

Careinmyhome LTD

# Careinmyhome West Essex

## Inspection report

Blakes Farm  
Parsloe Road, Epping Green  
Epping  
CM16 6QB

Date of inspection visit:  
09 June 2021

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08 July 2021

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Careinmyhome West Essex is a domiciliary care service providing a range of support including personal care to people who live in their own houses and flats. At the time of our inspection, 31 people used the service but only 22 people were receiving personal care.

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

People felt safe being supported by staff who were consistent and provided continuity of care. Staff had received safeguarding adults from abuse training and knew how to act on any concerns.

Staff used risk assessments and care plans to support people's individual needs. However, some people's risks to their health and wellbeing needed reviewing. The registered manager completed reviews of people's care quickly and effectively before the end of the inspection.

Safe recruitment systems were in place to ensure suitable staff were employed. People received their prescribed medicines by trained staff. Effective infection control processes were in place. The provider had ensured practices were updated during the COVID-19 pandemic. Lessons had been learnt which had improved the service.

Newly appointed staff received an induction and all staff had on-going training and supervision to develop their skills and knowledge. Staff felt valued and well supported. People were supported to maintain good health and access health care professionals. Where required, people were supported with their nutritional 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.

Staff were very kind and caring. People and their relatives were positive about the support they received from the service. The staff treated people with dignity and respect and their independence was promoted.

People's needs were met through good assessments and discussions about their care. Care plans were person centred, detailing people's preferences and how they liked to be supported. Staff wrote about people in a respectful way. Complaints and concerns were dealt with effectively. People were supported at the end of their life.

The service was well led. The registered manager and area manager provided clear leadership and were committed to providing high quality care. Systems were in place to monitor the quality and safety of the service.

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

This service was registered with us on 18 December 2020 and this is the first inspection.

Why we inspected

This was a planned inspection.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Careinmyhome West Essex

## 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 an assistant inspector, an 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.

#### 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

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to meet with us. Inspection activity started on 7 June 2021 and ended on 22 June 2021. We visited the office location on 9 June 2021.

#### What we did before the inspection

We reviewed all the information we had received about the service. 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 providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the

judgements in this report.

#### During the inspection

We spoke with six people who used the service and seven family members about their experience of the care provided. We spoke with five members of staff including the registered manager, area manager and care staff. We had feedback from a professional.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training information, reviewed risk assessments 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had a safeguarding policy and systems in place to protect people.
- Staff had completed safeguarding training, and knew what to do if they were concerned a person was at risk of harm.
- The registered manager was aware of their responsibilities for reporting safeguarding concerns to the local authority and to CQC.

Assessing risk, safety monitoring and management

- Risks to people were assessed so they could be monitored and managed. A family member told us "[Relative] is fine with people from the service, feels safe as they come right on time with each visit noted."
- Risk assessments were included within people's care plans. These identified risks people could face, such as the risk of falling, choking, pressure ulcers and catheter care and provided guidance to staff on how to reduce these risks. We identified that some risks had not been assessed and raised this with the registered manager. They took immediate action to review people's care so staff would know how to support them safely.

Staffing and recruitment

- The provider followed safe recruitment practices to ensure people were protected against the employment of unsuitable staff. Staff recruitment files we viewed contained the necessary checks and references.
- There were enough staff with the suitable skills and experience to care for people in a consistent and timely way. People told us their visits were not rushed and staff had time to talk with them. One person told us, "There are no awkward silences, they talk to me during my call." A family member said, "My [relative] has the same staff all the time so that makes her feel safe."

Using medicines safely

- People were supported to take their medicines as prescribed.
- Staff received regular training in medicines administration. The registered manager undertook spot checks to ensure they were competent at giving people their medicines.
- Medicine administration records (MAR) were completed using the electronic recording system and this was monitored by the registered manager. This system included an extra layer of security, for example, staff could not log out of a person's visit, until they had completed all the tasks associated with the person taking their medicines. Also, more effective recording of changes to people's medicines meant assurance that people were kept safe.

- MAR charts were audited and if any errors were found, these were addressed through supervision and, if necessary, further training.

#### Preventing and controlling infection

- The provider had ensured there was sufficient stock of personal protective equipment (PPE) in place. Staff confirmed this. One staff member told us, "I think the office must be drowning in PPE."
- The provider completed spot checks and staff competencies surrounding the correct use of PPE.
- People told us staff followed safe care practices. One person said, "I don't feel uncomfortable because they wear masks all the time." Another person told us, "Staff continue to wear masks and gloves which I appreciate, putting them in the black bin once they've finished."

#### Learning lessons when things go wrong

- The provider had a system in place to have an overview of any accidents, incidents or near misses. These were being monitored for trends and patterns to prevent reoccurrence.
- Lessons were shared through the What's App messaging system and at team meetings. Changes were implemented to improve the quality of the service. These changes were also shared with people using the service. One person told us "Staff always mention the rules and management comes around and explains things that are happening."

# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Before using the service, an assessment of the person's need was completed. This assessment provided a comprehensive plan of how to support them and the what they expected.
- Good practice guidance had been utilised in ensuring care was delivered in line with current guidelines.
- Most of people's protected characteristics under the Equalities Act 2010 were identified as part of the assessment process. This included people's nationality, religious beliefs, backgrounds and personal preferences
- Staff completed their notes after each visit to reflect the support provided. These were reviewed to monitor people were receiving the care they needed.
- Staff applied learning from the training they received effectively which led to people receiving good quality care.

Staff support: induction, training, skills and experience

- There were enough staff to meet people's needs, and people were supported by a consistent staff team.
- Newly appointed staff received an induction to the service. A staff member said, "I was given all I needed to start work, meeting people and learning about moving and handling them."
- Staff completed training to enable them to acquire the knowledge and skills to fulfil their role. They told us they felt they had all the training they needed to meet people's care needs. All staff except two had completed the Care certificate (a set of standards care workers are expected to complete to help them in their work). Any refresher courses needed to update knowledge were provided. The registered manager told us that staff were booked on courses to learn about people with epilepsy, dementia and those with a catheter.
- People and relatives felt staff had the skills and knowledge to meet their care and support needs. A person told us, "I'm confident and comfortable with the staff who I've known from the very start." A family member told us, "I think staff are trained to meet [relative's] needs, some staff are still learning whereas others are more experienced."
- Staff received regular supervision and observations of their practice was undertaken. Staff told us the registered manager was always approachable for support and advice. Comments included, "Very supportive and available." And, "I feel [registered manager] is always at the end of a phone."

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

- People were supported with their meals and eating and drinking if needed. Staff had been trained in food hygiene and had knowledge of people's nutrition and hydration needs. A family member told us, "Staff are aware of anything [relative] may ask for regarding food and drink. [Relative] can organise the choices for

themselves and staff ask what they want to eat."

- People who needed help with eating and drinking and were at risk of choking, had risk assessments in place. Staff knew how to support them appropriately. A staff member described how a person's neck was supported with pillows whilst eating and drinking to reduce the risk of choking.

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

- Staff worked collaboratively with other agencies and professionals to support people to maintain their health and wellbeing; for example, referrals to occupational therapists and district nurses and linking in with social workers to review people's care needs. A professional told us, "I think the staff do a very good job and they keep me informed about the people I have referred to them. I have no concerns."

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.

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 were supported in line with the principles of the MCA.

- Staff received MCA training and obtained people's consent before providing support. A person said, "I am still independent and if staff see me struggling then they take over automatically. There are no concerns on the care I receive."
- People's consent to care and their ability to make decisions was recorded within their care plans. If they could not make decisions themselves, a person's next of kin or Power of Attorney acted in their best interests.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were very complimentary about the caring attitude of staff and the registered manager. Comments included, "There's always somebody here for me. I never feel rushed or spoken to in a rude way, it's a positive change because I now get someone on a regular basis." And, "Staff are so careful and are kind souls." And, "Care has always been tickedy boo."
- Family members were positive about the care provided to their relatives. Feedback included, "My [relative] has the same staff all the time so that makes them feel safe, they are very nice people and respectful to both of us, so it's all good." And, "The person who runs the company is very good, they keep in contact still as [relative's] care is currently on hold. They ring every few days to see how [relative] is getting on, so communication is still very current."
- Staff had good insight into people's needs and how to provide their care. A staff member explained how they completed their daily notes after each visit saying, "We don't just tick a box, we have to write about how people were, not just what we did. I also write up the paper notes in the person's home, so the family has up to date information after I am gone."

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

- Staff were able to communicate well with people. A person told us, "Staff are really polite and pleasant. They have a chat while they're here which is exactly what I like. It's been 10 out of 10." A family member said, "Staff do a good job and make conversation with [relative] to pass the day."
- There was good communication between the registered manager, staff, and people and their families. This showed the service was caring and respectful. A family member said, "The company do message and call me to inform me when my [relative's] cancel a visit, so communication is very good. They are also good at keeping a note of what they do."
- People's views and those of their family members were sought, discussed and recorded as part of the assessment and ongoing reviews of their care. This meant staff had a good knowledge of people's likes and dislikes, what they could do for themselves and how to adapt to their changing circumstances. A family member said, "There are one or two staff which [relative] likes more and are very encouraging in helping them to communicate because [relative] is quiet and has a bit of dementia."

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity, respect and kindness. A person said, "Staff help me to be independent and encourage me to clean up after myself because I can do this myself. I'm reassured by staff that they are there if I need them to support me." A family member told us, "Staff are very good, really caring and look after [relative] exceptionally well. Another said, "Staff always greet [relative] and are jolly."

- Staff respected people's right to privacy, confidentiality and to promote their independence. A staff member told us, "I do the things for people in a way I would expect them to be done for me, with care and attention."
- People confirmed they were supported to maintain their independence. A person said, "I have all lady staff, and they ask me what I like and I said, 'My independence', because if I can do things myself, I will."
- People's preferred times of calls, arrangements of the rota and their views about consistency of staff had been listened to. The electronic care planning system monitored that staff had the time, information and support they needed to provide care and support in a compassionate and person-centred way. A staff member said, "It's great having access to information about people instantly, as it's so much easier to know quickly any changes and respond, be up to speed before I get to someone so I can properly do my job."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People's care records were personalised and reflected they had been involved in planning their care. This included the support they needed to manage their physical, mental and emotional needs. A person told us, "I have my likes and dislikes, what I want or need, and we work together to make this happen." A family member said, "My [relative] has used the service with the same staff all the time so that makes them feel safe, they are very nice people and respectful to both of us, so it's all good. Staff know all their needs, and have it written down in the book filling that out every time they visit. We can't fault the regular staff member, they are a lovely person."
- The daily notes provided a continuous overview of the care given to people during each call. These were written in a respectful way. Any issues of concern could be picked up and dealt with quickly.
- Care and support was delivered in a way which enabled people to stay in their own home with control and choice in their lives. A family member said, "To start with, it was once a day, but we asked for more visits and they provided them no problem. It was relatively easy to make this change and put it in place. I would say the manager of the service is brilliant and is very responsive to our requests."
- Staff confirmed they had regular people they saw which enabled them to develop and maintain relationships with the people they supported and their families. A staff member said, "I go to [name of person] and I have not known them very long but already we have a laugh and a giggle. I know that they appreciate my visit and that makes my day start and finish well." Another told us, "[Name of person] does not have any family near and it was their birthday. I went to see them in my own time, took some flowers and we spent time talking and being together. They really appreciated me going and said it had made their day."

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 care plans recorded people's sensory impairments such as need for glasses or hearing aids and ways in which they communicated. The registered manager told us that information could be put into a different format if anyone needed it to make sure they understood the information provided.

Improving care quality in response to complaints or concerns

- Systems were in place to respond to and investigate complaints and were used to improve the quality of the service. One person said, "I know who to complain to if I need to, but I don't need to. I was involved in

the care planning from the beginning."

- People knew how to complain about the service and who to. A recent survey by phone to people who used the service found that some people didn't know who to complain to. A new updated information pack was produced and provided to people which gave all the contact details needed should anyone be unhappy with the service.
- Compliments had been received by the service. These included, "I have found all the staff I have had very courteous and friendly; I have never had a bad one." And, "[Relative] has received good continuity of care and always been treated with dignity, respect, kindness and patience. The care agency has been very helpful in taking the lead role in organising specialist equipment for my [relative's] needs."

#### End of life care and support

- People's end of life wishes and arrangements were recorded in their care plan.
- The staff had experience of supporting people's end of life wishes and worked closely with people, their relatives and relevant healthcare professionals to support them at the end of their life. One staff told us, "I cared for someone who was dying, and we made sure they were comfortable, all the nurses were involved and we did all we could."
- Not all staff had experience of caring for people at their end of their life. The registered manager told us "We are preparing for a person we care for to come home needing palliative care. All staff members have been booked to complete training, so they are up to date with their knowledge."
- Support and advice around bereavement was available from the registered manager as they had an open-door policy. One staff member said, "I wouldn't have any hesitation about going to [registered manager] as they would really understand."

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 and area manager were committed to delivering high quality support which promoted a positive culture and person-centred service which was open and inclusive.
- People and their family members told us they would recommend the service to others. One person said, "I am very happy with everything and would recommend this service." A family member said, "I have recommended to a neighbour who is frail."
- Staff told us morale was good and they worked effectively together as a team. The staff were particularly complimentary about the registered manager. Comments included, "[Registered manager] is very fair. Makes sure you get your breaks, drink plenty of fluids. They care for us so that we can care for people." and, "Absolutely amazing, not a single thing that gets missed by them, even the small things. Not had a boss like it before, so dedicated. Staff morale is brilliant and a smashing team to work with."
- The registered manager understood their duty of candour and their duty to be open and honest about any incident which caused or placed people at risk of harm.
- Systems were in place to investigate and feedback on incidents, accidents and complaints.

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

- The provider had a staffing structure in place for the overall management of the service. The registered manager and staff were clear about their roles and responsibilities and were supported by an experienced area manager. Staff were positive about the change in the company and how it was developing. A staff member said, "There hasn't been too much change as we carry on seeing our same people, the staff have also stayed as there is a good team here."
- Quality assurance processes were in place and working well. Being electronic, the care planning systems had assisted the management team to monitor, collate and record information effectively. The quality audits we saw including daily notes, care plans, medicines, recruitment records, supervision and spots checks were all up to date and detailed. A review of people's risk assessment had also been completed during the inspection.
- The registered manager submitted notifications to CQC when they were required to.

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

- The registered manager engaged with people, their families and staff to provide good care which promoted positive outcomes and support. A family member said, "The service is definitely responsive when caring for [relative]. 100% staff listen to our views and opinions, taking all things into consideration, we'd recommend this company to others. Another told us," The company are very good, nice people and no problem whatsoever. Staff are the same and haven't changed although the company name has. [Relative] gets on with them very well and we can't find fault."
- Surveys to seek people's views of the service provided had been completed. We noted responses had been positive and action had been taken where needed. Comments included, "I have [name of care staff] and they are amazing and get on with my cat too." And, "If there were any changes to the rota, I would like to be informed if possible." This was noted for action.

#### Working in partnership with others

- The service worked closely with other health and social care professionals in relation to people's care to ensure people received the care and support that was right for them. A professional told us, "The registered manager is very responsive and professional, and I know they are providing a good service."