

Trendy Care Ltd

# My Homecare Hammersmith and Fulham

## Inspection report

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## Ratings

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

## Overall summary

### About the service

My Homecare Hammersmith and Fulham is a care agency providing personal care and support to people in their own homes.

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. At the time of our inspection, 2 older people were receiving personal care and support.

### People's experience of using this service and what we found

People were happy using the service. They received personalised care and support which met their needs and preferences. People, and their representatives, had been involved in planning their care. Care plans included information about how they liked to be cared for and what they could do for themselves.

Risks to people's safety and wellbeing had been assessed and planned for. They received support in a safe way, including support with their medicines.

People were treated with respect and had developed good relationships with the staff.

The staff were well supported. There were suitable systems for recruiting, training, and supporting staff. They were happy working at the service and had enough information to care for people safely and well. There were enough staff and people received care on time.

There were systems to help monitor and improve the quality of the service. These included procedures for dealing with complaints, accidents, incidents, and safeguarding concerns. The provider also undertook regular audits and checks and gathered feedback from people using the service to find out how they felt.

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.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 24 February 2022 and this is the first inspection.

### Why we inspected

The inspection was carried out based on the date of registration and when the service started operating.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# My Homecare Hammersmith and Fulham

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

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

#### Registered Manager

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

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

#### Notice of inspection

We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 6 June 2023 and ended on 8 June 2023. We visited the location's office on 8

June 2023.

#### What we did before the inspection

We looked at all the information we held on the provider, including information they had submitted when they registered with us.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

#### During the inspection

We spoke with 1 person who used the service and the relative of another person. We spoke with 3 care workers. We met the registered manager, care coordinator and managing director. We looked at the care plans for 2 people and associated records, including how their medicines were managed. We looked at records for 4 members of staff, including recruitment, training, and support records. We also looked at other records used by the provider. These included policies and procedures, meeting minutes and records of complaints.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes designed to safeguard people from the risk of abuse. The provider had suitable policies and procedures. Staff had been trained to understand about abuse and how to recognise this.
- People using the service and their relatives told us they felt the service was safe.
- There had not been any allegations of abuse at the service. The registered manager knew what to do if there were any.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and planned for. Risk assessments reflected people's individual experiences and needs. They included plans to help keep people safe and to promote their independence and wellbeing.
- Risk assessments were regularly reviewed and updated.
- Staff received training, so they understood how to safely care for people.
- The provider had assessed people's home environments and any equipment they used. There was clear information for the staff about these and who to contact if they identified any problems.

Staffing and recruitment

- There were enough staff to keep people safe and meet their needs. People and their relatives told us the care workers arrived on time and stayed for the agreed length of time. They received care from the same regular care workers. The registered manager told us they did not take on any additional packages of care if they did not have the staff to meet people's needs.
- The provider used an electronic call monitoring system and was able to monitor when care workers arrived at people's homes and how long they stayed. This enabled them to address any problems with time keeping.
- There were systems for recruiting and selecting staff. These included interviews and checks on their identity and suitability. Successful candidates were invited to take part in a range of training and competency assessments before they started caring for people.

Using medicines safely

- People received their medicines safely and as prescribed. They confirmed this and told us they were happy with the support they received. The provider assessed the risks for each person regarding medicines. They developed plans to help make sure they received the support they needed in a personalised way.
- Staff had training to understand about safe handling of medicines. The provider assessed their knowledge

and skills regarding this.

- Staff kept records to show when they had administered medicines and any problems with this.
- The provider audited medicines records and checked to make sure medicines had been given as prescribed. They liaised with prescribers and pharmacies to discuss any changes to people's prescribed medicines.

#### Preventing and controlling infection

- There were systems to help prevent and control infection. People told us staff wore gloves and other personal protective equipment (PPE) when needed and had good hand hygiene.
- Staff received training to understand about infection prevention and control. The provider checked their knowledge and carried out spot checks where they observed practice.
- The provider had updated their policies and procedures in line with government guidance about COVID-19. They provided information for people and staff about access to COVID-19 and seasonal flu vaccinations. The provider had assessed the risks for people using the service relating to COVID-19.

#### Learning lessons when things go wrong

- The provider supported staff to learn and make improvements when things went wrong. Following a complaint, they had met with staff and supported them to understand about improving their practice. They had reviewed this to make sure lessons had been learnt.
- There were procedures for investigating and learning from accidents, incidents, and safeguarding alerts. There had not been any of these at the time of the inspection.
- The registered manager met with other registered managers and had regular phone calls with them to discuss best practice and learn from each other.



# 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 of 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

- The provider had assessed people's needs and choices before they started using the service. They had met with the person and their representatives and had gathered information about their needs and how they wanted to be cared for.
- Care plans were developed to reflect these assessments. They had been reviewed and updated when needed.
- The provider had used recognised good practice tools to help make judgements about specific needs, such as people's mobility and nutritional risks.

Staff support: induction, training, skills and experience

- People were cared for by staff who were suitably trained and supported. New staff took part in an induction. This included training, shadowing experienced workers and tests of their knowledge and skills.
- The provider carried out regular checks on staff through supervisions and meetings to make sure they had the knowledge and skills needed for their work.
- People using the service and their relatives told us staff were suitably skilled.
- Staff told us they had opportunities for training and they felt well supported.

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

- People were supported with meals and drinks when this was part of their planned care. The provider had undertaken assessments of their nutrition and hydration needs and included information about this in their care plans.
- People using the service and relatives told us they were happy with the support they received from staff in this area.
- Staff knew people well and knew their likes, dislikes, and food preferences. Care plans also included information about this.
- Staff had training to understand about the importance of good nutrition and hydration.

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

- The provider made sure information about people's healthcare needs was included within their care plans. The staff knew what to do in different emergency situations and if a person became unwell.
- People using the service at the time of our inspection were supported by family members to access healthcare services and this was not part of the agency's role. However, one member of staff explained how

they had been given guidance and information from a physiotherapist to help support one person with mobility exercises.

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

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

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.

- The provider was acting within the principles of the MCA. Both people using the service at the time of the inspection had the mental capacity to make decisions about their care. This had been assessed and their consent to care was recorded.
- Staff knew they needed to gain consent from people before providing any care.
- There was information about people's representatives and who the provider needed to speak with for some more complex decisions and when people wanted additional support in making decisions.

# 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 of 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 well treated and supported. They were cared for by known, familiar care workers. People and their relatives told us they had good relationships with the care workers and enjoyed their company.
- The staff spoke fondly about the people who they were caring for. They understood about their needs and were able to meet these and provide personalised care.
- Care plans included information about people's social, cultural, and religious backgrounds and how any needs relating to these could be met.
- The provider had asked people if they had preferences for the gender of their care worker. This was recorded and their wishes were respected.

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

- People were able to express their views and make decisions about their care. They had been involved in developing and reviewing care plans. Their views and how they wanted to be cared for were clearly recorded.
- People told us the staff offered and respected choices when providing care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. They confirmed this. Staff undertook training to understand about the importance of privacy and dignity. People explained care was provided behind closed doors and respectfully.
- The provider had asked people about various arrangements in their home to make sure they were happy with staff accessing their facilities and in their home. They had written a guide for staff to explain what they could or could not do in each person's home, for example making a hot drink or using their toilet if needed.
- People were supported to be independent where they were able and wanted. Care plans described what people could do for themselves and the staff encouraged and promoted this.

# 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 of 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 received personalised care which met their needs and reflected their preferences. They told us they had been involved in planning their care and were happy with the way it was provided.
- The provider had created personalised care plans which outlined how people should be cared for and supported. These were regularly reviewed and updated.
- The provider monitored how care was provided to make sure staff were following care plans and people were happy with the support they received.

Meeting people's communication needs

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

- People's communication needs were met. The provider assessed these needs, considering their speech, memory, sensory needs, and any special requirements they had. Care plans were developed to reflect these needs and make sure people received the right support.
- The provider had asked people what format they wanted and needed information in and their preferred communication method. This meant they could produce documents that were easy for people to understand and share these in the way people needed and wanted.

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 received support to take part in leisure and social activities when this was part of their care plan. For 1 person using the service, the care worker spent time supporting them in this way. They were able to describe how they provided personalised activities which reflected the person's interests and needs.

End of life care and support

- Neither person using the service was supported with end-of-life care at the time of the inspection. The service did not specialise in this type of care, but staff had basic training and some understanding about good practice in this area.
- Both people using the service were supported by family members who would be consulted and who would work with the provider to make sure people received the right support in this area should they need it

in the future.

Improving care quality in response to complaints or concerns

- There were systems for investigating and responding to complaints. The provider had dealt with complaints and informal concerns appropriately. People and their relatives confirmed this.
- We saw the provider had carried out a thorough investigation into a complaint. They had responded appropriately to the complainant, had worked with them to monitor improvements, and had made changes to the service as a result of the complaint.

# 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 of 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

- There was a positive and person-centred culture. People explained they received good care and were able to make decisions about this. Their comments included, "I would highly recommend the service to others" and "They are the best agency we have had."
- Staff also spoke positively about the agency. They told us they were well treated, listened to and the management team were professional and supportive.
- The provider had received some compliments through their own monitoring processes. The comments they received included, "[Care worker] is a lovely person and an excellent carer", "We are very pleased and grateful for all [care worker's] help and support right from the start" and "[Care worker] is great. Me and [my relative] really like [them]."

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 provider understood their responsibilities under the duty of candour.
- The registered manager had apologised when things went wrong, had explained to stakeholders what they were putting right and had asked for feedback on their actions.

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

- The registered manager was suitably qualified and experienced. They had a management in care qualification and had worked within other care settings in the past. They had a good knowledge of the service. They were supported by a care coordinator who was also knowledgeable and experienced.
- There were a range of policies and procedures which reflected legislation and good practice guidance. Staff were issued with a handbook, so they were familiar with these. There was good communication with staff to keep them updated on regulatory requirements and the expectations of their roles.

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

- The provider engaged with stakeholders to ask for their views on the service and to keep them informed. They conducted regular telephone monitoring and visits to people's homes. They carried out supervision meetings with staff.
- People using the service, their relatives and staff told us they could speak with the management team

whenever they needed and found them responsive.

- Care needs assessments included asking people about their protected characteristics and any specific needs they had so these could be planned for. Staff undertook training in equality and diversity.

#### Continuous learning and improving care

- There were effective systems for monitoring and improving the quality of the service. The management team undertook a range of audits and made improvements when problems were identified. There were regular management meetings to discuss the service.
- The provider made use of technology to develop the service and improve monitoring. For example, using electronic call monitoring and medicines records.
- The provider was an independent limited company but connected to a franchisor organisation. They received support to develop systems and good practice and had information to help them learn from others.

#### Working in partnership with others

- The registered manager worked closely with other managers. They had regular meetings and discussed good practice and changes within legislation and guidance.
- The provider worked closely with families and people using the service to make sure care was personalised and people's needs were met.