

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

- People told us that staff listened to them and supported the decisions that they made about their care. Staff knew when to involve people's relatives in decisions about people's care.
- Staff received training in communicating effectively.
- People's sensory needs including hearing needs were understood by the service. Staff knew that people's sensory needs could affect the way people communicated. However, we noted in one person's care plan that although the person had been assessed as having "difficulty in communication because of [being] hard of hearing," there was no detailed personalised guidance for staff to follow to help them communicate with the person effectively. The registered manager told us that they would address this.

Respecting and promoting people's privacy, dignity and independence

- Staff received training about treating people with dignity and respect. People told us that they staff were considerate and respectful of their privacy. People told us that staff always said good morning and asked them how they were feeling. Comments from people included, "They [care staff] are good, nice and easy going. They understand me" and "They are kind," [Care worker] asks if I need anything".
- Staff knew the importance of respecting people's confidentiality and not speaking about people to anyone other than those involved in their care. The service had policies and guidance for staff to follow to ensure that people's confidentiality was respected.
- People told us that their independence was respected by care staff. Care staff informed us that they encouraged people to do as much as they could by themselves during personal care. A person using the service told us, "They [care staff] wash my back. I do my face and arms." Staff told us that they supported people to choose what they wanted to wear, eat and drink. A care worker told us that they encouraged a person to participate in tasks such making a drink or meal. They told us that they often asked a person if they wanted to "come to the kitchen and do [a task] together," and that the person readily agreed to do so.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans included information and guidance about meeting people's individual needs and preferences. People told us that they received personalised care and support. Staff we spoke with were knowledgeable about people's individual needs and about how they should be met by the service. However, some people's care plans lacked personalised details about how their care should be provided, such as guidance which included specific personalised information about the way each person wanted their care to be provided. For example, details of the person's preferred personal care routine and guidance about offering people choices about what to wear, eat and drink. The registered manager told us that they would ensure that people's care plans were reviewed and updated with more personalised guidance.
- People's relatives provided us with examples of how the service was responsive in changing times of planned care visits to meet the needs of people using the service.
- People and their relatives were involved in regular reviews of people's needs to ensure that the service knew how to meet people's individual care needs and wishes, so that they received personalised care.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. People using the service and their relatives knew how to make a complaint. They were confident that any complaint would be responded to appropriately by the service. There were no recorded complaints. The registered manager told us that minor issues had been reported to them, such as staff lateness. They told us that they would in future, in line with the complaint's procedure, formally document the action they had taken to address these concerns and show where lessons were learnt.
- During 'spot checks' people were asked whether they had any concerns about the service. Staff knew that they needed to report to the management team any complaints and concerns about the service that were brought to their attention by people using the service and/or people's relatives.

End of life care and support

- Some staff had received learning/training in death, dying and bereavement. The service was not currently providing end of life care. The registered manager told us that they had plans for the service to provide care and support to people at the end of their lives. They told us that they would ensure that staff received the training and support that they needed to provide people with personalised care at the end of their lives. He told us that he would also ensure that the service worked in partnership with healthcare and social care professionals to provide people with the end of life care and support that they needed.

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

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 had the skills, knowledge and experience to lead the service. The registered manager, senior staff and care staff were committed to providing a caring and effective service to people.
- Staff told us that they felt well supported by the registered manager and other senior staff. They confirmed that management were very approachable and provided guidance and direction whenever they needed it.
- People using the service and their relatives spoke in a positive way about the service and told us that they would recommend it.
- There were systems in place to monitor the quality of the service, and any risks to people's safety. Improvements to the service were made when needed. These included providing staff with further training and ensuring that staff were kept well informed about particular changes in people's needs.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager was clear about their responsibilities to provide good quality and personalised care to people. They ensured that staff had the information and up to date guidance that they needed to provide people with the care that they needed and wanted.
- The registered manager knew the importance of being open, honest and transparent with relevant persons in relation to the care and other services that they provided to people, and of taking responsibility when things go wrong.

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

- People using the service and their relatives told us that they were listened too and fully involved in the planning, implementation and development of their personalised care. Staff had knowledge and understanding about people's equality characteristics including people's religion and cultural needs. They knew how to support people's equality needs and the importance of respecting people's differences. A person's relative told us, "I cannot fault them [staff]."

- Important information about the service and contact details of the agency were provided to people when they started receiving a service. However, two people told us although they were aware of how to contact the service they could not recall receiving a brochure about the service. The registered manager told us that they would address this.
- Staff told us that they felt listened to and felt able to speak up about any issues to do with the service and were confident that issues raised would be addressed promptly by management.

Continuous learning and improving care

- Information gathered from checks of records, reviews of people's care, incidents and people's feedback was used by the service to develop and improve it. During reviews of care and 'spot checks' of staff performance, people were asked for their feedback and where needed action was taken to address any issues of concern. Records of people's feedback indicated that they were satisfied with the service they received.
- The registered manager told us that they would complete an annual development plan of the service that identified their plans for the service and to show where improvements and development of the service had been made.
- The registered manager ensured that they kept up to date with legislation changes and guidance about best practice. The national franchisor shared best practice and provided the registered manager/provider of the service with support and guidance. The registered manager told us that a representative of the franchisor was due to carry out a quality check of the service and that any recommendations from that visit would be addressed.
- The registered manager demonstrated an open and positive approach to our feedback and spoke of their plans to develop the service.

Working in partnership with others

- The service worked with health and social care professionals to provide joined up and consistent care for people. The registered manager ensured that changes in people's needs were reported to those who commissioned the person's care. A social care professional told us that staff seemed to be competent and followed people's care plans. Social care professionals also told us that the service contacted them about changes to do with people's care, and were responsive when they were contacted by them about any issues to do with the service provided to people.