

My Homecare HCI Ltd

# My Homecare HCI

## 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 responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

My Homecare HCI is a domiciliary care agency providing a range of services including personal care to people in their own homes. At the time of our inspection, there were 34 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

Staff often provided extra support and assistance to people when this was not part of people's contractual care arrangements. The care staff and management team worked together to deliver a high standard of care to people who used the service. They were creative and put people at the centre of everything they did, particularly during the pandemic, where they were able to improve people's quality of life and alleviate loneliness.

We received positive feedback from people and their relatives about the service. They told us the staff knew their needs well and were responsive to how they preferred to be cared for.

People's care and risk management plans set out the care tasks they required help with and these contained information about people and their preferences for how they liked to be supported.

People told us they felt safe. Where there were risks to people's safety and wellbeing, these had been assessed and the provider had done all that was reasonably practicable to lessen those risks.

Incidents and accidents were recorded, and appropriate action taken. Records Included an analysis and evidence of lessons learned. The staff demonstrated they learnt from mistakes and made improvements when things went wrong.

The provider made sure there were enough staff deployed to support people and staff usually arrived at people's homes on time. Staff received induction, training and supervision and felt supported in their roles.

The provider sought feedback from people, relatives and staff and used this to develop the service. People and staff were confident they could raise any concerns they had with the registered manager and felt they would be listened to.

The registered manager and senior staff were responsive to and worked in partnership with other agencies to meet people's needs.

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.

There were robust systems in place to monitor the quality of the service and recognise when improvements were required.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 18 October 2019) and there was one breach of regulation. Since this rating was awarded the service has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We received a safeguarding concern from the local authority in relation to the care a person had received. As a result, we undertook a focused inspection to review the key questions of safe, effective, responsive and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key question. We therefore did not inspect this. Ratings from previous comprehensive inspections for this key question were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for My Homecare HCI on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 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 HCI

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience undertook telephone interviews with people and relatives. 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the registered manager was often out supporting people, and we needed to be sure that they or the provider would be in the office to support the inspection. We visited the office location on 15 June 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with four people who used the service and three relatives of other people about their experience of the care provided. We spoke with the registered manager, care manager, care coordinator and administrator.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We received feedback by email from four care workers. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection on 11 September 2019, we found the provider had not robustly assessed all the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The risks to people's health and wellbeing had been assessed and regularly reviewed. Specific risk assessments and plans were available based on the individual risks that had been identified at the point of the initial assessment of people's needs.
- Risk assessments included detailed guidelines for staff on how to reduce risk. Risks assessed included the person's home environment as well as individual risks such as skin integrity, falls, moving and handling and communication.
- We saw a detailed risk assessment in place for a person living with diabetes. This included the potential risks such as the person not receiving a suitable diet, and how to reduce these risk. Guidelines for staff included information about the condition and how to recognise signs the person was becoming unwell and what actions to take.
- People's records included a COVID-19 risk assessment. These considered people's age, medical history, and any conditions which put them at higher risk should they contract the virus.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe with the care workers who supported them and did not feel rushed with the support they received. One person told us, "I don't know how I would manage without my carers I have ultimate faith with them to do all I need" and another said, "The carers are very good. Nothing is too much trouble to them; they appear on time and always have a smile." A relative echoed this and said, "It's like having a good friend to help me look after [family member] each day. We have a regular [care worker] who does anything we need [them] to. [They are] great."
- The provider had a safeguarding policy and procedure in place and staff were aware of these. Staff received training in safeguarding adults and understood what they would do if they were worried somebody was being abused. A care worker told us, "Safeguarding means when someone is at risk of being abused, physical, emotional, money or discrimination. I haven't been involved in any but I would know what to do if I

thought someone was being abused."

- The provider worked with the local authority's safeguarding team to investigate safeguarding concerns and made the necessary referrals when needed. We saw evidence safeguarding concerns were addressed appropriately.

#### Staffing and recruitment

- Recruitment practices helped to ensure staff were suitable to support people. This included confirming staff had the relevant previous experience and qualifications. Checks carried out before they started working for the service included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring criminal record checks were completed.
- There were enough staff deployed to meet the needs of people who used the service. The registered manager told us, "We are able to allocate the same carers to a person, and it works well. Most of our single clients don't see more than two people a week. We divide people into groups, each group has a team leader, and they are known to clients right from the beginning. This means in case of shortage, the team leader can step in and provide care."

#### Using medicines safely

- People received their medicines safely and as prescribed. The provider had a policy and procedure in place and staff received training in these.
- Some people required support with taking their medicines. Care plans stated people's prescribed medicines and what these were prescribed for. Care workers completed electronic medicines administration records (E-MARs). These were received and printed by the office staff and audited regularly. We viewed a range of E-Mars and saw these were completed appropriately by care workers and there were no errors. Audits were thorough and regular to help ensure any errors were promptly identified and dealt with.
- People had medicines risk assessments in place. These stated who was responsible for the ordering, collection, administration and assistance with medicines. It also stated the person's allergy status. The risk assessment also detailed the number of medicines prescribed, the person's mental state, vision, social circumstances, physical condition and knowledge and attitude about medicines. Based on the scores, the level of risk was calculated as low, medium, high or very high, and the level of support determined.

#### Preventing and controlling infection

- There were systems in place to protect people from the risk of infection and cross contamination. Staff received relevant information and training in relation to COVID-19, infection control and personal protective equipment (PPE).
- The staff were given important information and updates throughout the pandemic, to help ensure they were informed of any changes to government guidelines.
- Staff confirmed they had access to PPE and knew how to use this. They told us they understood how to support people whilst keeping the person and themselves safe. People and relatives we spoke with confirmed the staff followed good infection control practices and wore PPE appropriately.
- All staff received weekly testing and the provider was in the process of ordering lateral flow tests for staff.

#### Learning lessons when things go wrong

- Incidents and accidents were recorded and reported appropriately and the provider had an accident reporting policy in place. Incidents and accidents reports included time and date of the incident, what happened, any injury and action taken. We saw appropriate action had been taken in relation to someone who had a fall whilst under the care of a one to one care worker, such as reporting the matter to the safeguarding team.



- Lessons were learned when things went wrong. The registered manager told us they ensured they liaised with staff to discuss incidents and put in place systems to prevent reoccurrence. They said, "A staff member did not follow safe infection control. We put a huge emphasis on infection control after that, improved our protocols to protect the clients, the carers etc. Huge lessons learned" and "We had a management and staff meeting and we had a supervision with the staff. We got tougher with infection control, increased our spot checks and provided them with a lot of information. We have had no problem since."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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 before they started using the service. People were referred by the local authority who provided an assessment of the person's needs. However, the provider carried out their own assessments to help ensure they could meet these needs. Initial assessments were used to write people's care plans.
- Assessments we viewed contained the necessary information about the person, such as their healthcare needs, living arrangements, communication needs and mobility. They also included how people wanted their care needs to be met.
- People's choices in all areas were considered and recorded, for example, their choice of gender for the care workers who provided care.

Staff support: induction, training, skills and experience

- People received care from staff who were well trained and supported. New staff received an induction period before they were allowed to support people unsupervised. This included a three-day care induction training course and a period of shadowing more experienced staff. The experienced staff completed an assessment and recorded their observations of the new staff member to ensure they were ready before signing them off as competent.
- New staff also completed training in the principles of the Care Certificate and the provider's policies and procedures. The Care Certificate is a nationally recognised set of standards that gives new staff an introduction to their roles and responsibilities.
- Staff received training to enable them to carry out their duties and meet people's needs. This included training in subjects the provider considered mandatory, such as medicines, infection control, safeguarding adults, mental capacity and equality and diversity. They also received training specific to the needs of people who used the service such as pressure ulcers, food safety, training in supporting autistic people, challenging behaviour, diabetes and person-centred approach.
- Staff's competencies were regularly assessed to help ensure they understood and maintained their skills in a range of areas, for example medicines management and infection control. Staff received regular supervision and yearly appraisal where they were able to discuss any areas of improvement, career development and any concerns they may have. A staff member told us, "I feel very supported and lucky to be with a company that appreciates me and the hard work we do. We get supervision and meetings and training and [office staff] are all available by phone so we can ring them."

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

- People's nutritional needs were recorded and met. Where necessary and according to people's care plans, staff supported people with cooking their meals, or reheating already prepared meals and snacks. Care plans contained details about how people wanted to be supported with meal preparation and any nutritional needs they may have. For example, 'Care workers need to ensure they stay with me until I finish my meal as I may need them to cut my food up for me and pass drinks to me'.

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

- People's healthcare needs were recorded and met. Care plans contained details of people's health conditions, what impact these had on the person and how to support people. We saw evidence people had access to healthcare professionals where this was required. For example, when they were unwell, required mobility equipment or had specific dietary needs.
- Where people had specific healthcare conditions, such as diabetes, care plans included information about the condition, what symptoms to look out for and report when the person became unwell and what actions to take.
- The registered manager expected all staff to be vigilant during visits and report any concerns they may have about people's health conditions. We saw evidence care workers communicated well with the office and reported any concerns promptly.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

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.

- People told us they were consulted about their care, and their choices were respected. Their comments included, "No matter what the [care workers] do for me they ask me first before doing it", "Before the carers leave each time I am always asked if I need them to do anything else for me and do I have everything I need" and "I don't like going to bed early so the carers never come before about nine o'clock which is great."
- People's capacity was assessed before they started using the service and this was regularly reviewed. People's choices in relation to their care were recorded in their care plans.
- Staff received training on the principles of the MCA and demonstrated an understanding of this.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which met their needs. Care plans were developed from the initial assessments and were regularly reviewed. All the care plans we looked at were detailed and personalised and included all aspects of the person's care and support. They included detailed guidelines for staff to follow about how to meet each person's specific care needs, according to their wishes and choices. People's care plans included information about their background so staff could understand the person better and meet their needs.
- When a person had specific needs, support plans were informative and included a breakdown of these and how staff could support the person. For example, one person had a health condition which meant they required specific moving and handling procedures. We saw there were details in relation to bed, chair, wheelchair and bath transfers and how to support the person with dressing.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded in their care plans. This included if the person had specific communication needs, any impairments which might have an impact on their communication and understanding of others, and the best way staff were to communicate with them.

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

- People told us the care workers supported them to undertake activities of their choice. One person stated, "I am a jigsaw addict and my carers regularly help me to complete them, if they have a few minutes after they have finished, before they go on to the next call they sit with me and do some." They added, "Another of my carers makes sure I have plenty to keep me busy."

One person's care plan stated they liked to access the local swimming pool and liked to listen to music. Staff were keen to support them with this as the COVID-19 restrictions eased.

- People's cultural and religious needs were recorded and met. One person told us, "I go to church every Tuesday and the carers know this so they do all they can to get me ready for my lift. The [care workers] understand how important it is to me to get there" and another said, "Both of my carers have a different

religion to me but it doesn't affect the way I am treated, I am always treated with the utmost respect at all times."

- During the pandemic, some people were unable to see their friends and relatives. The staff and management did their best to prevent people from becoming lonely during this time, especially on their birthdays. For example, one person turned 100 during lockdown, so the staff visited and brought flowers and balloons to them to celebrate. The registered manager attended another person's birthday party. They also bought another person an album of their favourite band for their birthday.

#### Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to complain but rarely had to do so. One person said, "I have never needed to complain but I would if I needed to and I would have no problem doing so."
- There was a complaints policy and procedure in place and people were aware of these. The provider kept a log of complaints and concerns they received. We saw these were addressed appropriately and responded to in a timely manner. For example, where a person had complained the staff did not always use PPE appropriately, an action plan was in place for further training and monitoring of the care worker.

#### End of life care and support

- People's end of life wishes were discussed with them if this was something they felt comfortable with and care plans reflected these conversations. One person for example had stated they wished for their funeral to be conducted in accordance with their faith.
- Relatives we spoke with indicated the care workers were kind and understood people's needs when they were unwell or nearing the end of their lives. One relative told us, "The carers were amazing, they cared so much about [family member] ... We didn't really have set times towards the end, if the [care workers] came in and [they were] asleep [care workers] would leave [them] and come back later. We were treated with kindness by everyone and they were so understanding right up until the end...They were a comfort to me especially after [family member] died. I can't thank them enough for everything they did"

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to

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

- People who used the service and relatives spoke positively about the care workers and the management team. Their comments included, "I am more than happy with them. They are friendly, helpful and they care about me and how I am", "I am very happy with everything, the carers look after me really well, they show me respect all the time, I really like them", "It's like having a good friend to help me look after [family member] each day. We have a regular care worker who comes six days a week ... [They are] great" and "I am extremely happy with my care and I don't need anything else"
- The staff went above and beyond their duty to improve the wellbeing of people who used the service. For example, one person who was lonely during the pandemic was offered a paint set and canvasses by staff. They started spending a lot of time painting and this helped them focus on their past interest. We saw a landscape they had painted for the office staff which they dedicated to them.
- The management team put together a scrap book of their journey through the pandemic so this could be shown to staff and visitors. This included photographs of people enjoying some time outside, examples of when the staff provided a particular service to a person. For example, one care worker bought a hair trimmer so they could give a person the haircut they wanted whilst salons were closed.
- There was evidence of mutual respect and appreciation between care workers and people who used the service. We saw example of a person picking a pear from their tree for their care worker and another who made them a vase from an old sweet jar. A care worker told us, "I love my clients, they brighten my day."
- The provider had created a folder with photographs of the whole team and a profile about each of them including their likes and dislikes. They took this with them for people's initial assessments, so people had the chance to see the staff and office staff before using the service. One office staff member told us, "One person said they felt they knew the carer before they turned up."

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

- The provider communicated well with people who used the service and their relatives. They carried out regular telephone monitoring to gather information about how the care workers supported them and if they were happy with the support they received. We viewed a sample of these audits and saw people were happy with the support they received.
- People were consulted about the service and listened to when they had ideas. For example, one person

had suggested the service started a regular newsletter for people who used the service and suggested they could be involved in this. The registered manager told us they liked the idea of involving people and would put plans in place to create this.

- People were consulted in all aspects of their care and documents we viewed evidenced this. People were issued a 'service user guide'. This contained details about the staff and management, the provider's statement of purpose, what to expect from the service, how to complain and useful contact numbers, including the out of hours number in case of emergency.
- People were sent a yearly survey where they were able to give their feedback about the care they received. This was analysed and any areas for improvements were used to put an action plan in place. We viewed a sample of recent surveys and saw people were happy with the service they received. Their comments included, "Always had a good thoughtful response, considerate and polite. Excellent", "[Family member] is very happy with [Care worker]. Thank you My Homecare", "Always excellent, also the office staff" and "I would like to applaud the very high standard of care provided by the carer [Name]."

#### Continuous learning and improving care

- The registered manager led a dedicated team, who worked well together to deliver good care to people who used the service. We saw a number of comments from relatives praising the management team and recognising their leadership skills. One relative stated, "Carers are only as good as the boss and [Registered manager] most certainly does not operate from [their] ivory tower... [They are] an asset to your company and I hope for this [they get] recognition for the incredible hard work [they are] putting in."
- The registered manager told us they had to 'think outside the box' to help ensure people continued to receive high quality care during the pandemic. They said, "We sorted the carers into groups, for example, the young, stronger staff, less likely to be ill and be more available were allocated to service users shielding, so they could be prioritised, so they could have continuity of care. During COVID, the continuity of care improved even."
- During the pandemic, the staff team worked together to help ensure people's needs were met and communication was effective. The registered manager told us, "We tried our hardest to ensure we were there for them and their families. We phoned them more often. We facilitated contact with their families. The families were very grateful."
- The care workers felt supported during the pandemic and they told us this enabled them to provide a high standard of care and support to people who used the service. One care worker told us, "The managers really have been working with us. I feel very well supported and looked after." The registered manager told us, "Our care workers were brilliant. We thought they might get cold feet through fear. At the time, there was so much talk about care workers being ill or dying, but they were unbelievable. The way we all work together was great. We have grown so much closer now, we work as a team. The carers stepped up."
- The provider kept a log of all compliments they received from people and relatives. We viewed a sample of these and saw comments such as, "It has been a joy to be cared for and managed by [Registered manager and senior staff]. They are incredibly hard-working and go beyond the call of duty", "I would recommend My Homecare to other people without reservation" and "Thank you for all the wonderful care and support that your team gave to our [family member]."

#### Working in partnership with others

- The registered manager told us things had been difficult at the start of the pandemic, when they had staff shortages and difficulty getting PPE. However, they said the local authority had been supportive and had made daily calls to the agency, providing support and giving them important information. This had enabled them to keep their morale up and continue to provide people with their visits as planned.
- There were regular staff meetings although these had been virtual during the pandemic. The registered manager told us this had made it easier for all staff to attend as they could hold the meetings in

the evening. They added that communication had improved during the pandemic. The management team also met regularly.

- The registered manager kept abreast of developments within the social care sector by attending regular meetings and training organised by the local authority. They had a good relationship with the trainer who organised training for the whole team. They told us, "Our trainer was brilliant and facilitated all the training including donning and dosing of PPE. All infection control training, also focussed training on Coronavirus."

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 understood their duty to report any accident or incident, to take appropriate action and to offer an apology if necessary. The registered manager told us, "When things happen or go wrong, it is better to be upfront, not to have a 'sweep under the carpet' culture and to have an environment when it is ok to report. For example, a medication error. The carers know it is a safe environment where reporting is good and we improve as a result."

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

- The provider had an electronic monitoring system which enabled staff to log in and out of people's homes, record what support they had given to a person, and any concerns they might have. The provider was able to see this in real time, which meant they could address any issues without delay. For example, if a care worker had not arrived on time for a visit.
- The provider had effective auditing systems in place which included audits about recruitment, care plans, accidents and incidents, health and safety and medicines. This meant any concerns were promptly identified and addressed.
- The senior staff undertook regular spot checks of the care workers, so they could help ensure people received the support they needed. Checks included punctuality, ability to carry out care in line with the person's choices and wishes, knowledge and skills. They also checked if the care worker was wearing PPE appropriately, and if the person using the service was satisfied.