

My Homecare HFW Ltd

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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 HFW Limited is a care at home service providing personal care to people in their own homes. At the time of our inspection there were 17 people using the service.

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

There were enough staff to meet people's needs, and people felt safely cared for by staff. Staff members understood safeguarding procedures and were trained within this area.

Medicines were administered safely by staff who were trained to do so. Risks were assessed and updated as required to ensure staff knew how to work safely with people. Staff followed infection control procedures.

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.

Staff received induction training when they began employment, and continued training through their employment. People who required it, received support to maintain a healthy diet. People's healthcare needs were met by staff as required.

People felt well cared for by staff who were kind and considerate. People and relatives told us they had the time they required to communicate with staff and felt listened to. Care was personalised to people's needs, and staff understood people's likes and dislikes.

A complaints policy and procedure was in place and people knew how to use it. Audits and checks were in place to ensure any mistakes or issues were addressed.

Staff felt well supported by management and told us that communication throughout the team was good.

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

Why we inspected

This service was registered with us on 15 July 2021 and this is the first inspection.

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 HFW 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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 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.

What we did before the inspection

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 3 people who used the service, and 2 relatives of people who used the service. We spoke with 3 staff members, the care manager, and the registered manager. We looked at a variety of information including staff files, training records, audits, and care plans.

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 received safe care from staff working at the service. One relative of a person using the service told us, "[Name] is cared for safely, they provide us with very capable carers. We are very happy with them considering they are still quite a new company."
- Staff received training in safeguarding procedures and were confident in reporting anything of concern. One staff member said, "I would not hesitate to use whistleblowing procedures if I needed to. We have been trained in that and encouraged to use it if required."

Assessing risk, safety monitoring and management

- Risks present in people's lives were assessed, managed and regularly reviewed to ensure people's health and wellbeing. Assessments identified the areas of risk in people's lives and actions to mitigate known risks. Care plans provided clear guidance for staff to follow to keep people safe.
- Staff told us they had access to risk assessments and understood risks in people's lives. Staff said they were not asked to carry out any tasks they were not trained to do.

Staffing and recruitment

- There were enough staff working at the service to provide adequate care to people. One person said, "The staff are generally on time. They let me know if they get held up."
- An electronic monitoring system was in place to track staff, and alert management if any calls were running late. This meant that prompt action could be taken to resolve any issues.
- Recruitment procedures that were used ensured that only staff who were suitable to be working in care were employed. This included ID checks, references, and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received safe support with medicines. Staff were trained in medication management and administration, and people we spoke with were happy with the support they received in this area.
- Medicines administration records (MAR) were used accurately to document the support people received. This included, when required, a body map to show where skin creams had been applied.

Preventing and controlling infection

- People told us staff worked safely in regards to infection prevention and control, and wore suitable personal protective equipment (PPE) when providing care.

- Staff received training in infection prevention control, and told us they were supplied with PPE and knew how to use it.

Learning lessons when things go wrong

- Systems and processes were in place to record any accidents or incidents which may occur, and provide investigations in to these events. Staff told us that information was recorded and communicated effectively, to ensure any lessons were learnt from mistakes made.

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

- People's needs were assessed in line with current guidance and best practice. A pre assessment of needs was carried out by the care manager, before any care was delivered. This was completed in conjunction with people themselves and their family members if required.

Staff support: induction, training, skills and experience

- People were supported by staff who had gone through an induction training programme to ensure they had the basic skills to provide care. This included completion of 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.
- Staff received ongoing training to ensure their knowledge remained up to date. We saw training records which showed this was monitored and kept up to date by management.
- Staff received regular supervision and observation, to ensure they were working to the required standards, and to improve practice if required.

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

- People were supported to maintain a healthy and balanced diet. Most people we spoke with had the support of their family members in this area, but those who required staff support received it.
- Information in relation to any food and drink preferences and requirements were documented and understood by staff. Systems were in place to enable detailed recording of food and fluid if required.

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

- People were supported to access additional support when it was required. The care manager told us that the relationship with outside agencies was good, and it was easy to make referrals for people's healthcare support if required, for example, to obtain care from nurses and community therapists.
- Care plans documented clearly what people's health care requirements were, and the associated risks. This included any support needed with mobility aids and any healthcare conditions people had.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- There was clear documentation in place which assessed people's capacity to make decisions, and showed how best interest decisions were made. Staff had received mental capacity training and understood that people were assumed to have capacity to make decisions in their own life, until assessed otherwise.

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 and relatives told us they were treated with respect and kindness from the staff team. One relative said, "We look forward to them coming in. They can't do enough for [name]. They are very good with us." We saw a written compliment which said, 'We are very pleased with the service provided by the carers. The carers are very attentive and supportive to [name].'
- Care plans documented how people wanted to be supported, and staff we spoke with were enthusiastic about providing positive care that met people's needs.
- People's equality and diversity was considered within care plans, which documented how people wished to be cared for, and any protected characteristics.

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

- One relative said, "I am always here when they provide [name] with care. They always communicate with me as well. I'm kept in the loop of everything, and we make the decisions about the care."
- People told us they were involved in their care, felt in control, and able to communicate any desired changes which were listened to by staff and management.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence and encouraged people to do things for themselves where possible. Staff were able to explain examples of promoting people's independence and building people's confidence, which meant in some cases, people became more independent and required less care visits than when they started using the service.
- People's personal information was not shared inappropriately. Information was stored securely at the office location, and within a secure electronic care system. Staff were aware of keeping information safe and data protection.

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 was personalised to people's needs, and staff understood people's personality, likes and dislikes. One person told us, "The staff are very friendly. We have a chat about them and their families, and vice versa. It brightens my day up. We have got to know each-other well." Staff were positive about supporting people to achieve as much as they could.
- Staff understood what was important to people in their lives, because care plans contained personalised information. For example, we saw information about how a person specifically liked their tea made, and how they wanted their food served to them.
- Feedback from people and relatives was that staff were responsive to their needs, flexible, and personalised to them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The management team were aware of the accessible information standard and told us they could present information in alternative and accessible formats for those who required it, including large print or pictorial if required.

Improving care quality in response to complaints or concerns

- Systems and processes were in place to respond to people's concerns and complaints, and people we spoke with knew how to use it and were comfortable to do so. One person told us, "If there was a problem, I would feel confident to ring them. They would sort it out quickly."
- We saw that when complaints had been made, they were documented and responded to promptly.

End of life care and support

- At the time of the inspection no one using the service was receiving end of life care. The registered manager was aware of the need to document people's end-of-life preferences if required and ensure that staff were trained in this area.

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 registered manager and staff all had good knowledge and understanding of the people they were supporting, and knew them well. People and relatives we spoke with confirmed they knew who the manager was, and could contact them when required. One person said, "It's a new company, and they are doing very well so far."
- Staff put people at the centre of the service and provided good quality care that focussed on people's care and support needs.

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

- Staff felt well supported in their roles, and understood what was required of them. One staff member said, "It's a close team to work in. We all communicate well and are treated fairly." Another staff member said, "The managers genuinely want to provide good care. They have an open and clear approach, and they engage with us."
- Management staff conducted checks and supervisions with staff members to ensure they were supported in their roles, and were meeting the required standards.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and the provider understood information sharing requirements, and knew that when concerns had been identified, appropriate notifications should be sent to the CQC and the local authority as required by law.

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

- Staff told us they were able to share information and felt well supported and updated by management and senior staff. Team meetings were held for staff to communicate and discuss subjects such as infection control procedures, staffing, and safeguarding matters.
- People were engaged with and asked for their feedback. We saw records of checks commenced with people on the timeliness of staff and general quality of the care they were receiving
- Systems and processes were in place to ensure that all aspects of the service were monitored and checked. The management team had checks and audits in place to ensure any mistakes were found, and

improvements could be made. This included an electronic care system used to monitor staff calls and medicine administration.

Working in partnership with others

- Contact with health and social care professionals was made promptly to ensure joined up care was effective and met people's needs. This included monitoring and checks by the local authority.
- The registered manager and management team were open and receptive to feedback during our inspection.