

## My Care at Home Limited

# My Care at Home Limited

## Inspection report

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February 2016

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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 

### Overall summary

My Care at Home Limited provides personal care and support to people living in their own homes. When we inspected on 27 January 2016 there were 45 people using the service.

This was an announced inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to know that someone would be available.

There was no registered manager at My Care at Home. A registered manager is a person who has registered with the Care Quality Commission (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. A manager had been appointed by the provider to run the service and was in the process of registering with the CQC.

People we spoke with including their relatives were complimentary about the care provided. They told us they received safe and effective care by care workers who were kind and compassionate.

# Summary of findings

Systems were in place which safeguarded the people who used the service from the potential risk of abuse. Care workers knew how to recognise and report any suspicions of abuse. They understood their roles and responsibilities in keeping people safe and actions were taken when they were concerned about people's safety.

There were procedures and processes in place to ensure the safety of the people who used the service. These included risk assessments which identified how the risks to people were minimised.

Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

There were sufficient numbers of care workers who had been recruited safely and who had the skills and knowledge to provide care and support to people in the way they preferred. Care workers respected people's privacy and dignity and interacted with them in a caring and compassionate manner.

People received care and support which was planned and delivered to meet their specific needs. People and/or their representatives, where appropriate, were involved in making decisions about their care and support arrangements.

Where required people were safely supported with their dietary needs. Where care workers had identified concerns in people's wellbeing there were systems in place to contact health and social care professionals to make sure they received appropriate care and treatment.

There was an open and transparent culture in the service. The management team demonstrated effective leadership skills and care workers said they felt valued and supported. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service.

There was a complaints procedure in place and people knew how to voice their concerns if they were unhappy with the care they received. People's feedback was valued and acted on. The service had a quality assurance system with identified shortfalls addressed promptly; this helped the service to continually improve.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Care workers were knowledgeable about how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

There were enough skilled and competent care workers to meet people's needs.

People were provided with their medicines when they needed them and in a safe manner.

Good



### Is the service effective?

The service was effective.

Care workers had the knowledge and skills they needed to effectively carry out their roles and responsibilities to meet people's needs.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

People were asked for their consent before any care, treatment and/or support was provided.

Good



### Is the service caring?

The service was caring.

People had developed positive, caring relationships with their care workers. Their independence, privacy and dignity was promoted and respected.

Care workers interacted with people in a compassionate, respectful and considerate manner.

People and their relatives were involved in making decisions about their care and these were respected.

Good



### Is the service responsive?

The service was responsive.

People's care was assessed, planned, delivered and reviewed. Changes to their needs and preferences were identified and acted upon.

People knew how to complain and share their experiences. There was a complaints system in place to show that concerns and complaints were investigated, responded to and used to improve the quality of the service.

Good



### Is the service well-led?

The service was well-led.

There was an open and transparent culture at the service. Care workers were encouraged and supported by the management team and were clear on their roles and responsibilities.

People's feedback was valued and acted on. The service had a quality assurance system with identified shortfalls addressed promptly; this helped the service to continually improve.

Good



# My Care at Home Limited

## Detailed findings

### Background to this inspection

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

This announced inspection took place on 27 January 2016. We also visited people in their homes on 2 February 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection was undertaken by one inspector.

Before our inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to

make. We also sent out questionnaires to people to gain their views about the service provided. We received the questionnaires from 18 people who used the service, six members of staff and five relatives.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We visited three people and two of their relatives in their homes. We carried out telephone interviews with four people and two of their relatives. After the inspection we received feedback about the service from three relatives and three health and social care professionals.

We spoke with the two providers, the office manager, the care manager, a field care supervisor, two care co-ordinators and five care workers. We looked at records in relation to eleven people's care. We also looked at records relating to the management of the service, recruitment, training, and systems for monitoring the quality of the service.

# Is the service safe?

## Our findings

People told us and we observed during the home visits that they felt safe and comfortable with the care they were being provided with. One person said, “All my carers are lovely and do everything they can to keep me safe and sound. I am well looked after.” Another person said, “I want to stay in my home and they [care workers] help me to do this and still be safe and secure.”

People told us that care workers wore identification badges so they were assured that the people arriving to their home were representatives of the service. People also said that the care workers made sure that they secured their homes when they left, which made them feel safe and secure.

Systems were in place to reduce the risk of harm and potential abuse. Care workers had received up to date safeguarding training. They were aware of the provider’s safeguarding adults and whistleblowing procedures and their responsibilities to ensure that people were protected from abuse. Care workers knew how to recognise and report any suspicions of abuse. They described how they would report their concerns to the appropriate professionals who were responsible for investigating concerns of abuse. Records showed that concerns were reported appropriately and steps taken to prevent similar issues happening. This included providing extra support such as additional training to care workers when learning needs had been identified or following the provider’s disciplinary procedures.

Care and treatment was planned and delivered in a way that was intended to ensure people’s safety and welfare. Care workers were aware of people’s needs and how to meet them. People’s care records included risk assessments which identified how the risks in their care and support were minimised. This included risk assessments associated with moving and handling, medicines and risks that may arise in the environment of people’s homes. People who were vulnerable as a result of specific medical conditions, such as dementia, had clear plans in place guiding care workers as to the appropriate actions to take to safeguard the person concerned. This helped to ensure that people were enabled to live their lives whilst being supported safely and consistently. Care workers told us and records seen confirmed that the risk assessments were accurate and reflected people’s needs.

Regular reviews of care were carried out and involved people who used the service and their representatives, where appropriate. This ensured that people’s risk assessments were current, reflected their individual needs and they received safe care. A relative told us, “The care staff are ever so good if they spot a change in [person’s] health or wellbeing and are concerned. They are quick to act. They [care worker] noticed when [person’s] mobility had deteriorated. They arranged for the doctor to visit and contacted the family to let us know. This reassured me that [person] is in safe hands when we can’t always be there.”

There were sufficient numbers of care workers to meet the needs of people. People and relatives told us that care workers usually visited at the planned times and that they stayed for the agreed amount of time. People said that there had been no instances of any visits being missed. One person told us, “Carers are pretty much on time. Don’t really remember anyone being really late. They always let us know if there is a problem and someone will pop by.” Another person said, “I recognise and know everyone who comes to see me. I have my favourites who come but understand you can’t always have the same person.” The management team tried wherever possible to ensure people received a consistent service from care workers who were known to them.

Staffing levels were based on the assessed needs of people and the length of time needed to meet them. The rota was completed to ensure that all scheduled visits to people were covered. Our conversations with people, staff and records seen confirmed there were enough care workers to meet people’s needs.

People were protected by the provider’s recruitment procedures which checked that care workers were of good character and were able to care for the people who used the service. Care workers told us and records seen confirmed that appropriate checks had been made before they were allowed to work in the service.

Suitable arrangements were in place for the management of medicines. People told us that their medicines were given to them on time and that they were satisfied with the way that their medicines were provided. One person said, “They [care workers] help me with my pills, eye drops and cream for my legs. They see me right and help me manage.” A relative told us, “They [care workers] manage all the medication [person] takes. There is a lot but it doesn’t seem to faze them. Never been an issue. They [care

## Is the service safe?

workers] write down what [person] has and checks if they need any pain relief. They are all very patient as [person] gets easily distracted so it takes time to do their meds [medicines] but doesn't seem to bother any of them. The carers are patient and thorough and never seen them rush.”

Care workers were provided with medicines training. People's records provided guidance to care workers on the level of support each person required with their medicines and the prescribed medicines that each person took. Records showed that, where people required support, they were provided with their medicines as and when they

needed them. Where people managed their own medicines there were systems in place to check that this was done safely and to monitor if people's needs had changed and if they needed further support. Regular medicines audits and competency checks on care workers were carried out. These measures helped to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and support where required. This showed that the service's medicines procedures and processes were safe and effective.

# Is the service effective?

## Our findings

People told us that they felt that the care workers had the skills and knowledge that they needed to meet their needs. One person commented, “The carers are well trained and know what they need to do when they visit me. Some are better than others but that’s to be expected. Some are natural at putting you at ease and you can have a laugh and joke with them. But that’s about personality not their ability. I can’t fault that.” A relative told us, “The carers all understand what needs to be done and do this to a high standard. They understand the importance of treating people with dignity and respect.”

Discussions and records showed that care workers were provided with the mandatory training that they needed to meet people’s requirements and preferences effectively. This included medicines, moving and handling and safeguarding. This was updated on an annual basis. This meant that care workers were provided with up to date training on how to meet people’s need in a safe and effective manner. In addition, plans were underway to provide staff with improved dignity training alongside further training courses to provide staff with information about people’s specific needs, including dementia and diabetes.

The provider had systems in place to ensure that care workers received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided care workers with the knowledge and skills to understand and meet the needs of the people they supported and cared for.

Care workers told us that they felt supported in their role and had regular one to one supervision and team meetings, where they could talk through any issues, seek advice and receive feedback about their work practice. The management team described how care workers were encouraged to professionally develop and were supported with their career progression. This included being put forward to obtain their care certificate. This is a nationally recognised induction programme for new staff in the health and social care industry. These measures showed that training systems reflected best practice and supported care workers with their continued learning and development.

One care worker told us that part of their induction was to shadow more experienced care workers. They explained

how this had helped them to get to know the people they would be caring for, learn how they liked things done and understand the culture of the organisation. They told us, “I was new to care. The induction really helped me to settle in and understand the nature of the job. It helped me to get to know the other carers, ask questions on the job so I could understand how to best care for people. I met the people I was going to care for and got to learn how they like things done.”

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 were asked for their consent before care workers supported them with their care needs for example to mobilise or assisting them with their medicines. One person said, “Every visit they [care workers] check with me first what I need and if I am happy for them to continue. If I say no they respect this and don’t push.” Care workers and the management team had a good understanding of the MCA and what this meant in the ways they cared for people. Records confirmed that care workers had received this training. Guidance on best interest decisions in line with MCA was available to care workers in the office.

Care records identified people’s capacity to make decisions and they were signed by the individual to show that they had consented to their planned care and terms and conditions of using the service. Where people had refused care or support, this was recorded in their daily care records, including information about what action was taken as a result. For example, a care worker told us how one person had repeatedly refused their medicines and personal care. They had respected this but were concerned and reported this to the office to make them aware of the potential risks. This action triggered a care review with the person and their family to explore how care workers could best support the person to ensure their safety and wellbeing.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. One person said, “They [care workers] prepare my meals and make me a drink. They all know how I take my tea. Before

## Is the service effective?

they leave they check if I need another drink or a snack and get this for me. I never go without.” Care records showed that, where required, people were supported to reduce the risks of them not eating or drinking enough. Where concerns were identified action had been taken, for example informing relatives or referrals to health professionals.

People had access to health care services and received ongoing health care support where required. One person’s relative said, “The office will contact us [family] straight

away if they have a concern and inform us if they have rung the doctor. On occasion they have accompanied [person] to their appointments.” Care records reflected where the care workers had noted concerns about people’s health, such as weight loss, or general deterioration in their health, actions were taken in accordance with people’s consent. This included prompt referrals and requests for advice and guidance sought and acted on to maintain people’s health and wellbeing.



# Is the service caring?

## Our findings

People told us that the care workers were caring and always treated them with respect and kindness. One person said, "I look forward to their visits. I find them very pleasant and can have a laugh with them. [Regular care worker] is brilliant we just clicked. I am very comfortable with them." Another person commented, "They work very hard and are gentle and kind." Feedback from a relative stated, "The care received is outstanding and we couldn't be happier with the way that [person] is looked after. The carers really do care and they do all they can to keep [person] as independent as [person] can be and treat [person] with dignity and respect and they also understand how important [person] is to us." They added, "The carers communicate any problems well and this has been a huge advantage to us to have regular carers that have built up a relationship with us as a family. In particular [Regular care worker] has made a massive positive impact on [person's] life and we are so grateful to [care worker]."

The questionnaires we received from people who used the service showed they were satisfied with the care they received. One comment stated, "My care is rather frugal but as I live alone, necessary. Their [care workers] duties are well executed. I am perfectly satisfied with the service. Comprehensive initial assessment by the company covering all health and safety aspects and care requirements."

Care workers knew about people's individual needs and preferences and spoke about people in a caring and compassionate way. People's care records identified people's specific needs and how they were met. The records also provided guidance to care workers on people's preferences regarding how their care was delivered. People told us how they were asked for their preferences, including visit times, and wherever possible this had been accommodated.

People told us that they felt that the care workers listened to what they said and acted upon their comments. One person said, "They will do what I ask them to, never refused me or done something I didn't like." Another person

commented, "They ask me what I need, check what they can do to help and step in when I need help. This helps me to keep some of my independence; I appreciate that." Records showed that people and, where appropriate, their relatives had been involved in their care planning and they had signed documents to show that they had agreed with the contents. Reviews were undertaken and where people's needs or preferences had changed these were reflected in their records. This told us that people's comments were listened to and respected.

People were supported to express their views and were involved in the care and support they were provided with. One person said, "Someone from the office will ring me up or pop round and check if anything needs changing. I had an increase in visits when I was unwell and came out of hospital. I needed more help but am better now so things are back to normal." A relative described how their feedback about having a consistent care team in place had been acted on. They said, "Time is now put into making sure that [person] doesn't have lots of different carers in and out of [their] house and this has helped with [their] dementia." This told us that people's comments were listened to and respected.

Care workers told us that people's care plans provided enough information to enable them to know what people's needs were and how they were to be met. One care worker said, "The care plans tell me what I need to know but I still check with the person first to make sure nothing has changed. If we [care workers] spot an important change in someone then we report it to the office and this triggers a review and someone will come out to make sure the care is correct. We all work as a team."

People's independence and privacy was promoted and respected. People shared examples with us about how they felt that their privacy was respected, which included closing curtains, shutting doors and using towels to cover them when supporting people with personal care to maintain their dignity. People's records provided guidance to care workers on the areas of care that they could attend to independently and how this should be promoted and respected.

# Is the service responsive?

## Our findings

People's care and support was planned with their involvement. People told us they were encouraged to maintain their independence and care workers were patient and respectful of their need to take time to achieve things for themselves. One person said, "I want to do as much for myself, as I can, while I can. I recognise I sometimes need help but I don't want to feel useless. My carers are very supportive and respect this." One care worker said, "I try to help people to do things on their own, it can build their confidence. I offer reassurance and encouragement where needed and never rush them. It can be helping them with meal preparation or with personal care and getting them to do bits themselves."

People told us that they were happy with the care provided and that the service was responsive to their needs. One person commented, "I am very happy with them and have no intention of changing. They do everything I need, couldn't ask for more. I said my preferred visit times and that I didn't want a male carer and this has been accommodated."

People's care records included care plans which guided care workers in the care that people required and preferred to meet their needs. Care workers told us that the care plans provided them with the information that they needed to support people in the way that they preferred. Changes to people's health and well-being were reported to the

office, triggering where required a care review. Comments received from people in their care reviews were incorporated into their care plans where their preferences and needs had changed.

People told us that they knew how to make a complaint and that concerns were listened to and addressed. People were provided with information about how they could raise complaints in information left in their homes. One person said, "Whenever I call the office they are always polite and listen to me." Another person told us, "There have been some changes in the office which have improved things. A while back I had different carers coming and it was getting confusing and unsettling. I phoned the office and they promised they would sort it out and they did. I have regular carers now and things have settled down into a nice routine. If there are any changes they give me advance notice."

There had been no formal complaints received about the service in the last 12 months. The care manager told us how they took immediate action if people indicated when they were not happy with the care received which prevented the need for formal complaints. Records identified how the service acted on people's feedback including their comments. These comments were used to prevent similar issues happening, for example changing support workers visiting people, additional training and disciplinary action where required. They advised us they were developing their systems for capturing this information so they could reflect the actions taken to further improve the service.

# Is the service well-led?

## Our findings

Feedback from people and the relatives we spoke with about the care workers and management team were positive. People told us that they knew who to contact if they needed to. One person said, “I ring the office if I have a problem or need something sorted. I feel I am listened to. No concerns.” Another person said, “They [service] are quick to respond if I email or call them.” One person’s relative said, “I feel the carers go out of their way. The owners [providers] are very dedicated, hands on and involved.”

People were regularly asked for their views about the service and their feedback was used to make improvements in the service. This included opportunities through regular care review meetings, telephone welfare calls and quality satisfaction questionnaires where people could share their views about the service they were provided with, anonymously if they chose to. We reviewed some of the feedback received from people and relatives and saw that comments were positive. For example, one person said, “I have no complaints. I am very happy with my carers.”

All the members of staff we spoke with felt that people were involved in the service and that their opinions counted. They said the service was well-led and that the management team were approachable and listened to them. One care worker said, “I really like working here, we have a great team and we all work well together and support one another. I feel well supported and am never put under pressure.”

Care workers were encouraged and supported by the management team and were clear on their roles and responsibilities and committed to providing a good quality service. We saw that care and support was delivered in a safe and personalised way with dignity and respect. Equality and independence was promoted at all times.

People received care and support from a competent and committed care worker team because the management team encouraged them to learn and develop new skills and ideas. For example care workers told us how they had been supported to undertake professional qualifications and if they were interested in further training this was arranged.

Meeting minutes showed that care worker’s feedback was encouraged, acted on and used to improve the service. For example, care workers contributed their views about issues affecting people’s daily lives. This included how care workers supported people with personal care and to be independent. Care workers told us they felt comfortable voicing their opinions with one another to ensure best practice was followed.

The service understood how to report accidents, incidents and any safeguarding concerns. They liaised with relevant agencies where required to ensure risks to people were minimised. Actions were taken to learn from incidents, for example, when accidents had occurred risk assessments were reviewed to reduce the risks from happening again. Incidents including significant changes to people’s behaviours were monitored and analysed to check if there were any potential patterns or other considerations (for example medicines or known triggers) which might be a factor. Lessons learnt on how things could be done differently and improved, including what the impact would be to people was being developed to feed into an improvement plan for the service to ensure people were provided with safe and quality care.

The management of the service worked to deliver high quality care to people. A range of audits to assess the safety of the service were regularly carried out. These included medicines audits, health and safety checks and competency assessments on care workers. Regular care plan audits were undertaken and included feedback from family members, care workers and the person who used the service. This showed that people’s ongoing care arrangements were developed with input from all relevant stakeholders.

The provider’s quality assurance systems were currently being developed to identify and address shortfalls and to ensure the service continued to improve. They showed us their action plan which identified the areas that had been prioritised to ensure people received a safe quality service. This included improvements to medicines management and staff development. In addition there were plans to develop people’s documentation to ensure consistency and fully embed a person centred approach in line with the provider’s vision and values.