My Homecare (Durham) Ltd

My Homecare Durham

Inspection report

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19 July 2018

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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 inspection took place on 18 and 19 July 2018 and was announced. We gave the provider 24 hours' notice of the inspection to ensure we could meet with staff and speak with people using the service in their own homes.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. It provides a service to older adults and younger disabled adults. On the day of our inspection there were 60 people receiving the regulated activity of personal care. This was the first inspection of the service since the registration of the service changed in 2017.

Not everyone using the service 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 registered manager in place. A registered manager is a person who has registered with the CQC 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. The registered manager had extensive experience of working in the social care sector.

Notifications of significant events were submitted to us in a timely manner by the registered manager.

Medicines administration was safe. This was regularly audited and staff competencies monitored by senior staff.

People were supported to take risks safely and personalised risk assessments were in place to ensure people were protected against a range of risks.
Staff had received safeguarding training and were able to describe types of abuse and what they would do to report concerns and protect people.

Staff recruitment was carried out safely with robust safety checks in place for new staff.

New staff received induction training and were accompanied and supported by dedicated mentors called 'care coaches' to enhance their induction and extend it if necessary.

People were supported to have choice and control over their own lives from being supported by person centred care. Person centred care is when the person is central to their support and their preferences are respected.

There were sufficient staff to meet people's needs safely, with travel time included and supervision checks undertaken to ensure staff completed care visits as agreed.

Staff were trained in safeguarding, first aid, moving and handling, the Mental Capacity Act, infection control and food hygiene. Additional training was in place or planned in areas specific to people's individual needs.

Staff had a good knowledge of people's likes, dislikes, preferences, mobility and communicative needs. People we spoke with gave us positive feedback regarding staff and how their needs were met.

People were supported to maintain their independence by staff that understood and valued the importance of this.

Care plans were sufficiently detailed and person-centred, giving members of staff and external professionals relevant information when providing care to people who used the service. Care plans were reviewed regularly with the involvement of people who used the service and their relatives.

The registered manager displayed a sound understanding of capacity and the need for consent on a decision-specific basis. Consent was documented in people's care files and people we spoke with confirmed staff asked for their consent on a day to day basis.

Health care professionals, including GP, dietitians or specialist consultants were involved in people's care as and when this was needed and staff supported people with any appointments as necessary.

Staff, people who used the service, relatives and other professionals agreed that the registered manager led the service well and was approachable and accountable. We found they had a sound knowledge of the needs of people who used the service and clear expectations of staff. They had plans in place to make further improvements to service.

A programme of audits was carried out by the registered manager and these were effective at improving the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Infection control measures were in place for staff to protect people from the risk of infection through training, cleanliness and protective clothing where required.

People and their relatives were able to complain if they wished and were knowledgeable of how to complain or raise minor concerns.

People who used the service and their representatives were regularly asked for their views about the support through questionnaires and feedback forms.

Information was made available to people in different formats if required and a communication and accessible information policy was in place.

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.

Medicines were managed and administered safely.

People had individualised risk assessments in place.

Staff were trained in safeguarding and could spot and report signs of abuse.

Infection control training and protective measures were in place.

Staff recruitment was carried out safely with robust checks on staff in place.

Is the service effective?

Good

The service was effective.

People were supported by trained staff.

Staff were supervised regularly.

New staff were supported by a robust induction process.

There were enough trained staff to meet people's needs.

Is the service caring?

Good

The service was caring.

People were encouraged by staff to maintain their independence.

People's rights to dignity and privacy were respected by staff.

People told us staff had kind and caring attitudes.

Is the service responsive?

Good

The service was responsive.

Staff understood people's individual needs and respected people's preferences.

People and their relatives knew how to complain if they needed to and this was supported and well managed.

People's care was person centred and tailored to their needs.

Is the service well-led?

Good

The service was well led.

The registered manager submitted required notifications to CQC.

Audits were in place and were effective.

People were confident to approach the registered manager to raise any concerns

Staff told us they felt supported by the management of the service.

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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.

The inspection was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

On 18 July 2018, we spoke with people and their family members during telephone conversations. Inspection site visit activity took place on 19 July 2018. It included a visit to the location to speak with the registered manager and to review care records, policies and procedures and carried out face to face interviews with staff. The inspection was carried out by one adult social care inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed all the information we held about the service, including previous inspection reports. We also examined notifications received by the Care Quality Commission. We contacted the local authority safeguarding and commissioning teams and Healthwatch. Healthwatch are a consumer group who champion the rights of people using healthcare services.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the registered manager, the operations manager, a supervisor, and five care staff. We spoke with nine people who used the service and seven relatives over the telephone.

We looked at six people's care plans, risk assessments, three staff files, policies and procedures, surveys, meeting minutes, the scheduling system and associated processes.

Good

Is the service safe?

Our findings

People who used the service told us that they felt their support was safe. They told us, "I feel safe, it's lovely to see them, the cat looks forward to it too, the new one said 'Is there anything else you need, they always ask' and another person told us, "They are very caring about me, they worry about me, they ring me up, I have twenty-four hour cover'.

Medicines were managed safely. People's medicines records contained safety and allergy information. Medicine administration records were completed when medicines were given to people and we found they had been completed correctly. Staff administering medicines had received training and had their ability to administer medicines assessed regularly by the registered manager. Medicine records for people who required PRN (as and when required) medicines contained a PRN protocol to give staff instructions on how to administer and record this medicine. People who received topical medicines and creams had body maps in place to instruct staff.

People who used the service told us they received their medicines on time and in a safe manner and one person told us, "Yes, they give the medicines, they are in a pack, no problems'. Another person told us how they managed her own insulin but the staff prompted her. She said, "I get confused, I say watch me take them, they write it down."

People who used the service had support plans in place that included individualised risk assessments to enable them to take risks in a safe way as part of everyday living. The assessments included personalised moving and handling equipment, family pets and taking medicines independently. Staff were knowledgeable about the risks to people and what they should do to minimise the risks, for example, making sure people's key safes were locked and any trip hazards were avoided.

The provider tracked safeguarding events through their governance procedures. The registered manager investigated all safeguarding incidents we viewed. Staff had received training on abuse and safeguarding. They could describe the different types of abuse and the actions they would take if they had any concerns that someone may be at risk of abuse. One staff member told us, "I would always report anything like that, report and record it."

We saw there was enough staff to support people in their home. Rotas confirmed there was a consistent staff team. When we spoke with people and their relatives we received a positive response. One person told us, "They are very good, I have regular carers, they chat to me, we have a laugh together." And another told us, "They are very good, there are some new ones, I'm getting to know them, they are very nice." A third told us, "The office would ring if there were changes in staffing."

The provider had a continuous recruitment programme in place and this was to ensure that if sickness or holidays were to prevail, other staff could be called upon. We saw that when changes were made to people's staff it was due to sickness.

We looked at staff files and saw the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, interview, two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out before staff commenced employment and periodically thereafter. The DBS carry out a criminal record and barring check on individuals who intend to work with children or vulnerable adults. This helps employers make safer recruiting decisions. We also saw proof of identity was obtained from each member of staff, including copies of passports and birth certificates.

The service had contingency plans in place to give staff guidance of what to do in emergency situations such as extreme weather conditions.

Accidents and incidents were monitored during audits by the registered manager to ensure any trends were identified. Where necessary people's individual risk assessments and care plans were updated following any incident. This system helped to ensure that any emerging patterns of accidents and incidents could be identified and action taken to reduce any identified risks and prevent reoccurrence wherever possible. This meant that accidents were monitored.

Staff were trained in infection control and had regular access to supplies personal protective equipment for carrying out personal care, medicines and preparing food. People told us that staff always wore relevant protective clothing one staff member told us, "We get plenty of supplies of gloves and aprons."

Good

Is the service effective?

Our findings

Throughout this inspection we found there were enough skilled and experienced staff to meet people's needs. We found that there was an established staff team. When we asked people who used the service and their relatives about the staff, one person told us, "They seem to know what they are doing." And another told us, "They do training, the support carer comes whilst the regular carers are training."

We saw how people were supported to access other healthcare services and attend appointments. People were also supported at home by other healthcare professionals, such as the community nursing team. The registered manager gave us positive feedback about how they work together and how the nursing team provide training for staff.

Staff were trained and we saw a list of the range of training opportunities taken up by the staff team which related to people's needs. Each staff member had their own training list that the registered manager monitored. Courses included Stoma care, Dementia and Learning disability. These were in addition to courses which the provider deemed mandatory, such as equality and diversity, first aid, health and safety, dignity and respect and safeguarding.

When we spoke with staff they were very complimentary about the training they received and told us they valued the learning experience. One member of staff told us; "The training is all good, it is face to face training. The last course I did was stoma training and I needed this before I could support someone. I also have just done first aid. We come here into the office for the training, it's good."

Regular supervisions and appraisal took place with staff to enable them to review their practice. From looking in the supervision files we could see the format gave staff the opportunity to raise any concerns and discuss personal development. One staff member told us, "I have them regularly but I can just pick up the phone and speak to the manager or seniors if I need to talk."

For any new employee, their induction period was spent completing an induction programme and shadowing more experienced members of staff to get to know people who used the service before working with them. When we spoke with staff and the registered manger they showed us some of the learning materials that had been developed in house in line with the skills for care programme.

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 who lacked mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this for the people who use domiciliary care services are carried out through the court of

protection.

The registered manager displayed a sound understanding of capacity and the need for consent on a decision-specific basis. We observed that consent to receive care was documented in people's care plans and people we spoke with and their relatives confirmed staff asked for their consent on a day to day basis. One person we spoke with told us, "They ask my consent and offer choice, they have done wonderful work for me, I told the office."

We checked whether the service was working within the principles of the MCA, and at the time of our inspection and staff were trained in the Mental Capacity Act. We also observed that the service had assessed people's capacity upon initial referral and used local authority assessments to support this. No one using the service was subject to the court of protection.

People were supported to maintain a healthy diet and their nutrition and hydration needs were met. People were supported to prepare food for themselves where they could or staff carried this out for them. The registered manager told us that there was no one using the service currently who had any specific allergy's or cultural dietary needs but they told us. "We recently had a person who was Indian who required support from staff to prepare and batch cook their favourite Indian foods. This had to be done specifically and was a learning curve for us and the staff and it worked well."

Good

Is the service caring?

Our findings

People were supported by caring staff. During our inspection we spoke with people who used the service and their relatives and received positive feedback regarding staff being caring and considerate. One person told us, "They are happy go lucky when they come here, I can't fault them. Carers may be the only person you see, they are all helpful, they ask do you want anything doing, they will hoover for me. They do my meals, whatever I want." Another told us, "They are kind and sensitive to how I feel, all the ones I've had have been kind, I lost several lovely girls, who went to university, I really miss them, but the people I have are lovely."

Privacy and dignity was respected by staff and they were discreet. Personal interactions took place privately to respect dignity and maintain confidentiality. One person told us; "They are respectful and kind. They make such a difference."

Independence was promoted and staff supported and encouraged people to be independent, for example, making choices as part of everyday life and when offering personal care. One member of staff told us, "We don't take independence away from anyone. We always ask and some people can do more than others and some people are limited and we help them."

People were involved in their care and took part in meetings with the registered manager to go through their care plan and make any changes that were needed. Families and social workers were also included in the process. One relative told us, "They are very personable, and communicate well. The care plan is reviewed annually but we talk to them all the time."

People were supported to have choice and control and were supported on a daily basis to make their own choices in all aspects of their lives. We saw this in their care plans and this was confirmed when we spoke with them. One relative told us, "They offer choice, they put [name's] pyjamas on the radiator, and put his clothes out. I bought them a shirt they asked if he would like to wear it." One staff member told us, "I supported [Name] to try horse riding and they hated it, so we never went again."

Staff were trained in equality and diversity. The staff we spoke with were knowledgeable about this and told us how they would protect the people they supported from discrimination. One staff member told us, "I would report anything like this to the manager."

People who used the service did not require any support to follow their religion at the time of this inspection, however we saw from the assessment methods used when a person joined the service that they were asked if they had any religious, spiritual or cultural requirements.

Advocacy support was available to people if required to enable them to exercise their rights. However, no one required this type of support at the time of our inspection. The registered manager was knowledgeable about how to seek this type of support for people.

Good

Is the service responsive?

Our findings

People were supported in a person-centred way and their preferences were respected. One person told us, "I like my food prepped the way I like it and they do it how I like." One relative told us, "[Name] does what he wants."

When we spoke with staff they were knowledgeable and able to tell us how they offer person centred care and support to people. One staff member told us, "My philosophy is to get to know people as well as I can. I listen, find out people's needs, we have got to make it all about them. Understanding people helps them to have the best days and we can build relationships."

Care plans were developed with people at the point of assessment and were an accurate reflection of their personalities, likes, dislikes and choices. The care plans also included information on personal care needs, personal information, communication needs, consent to care and family/relationships.

Regular communication took place with relatives through phone calls, review meetings, feedback forms and surveys. When we spoke with people and their relatives we received some mixed views on communication. One person told us, "I have been ill recently so my relative was the main contact point for the agency. but when they did ring me they were apologetic for bothering me as I was unwell. I appreciated this."

People's preferences were adhered to and staff knew how to respond if people did not like something about the service. People and their relatives and staff knew how to complain if they needed to. One person told us, "If I have any problems they soon sort it out, I just phone the office and they sort it as soon as they can."

We saw from looking at the records that issues or complaints were recorded and responded to appropriately. Where people had raised concerns, the registered manager had listened and then taken action. The registered manager also had a robust communication system in place where all queries or issues were recorded along with responses or resolutions. One person told us, "I would ring the local office and speak to the manager and they would resolve the problem." A relative told us, "I would ring the manager and have a chat if I wasn't happy if I wasn't satisfied I'd contact CQC."

Information could be made available in various formats on request. The service had an accessible information policy in place to ensure this happened. The registered manager told us how they could make care plans, newsletters or other relevant information in larger print for example or easy to read if needed. Also, picture symbols were available to use if needed with people living with a dementia.

We asked staff how they supported people's specific communication and information requirements and one staff member told us, "We used to support a person with dementia who liked to use pictures and we would use this again if needed. Everyone is different." We looked at examples that were in place such as the service user hand book that was in large print. One person who used the service who was visually impaired told us they wanted staff to read things out aloud to them more often. We raised this with the registered manager who assured us they would alert the carers to this.

No one at the service was receiving end of life care at the time of our inspection. However, policies and procedures were in place if needed and we discussed this with the staff and the registered manager.

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service. The registered manager had experience of working in adult social care and displayed a sound knowledge of the service's policies and procedures and the individual needs and preferences of people who used the service.

The registered manager had informed CQC of significant events, changes or incidents which had occurred at the service in line with their legal responsibilities in a timely way by submitting the required notifications.

People and their relatives gave us positive feedback about the management arrangements and the registered manager. One relative told us, 'I know who the manager is and they came originally, no one since then but 'I have all the numbers here if I need them, but everything is running smoothly'.

The registered manager held regular staff meetings for the staff team to come together to discuss relevant information, policy updates and to share experiences regarding people who used the service. We saw the minutes of these meetings and could see how people's needs were discussed and their progress and care plans and staff told us they valued these meetings.

The registered manager held regular staff meetings. Staff we spoke with spoke positively about the registered manager and told us, "The management is positive, they listen and you are not hounded it is very good." Another told us, "I have never had any problems with the manager or the management team they are all approachable they are on the end of the phone if you need them."

The registered manager ran a programme of regular audits and spot checks throughout the service. We saw there were clear lines of accountability within the service and management arrangements with the provider. We saw from spot checks when the registered manager found issues and then addressed these with staff, for example gaps in signing for medicines or not recording clearly.

During the inspection we saw the most recent quality assurance survey results that were positive. This was an annual survey that was completed by, people who used the service their relatives and stakeholders of the service and also staff. One person told us, "From my point of view I've had no bad experiences. They keep in touch and I had a questionnaire two months ago."

The registered manager showed how they adhered to company policy, risk assessments and general issues such as trips and falls, incidents, moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in harm, were carried out. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare and safety.

We saw policies, procedures and practice were regularly reviewed in light of changing legislation and areas of good practice and advice. All records were kept secure, up to date and in good order and were

maintained and used in accordance with the Data Protection Act.