LD Homecare Ltd

My Homecare Derby

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

My Homecare Derby is a 'domiciliary care service.' People receive personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates the care provided, and this was looked at during this inspection. The service provides personal care for older people and younger adults. This was the first inspection of the service. It was a comprehensive inspection.

The inspection took place on 29 June 2018. The inspection was announced because we wanted to make sure that management were available to conduct the inspection. The nominated individual stated that seven people were using the service at the time of the inspection.

A registered manager was in post. This is a condition of the registration of the service. A registered manager is a person who has registered with the Care Quality Commission 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 and associated Regulations about how the service is run.

Call times had not always been timely to respond to people's needs.

Management had carried out some audits in order to check that the service was meeting people's needs and to ensure people were provided with a quality service, though whether people received their calls on time and not yet been audited.

Staff recruitment checks were in place to protect people from receiving personal care from unsuitable staff. Risk assessments were carried out to protect people from risks to their health and welfare.

People and relatives thought staff provided safe personal care. Staff had been trained in safeguarding (protecting people from abuse) and understood their responsibilities in this area. Policies set out that when a safeguarding incident occurred management needed to take appropriate action by referring to the relevant safeguarding agency. The nominated individual was aware these incidents, if they occurred, needed to be reported to us, as legally required.

Medicines had been prompted or supplied so that people could take their medicine safely and on time, to their health needs, and records evidenced this had happened.

Staff had received training to ensure they had skills and knowledge to meet people's needs.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have effective choices about how they lived their lives. Staff were aware to ask people's consent when they provided personal care. A system to determine people's capacity was not yet in place so any restrictions on choice in people's best interest had not been formally consulted on.

People and relatives told us that staff were friendly, kind, positive and caring. They said they had been involved in making decisions about how and what personal care was needed to meet any identified needs.

Care plans were individual to the people using the service, which helped to ensure that their needs were met.

People and relatives were confident that any concerns they had would be properly followed up. They were satisfied with how the service was run.

Staff members said they had been fully supported in their work by the management of the service.

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.

People and relatives thought that staff provided safe care and that people felt safe with staff from the service. Risk assessments to protect people's health and welfare were in place to protect people from risks to their health and welfare. Staff recruitment checks were fully in place to protect people from receiving personal care from unsuitable staff. People had been assisted to take their medicines when prescribed.

Is the service effective?

Good

The service was effective.

Staff were trained to meet people's care needs, though some training was needed to comprehensively cover all care needs. Mental capacity assessment at not yet been carried out, though person's consent to care and treatment was sought by staff.People had received an assessment of their needs. People and relatives thought that staff had been trained to meet the assessed needs. Staff had received support to carry out their role of providing effective care to meet people's needs. People's nutritional needs had been promoted and their health needs had been met by staff.

Is the service caring?

Good

The service was caring.

People and relatives told us that staff were kind, friendly and caring and respected rights. They had been involved in setting up care plans that reflected people's needs. Staff respected people's choices, privacy, independence and dignity.

Is the service responsive?

Requires Improvement

The service was not comprehensively responsive.

Some calls were not timely or of the agreed length of time, to fully respond to people's needs. The complaints procedure had

not included detailed information to help people to take their complaints further if they needed to, though this issue had been followed up by the nominated individual. Care plans contained information on how staff should respond to the person's assessed needs and preferences. People and relatives were confident that the service would act on any complaints if they had them.

Is the service well-led?

Requires Improvement

The service was not comprehensively well led.

Issues highlighted in this inspection had not been identified in the quality assurance system with regard to comprehensive risk assessments and assessments of mental capacity. Some systems had been audited to check a quality service had been provided, though the audits on call times had not been comprehensive. People and their relatives told us that management listened to them and put things right. Staff told us the management team provided good support to them and had a clear vision of how friendly individual care was to be provided to meet people's needs.

My Homecare Derby

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 and to look at the overall quality of the service. This was the first inspection of the service.

My Homecare Derby provides personal care for people living in their own homes. This inspection took place on 29 June 2018. The provider was given 48 hours' notice because the location provides a personal care service and we needed to be sure that someone would be in. The inspection team consisted of one inspector.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

The provider completed a Provider Information Return. This is information we require providers to send us a least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the provider's statement of purpose. A statement of purpose is a document which includes the services aims and objectives.

We contacted commissioners for health and social care, responsible for funding some of the people who used the service and asked them for their views about the agency. One issue of concern was supplied about the provision of personal care to people using the service and action had been taken by the nominated individual.

During the inspection we spoke with four people who used the service and three relatives. We also spoke with the nominated individual and three staff members employed by the service. The registered manager was not available for the inspection due to a prior appointment.

We looked in detail at the care and support provided to three people who used the service, including their care records, audits on the running of the service, staff training records, three staff recruitment records and policies of the service.

Good

Is the service safe?

Our findings

Safeguarding systems had kept people safe.

People said they felt safe with the personal care they received from the service. One person said, "Yes, I feel very safe. Staff are friendly, nice people. Another person told us, "Staff keep me safe. They put my keys in the key safe and remind me to lock the door after they leave." Relatives agreed that their family members were also safe. One relative told us, "My husband is perfectly safe with staff. I have no concerns about that."

Staff members had been trained in protecting people from abuse. They understood their responsibilities to report concerns to management and other relevant outside agencies if necessary, if they had not been acted on by the management of the service. Staff had been reminded by management about how to keep people safe in a staff meeting.

The provider's safeguarding policies (designed to protect people from abuse) were available to staff. These informed staff what to do if they had concerns that people had experienced abuse. The safeguarding policy included different types of abuse that staff could encounter. There was no information stating that CQC should be informed, as legally required. The full whistleblowing policy was not available in the staff handbook. After the inspection visit, the nominated individual sent us an amended policy including this information. This meant staff now had ready access to clear information of how to whistle blow to promote people's safety.

Care plans contained risk assessments to reduce or eliminate the risk of issues affecting people's safety. For example, the risk assessment for a person who took a medicine had information for staff to inform the nurse if the person became unwell. Another care plan outlined what staff needed to do to help the person manage their catheter.

A care plan identified a person was at risk of developing pressure sores. The risk assessment stated that the person needed to be checked twice a day to assist them with this condition and creams needed to be applied to avoid this condition developing.

A risk assessment for a person who had diabetes stated staff needed to be aware of promoting healthy foods but did not define what this meant in practice. This meant detailed information was not available to staff to ensure this risk was always mitigated. The nominated individual swiftly supplied this information after the inspection visit.

Staff members spoken with told us they were aware of how to check to ensure people's safety. For example, they checked rooms for tripping hazards and were careful with people when using equipment to safely move them. There was a system in place to assess whether people's homes were safe, though this did not include fire risks. The nominated individual sent us information after the inspection visit which included this issue.

People and relatives told us that there had been no issues regarding medicines. One person said, "Staff give me my medication. There have been no problems with this." Staff told us they had received training to supply medicines. Management had tested their competency to do this safely. Staff said they supported people to take medicine to manage their pain when needed. There was a medicine sheet in place for staff to record when they prompted or administered people with their medicines. This provided proof that prescribed medicines had been safely supplied to people.

There was no information in the medicines policy for when as needed medicines needed to be supplied to people. This could mean inconsistent practice with staff supplying medicine when it was not needed. The nominated individual manager sent us the amended policy after the inspection visit. This will help to ensure that medicines will be consistently provided when needed.

Staff recruitment practices were in place for new staff. Records showed that there had been checks with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. Staff records showed that before new members of staff were allowed to start work, checks had been made with previous employers.

There were enough staff to meet people's needs. People and relatives told us there were no missed calls and that the appropriate number of staff arrived, for example if two staff were needed to provide personal care. The nominated individual said that if there were any staffing shortfalls, either they or the registered manager covered these calls.

People and relatives told us that staff protected people from infection. One person said, "Staff wear gloves and aprons when I get my care." Staff members were aware of how to ensure people were safe from infection risks by wearing suitable equipment and carrying out hand washing.

The nominated individual said that only one incident had happened since the service had started operating. Lessons had been learnt so the issue would not be repeated. They were aware of the need to analyse these situations when they took place to learn and prevent them from occurring again.

Good

Is the service effective?

Our findings

People had an assessment of their needs including relevant details of the support people needed, such as information on how to support their mobility and continence. This helped to ensure that people received effective personal care related to their individual needs.

People and relatives said that care effectively met people's needs. They said that staff had been trained to provide effective care. A person told us; "They seem well trained. They know how to help me to wash."

Staff members told us that they thought they had received enough training so that they were able to meet people's needs. They said that the training on how to move people was particularly good as it was practical training and they were able to experience what people felt when staff provided this assistance. They also said the nominated individual and the registered manager reminded them to complete training and if further training was needed it would be arranged.

We saw evidence that new staff were expected to complete induction training. This covered relevant issues such as infection control, moving and handling and keeping people safe from abuse. Care certificate training, which is nationally recognised induction training for staff, had been completed by new staff.

Staff had received training in a number of people's specific long-term health conditions such as epilepsy and diabetes. The only topic that had not been covered was mental health conditions. The nominated individual stated that this training would be provided to ensure that staff had all the skills and knowledge to meet people's needs.

There was evidence of staff supervision to support staff to provide effective care. However, supervision had not taken place for one staff member who had commenced their employment four months previously. The nominated individual said that a system would be put in place so that new staff members had supervision within a short period after commencing employment. This would then provide staff with more effective support to discuss any issues they were unsure of and provide more training if needed.

A staff member told us that when new staff began work, they were shadowed by the registered manager on a number of shifts. Because of their previous experience, they felt this was a sufficient shadowing period to gain experience to meet people's needs. The nominated individual said that additional shadowing would be supplied if new staff were not confident. This would ensure that they knew how to provide effective care to people.

Staff felt communication and support amongst the staff team was good. Staff members told us they always felt supported through being able to contact the management of the service if they had any queries.

People and relatives said that effective support had been provided to receive assistance with food and fluids and they had no concerns about this. One person said, "Staff do some meals for me. They've all been nice." Care plans included information about meeting people's dietary needs. There was also detail about asking

people what they liked to eat and drink. This indicated that the service took account of people's food and drink preferences and needs.

People and relatives told us that staff were effective in responding to health concerns. A relative told us that if staff had any concerns about the health of their relative, they would report this to them. Records showed that if the person was ill, staff members referred them to the GP. Staff gave examples of how they had done this in the past. A person confirmed staff had contacted their community nurse when they had not felt well. This led them to be treated in hospital. This indicated that staff knew how to ensure that people received proper healthcare and ongoing support.

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.

We checked whether the service was working within the principles of the MCA. There was no assessment in place to evidence this and how staff should work with people, though the nominated individual stated that everyone was able to consent to their care, and this was recorded in people's care plans.

Staff had awareness of this legislation and stated they always supplied choices to people. This meant staff had knowledge on how to provide effective care within the legal framework. People and relatives confirmed that staff explained what they were doing and asked for consent when providing personal care.

Good

Is the service caring?

Our findings

People and relatives said that staff were very caring in their approach. A person said, "Staff are really good. Friendly and caring. They don't rush me so I feel relaxed." A relative told us; "No complaints. All staff, without exception, are really caring. They are friendly and like a chat which is appreciated. You really get the feeling that it is important to them to provide a friendly service."

The service's information stated people would be involved in reviews and assessments of their care. People and relatives told us care plans had been developed and agreed with them.

The staff handbook emphasised that people should be treated with respect, with their dignity and privacy protected. This helped to orientate staff in their approach towards people receiving a caring service.

The handbook included a statement about antidiscrimination on the basis of relevant issues such as religion, sexual orientation and cultural needs. There was evidence that staff were encouraged by management to become dignity champions. Dignity champions are people who are committed to promoting people's dignity people are provided with care. Care plans recorded the person's religious practice and choice. Staff told us they respected the person's choice in, for example, what food and drink they wanted and the clothes that they wanted to wear.

People told us their dignity and privacy had been maintained. Care plans encouraged staff to promote people's dignity, such as leaving the person when they used the bathroom. Staff had given people choices such as whether they wanted deodorant or perfume after being provided with personal care. There was information in staff supervision that management had encouraged a staff member to provide a person with more food choices. Care plans showed that people were given choice of the gender of staff who provided care to them.

A staff member explained they would always protect people's dignity and privacy by doing things such as leaving the person when they were using the bathroom, and closing doors when helping them to wash and dress. They said they were mindful of protecting people's privacy and dignity. This was confirmed by people.

People told us that staff tried to encourage independence so they could do as much as possible for themselves. A staff member told us that people were encouraged to wash themselves if they were able to do this. A person told us that staff promoted their independence. They said, "It's really important for me to be able to do what I can. I don't want staff to take over and they don't." Staff also gave us examples of how they promoted people's independence. This presented as an indication that staff were caring and that people and their rights had been respected.

Requires Improvement

Is the service responsive?

Our findings

The service did not always respond to people's needs.

Most people and relatives told us that overall calls were either on time or within a time that kept people safe. A person and a relative said that sometimes calls could be up to 30 minutes late. We found this was the case on the daily records we looked at for other people. Staff also said rotas sometimes did not have travelling time between calls. We also found this to be the case. This meant shorter call times or late calls, which did not respond to people's needs. The nominated individual said that this issue would be reviewed to ensure that calls were more timely, though staff had been reminded in a recent staff meeting not to shorten calls and to spend the agreed time with the person concerned.

People and relatives told us that staff, when they directly provided personal care, responded to needs. A person told us; "Staff are really good. They asked me if there is anything else I need doing before they leave." They said most staff asked if there was anything else they needed before leaving the call.

There was information in care plans about people's needs. For example, prompting a person with their personal hygiene and taking their medicine. Another care plan outlined that a person could not cope with having too much information presented to them. The advice stated was to give them small blocks of information so they could process this. This responded to the person's communication needs.

Plans included important information about people's personal history, likes, dislikes and preferences to help staff ensure that the person's individual needs were responded to. This meant staff had the opportunity to be aware of people's preferences and lifestyle, to work with them to achieve a service that responded to their individual needs. The service also responded to people's social needs by encouraging attendance at social clubs where they had previous interests.

Staff members told us that they read people's care plans so they could provide individual care that met the person's needs. Staff were aware of people's personalities and preferences. If there had been any changes in people's needs, management would communicate this to them by text or in staff meetings.

People and their relatives were confident that any complaints made would be taken seriously if they ever needed to complain. A relative told us that another family member had some concerns about tasks not being completed. They had brought this to the attention of the nominated individual, who had set up a meeting and promised action to resolve these issues. There was evidence that relative's complaints had been discussed at a recent staff meeting. This responded to the need to amend some practice to ensure people's needs were responded to. Another relative said that the service had quickly changed staff when their family member did not get along with a staff member.

Complaints had been recorded and investigated with action taken as needed. However, there was no feedback to the complainant about this process and the action proposed to deal with the complaint. The nominated individual said this would be carried out in the future.

The provider's complaints procedure gave some information on how people could complain about the service. However, this did not contain details about the complaints authority or the local government ombudsman as agencies who would handle complaints. The service user handbook also did not include this information. The procedure also implied that complainants could contact CQC if they were not satisfied, to have their complaint investigated. However, CQC does not have the legal power to investigate complaints. The nominated individual amended this procedure and sent it to us after the inspection visit.

The nominated individual was aware of the new accessible information requirement. The accessible information standard is a law which aims to ensure that people with a disability or sensory loss are provided with information they can understand. It requires services to identify, record, and meet the information and communication support needs of people with a disability or sensory loss. This was not currently needed. The nominated individual told us it would be put in place when necessary in the future.

Requires Improvement

Is the service well-led?

Our findings

The service was not comprehensively well led. Audits had not highlighted issues identified in this report. These included some risk assessments not being detailed enough to safely promote people's care and mental capacity assessments not being in place. There was a system in place to ensure quality was monitored and assessed within the service. This included relevant issues such medicine audits. However, call times had not been audited to identify whether staff had arrived on time and stayed the agreed time of the call. The nominated individual said this would be carried out in the future. This would then help to protect the welfare of people receiving the service.

People and relatives said that they had contact with the nominated individual and the registered manager. Everyone, except one person, said that they were friendly and approachable. One relative said that at times the registered manager could be direct without taking into account what they wanted or acknowledging them. They said any concerns they raised were sorted out They were very complimentary of the care they received from staff. A person told us, "They couldn't do things any better. I have confidence in them." A relative said, "I can't fault them. If I had any concerns I know I could go to [nominated individual]. People and relatives told us they would recommend the service.

Information was available which clarified governance duties and responsibility for management and staff. This ensured that all staff were clear as to what their responsibilities were.

The service had systems in place to make sure that people were provided with a quality service. There were visits to people's homes to check important issues such as staff arriving on time, checking on people's satisfaction with staff and dealing with their queries effectively. Comment cards were also used to quickly ascertain whether people were satisfied with the service.

Action had been taken by management if staff were not meeting quality standards. For example, a staff member had been reminded to stay for the agreed time and give a person more choices of food. However, action had not always been effectively taken. For example, a person said that staff did not stay the allocated time of the visit. The action noted that the issue would be raised at the next staff meeting, rather than swiftly speaking with the staff members concerned. The nominated individual said this would be done in the future.

As the service only began seven months previously to this inspection visit, people had not yet received satisfaction questionnaires asking them about the quality of care. The nominated individual said that it was planned that questionnaires seeking views about the service would be provided to people, relatives, staff and professionals.

Staff told us that the management team were always available to speak with them at any time to help them in any way. One staff member said, "Management are very understanding and always support us." Another staff member said that management were efficient and knew how to run the service in the best interests of people.

Staff meetings had been held where issues were discussed including changes in care and any staff concerns. Staff said they had a voice in organising the service to the benefit of people being provided with personal care. For example a staff member told us that an issue had been raised about a person being dressed with inappropriate clothing for weather conditions. This was raised with their relative and action taken so the person was then protected from being cold.

Staff members we spoke with told us that management always expected staff to be friendly and approachable and treat people with dignity and respect. They all told us they would recommend the service to relatives and friends because the interests of people had been put first.

The service had a registered manager, which is a condition of registration. The nominated individual understood the legal obligations including the conditions of their registration. This included ensuring there was a system in place for notifying the Care Quality Commission of serious incidents involving people using the service.

There was an equal opportunity statement for staff to ensure that staff were not discriminated again due to relevant issues such as the race, culture, gender and religion in working employment issues such as promotion, training, general treatment and disciplinary procedures.

We found the provider worked with other relevant agencies. For example, a referral had been made to an occupational therapist to obtain equipment to safely support a person.