

MHC Liverpool Limited

# My Homecare Liverpool

## Inspection report

Suite 8 Charlotte House  
QDBC, 67-83 Norfolk Street  
Liverpool  
L1 0BG

Tel: 01516400431

Date of inspection visit:  
03 June 2021  
09 June 2021

Date of publication:  
19 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

My Homecare Liverpool is a domiciliary care agency that provides personal care to people in their own homes. At the time of the inspection, the service was providing personal care to 14 people.

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's needs were assessed when they first started using the service and assessments focused on people's personal likes and preferences as well as their physical care and support needs. Improvements were needed to ensure that care plans included information about whether a person wanted to be resuscitated. We made a recommendation about this.

People's needs had been assessed to help mitigate risks and the registered manager updated risk assessments when people's needs changed. Accidents and incidents were responded to appropriately. People were supported to take their medicines safely. Staff followed good infection control practices. Staff were safely recruited and people told us they were supported by a small and consistent staff team who knew them well. One person told us, "[staff] always have time to have a chat, I never feel rushed."

Staff received training to complete their job roles effectively and gained practical experience by shadowing experienced staff. Staff were confident they knew who to contact if people required health support. One person told us they were recovering from a health condition and told us, "[staff] made a real difference to my recovery."

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.

People were treated with kindness and respect, comments included, "[Staff] are very kind and very friendly." Staff showed a good understanding of people's likes, dislikes and preferences and explained how they supported people according to these during their care visits. Staff had an opportunity to meet people prior to carrying out care tasks. This helped to maintain people's dignity. People and their relatives were involved in the planning of care needs. Care plans were reviewed regularly to ensure people's views and experiences were considered.

People's communication needs were discussed during the initial stages of the care planning process. Care plans detailed the support people needed to promote good emotional wellbeing. People told us they felt they would be listened to if they had a complaint.

People and relatives provided positive feedback about the friendly and positive nature of the registered manager and staff team. The registered manager promoted a positive culture and led by example. Staff told us the registered manager was approachable, professional and always contactable. Surveys were sent to people to ensure their views were considered. The service had a quality assurance process in place. Audits on areas of care provision including medicine administration and care plan reviews were undertaken to monitor standards, and to identify where improvements could be made.

For more details, please see the full report which is on the Care Quality Commission's (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 17 June 2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the previous rating.

## 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 Liverpool

## 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 one 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 and specialist housing.

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

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 in the office to support the inspection.

Inspection activity started on 3 June 2021 and ended on 9 June 2021. We visited the office location on 3 June 2021.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered with the Care Quality Commission. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, senior care workers and care workers.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and quality assurance systems were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures and staff rotas.

# 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.

### Assessing risk, safety monitoring and management

- People's needs had been assessed to help mitigate risks related to areas such as medicines, mobility and eating and drinking.
- The registered manager had already identified some records relating to the management of risk needed to be improved. They were in the process of updating the records prior to the inspection.
- The registered manager updated risk assessments when people's needs changed. For example, one person's risk assessment relating to mobility was updated when support increased from one to two staff and detailed how this support could be provided safely.

The registered manager responded after the inspection to confirm that all records relating to the management of individuals risk had now been reviewed and improved.

### Using medicines safely

- People were supported to take their medicines safely.
- Staff received training and competency checks to ensure they administered medicines in line with best practice standards.
- Medicine Administration Records (MAR) were regularly audited and demonstrated medicines were given as prescribed.
- People told us they were happy with the support they received to take their medications. One relative explained that when antibiotics were prescribed, staff quickly updated the MAR and made sure they were given on time.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The registered manager had effective safeguarding systems in place and knew how to make referrals to the safeguarding authority.
- Staff were trained in safeguarding and knew the signs to look for that may indicate abuse.
- People told us they felt safe when staff supported them.
- Accidents and incidents were responded to appropriately. They were used as a learning opportunity to prevent future incidents were possible.

### Staffing and recruitment

- Staff were safely recruited.
- Staffing rotas showed people were supported by a small and consistent team.
- We received mixed feedback from staff in relation to staffing levels. Rotas confirmed there were enough

staff to meet people's needs and there had been no missed calls.

- Staff told us they had enough time to spend with people. People we spoke with confirmed this. Comments included, "[Staff] mostly arrive on time and have never missed a call" and "[Staff] always have time to have a chat, I never feel rushed."

#### Preventing and controlling infection

- Staff followed good infection control practices and used Personal Protective Equipment (PPE) to help prevent the spread of healthcare related infections.
- Staff completed weekly COVID-19 tests in line with current government guidance. The registered manager had oversight of the test results for all staff and reminded them weekly when the next test was due to be taken.
- People told us staff always wore PPE. One comment included, "[Staff] always wear masks to keep me safe."



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

- People's needs were assessed when they first started using the service and assessments focused on people's personal likes and preferences as well as their physical care and support needs.
- Care plans showed detailed information around people's eating and drinking needs and included people's preferences.
- Staff were trained in nutrition, food hygiene and specialised diets. This helped ensure staff knew how to prepare people's meals based on their support needs.

Staff support: induction, training, skills and experience

- Staff received training to complete their job roles effectively and gained practical experience by shadowing experienced staff.
- Staff spoke positively about the induction programme and told us it prepared them for their role.
- The registered manager regularly supervised staff and assessed their competency to help ensure they had the skills and knowledge to perform their jobs safely.
- Relatives told us staff were competent in their roles. Comments included, "[Staff] are very good, [person] is very happy with the care provided" and "I feel confident when [staff] are using [persons] equipment."

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

- Staff were confident they knew who to contact if people required health support. Care plans directed staff to contact professionals such as GP's should there be any concerns.
- People and relatives were confident staff would support them to stay healthy and see health professionals when needed. One relative told us, "if [staff] notice changes in [person's] health or mood, they always record it and let us know."
- Staff followed the advice of healthcare professionals and people achieved positive outcomes because the relationships between organisations were effective. For example, staff worked alongside district nurses to help manage a person's skin condition. This led to a good outcome as the person's skin condition healed.
- When recovering from a health condition, one person told us, "[Staff] made a real difference to my recovery."

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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 registered manager demonstrated good knowledge of the MCA and outlined the assessment process they would follow if they felt a person lacked the mental capacity to make a particular decision.
- Signed documentation was in place to show people provided their consent for care and treatment.
- Staff received training in the MCA and gave examples of how to approach people with limited mental capacity to ensure people were able to make a choice.

# 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 treated with kindness and respect. People told us, "[Staff] are very kind and very friendly", "[Staff] are very good to me each and every one of them" and "[Staff] cheer me up when they come in."
- Staff showed good understanding of people's likes, dislikes and preferences and explained how they supported people according to these during their care visits.
- Staff spoke with compassion when describing their role and the people they cared for. One staff member told us, "It's nice to have the time to talk to [person], sometimes you're the only face [person] sees in a day."
- One person told us, "[Staff] have made such a difference to me. I am 91 but felt like 101, now I feel 81 and I put that down to the care staff. This is the company for me."

Respecting and promoting people's privacy, dignity and independence

- Care plans were written in a way which focused on promoting people's dignity and independence.
- Staff had an opportunity to meet people prior to carrying out care tasks. This helped to maintain people's dignity.
- The registered manager focussed on maintaining people's independence during care reviews. For example, one person's health improved which meant they did not need as much support from staff. The registered manager informed the local authority and the support was reduced allowing the person to be more independent.

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

- Staff explained how they promoted choice whilst they supported people in areas such as food choices or what people chose to wear.
- People and their relatives were involved in the planning of care needs. Care plans were reviewed regularly to ensure people's views were considered.
- Staff supported people to make decisions about their care. One person confirmed staff have this approach when preparing meals and told us, "[Staff] always make sure it is my choice and always ask if it is ok before they do it."

# 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.

### End of life care and support

- Care plans did not always include information about whether a person wanted to be resuscitated. This meant people were at risk of not having their wishes upheld. We raised this issue with the registered manager during the inspection and they agreed to follow this up.

We recommend the registered manager ensures people's advanced care decisions are recorded in their care plans in line with best practice guidance.

- Staff were trained in supporting people at the end of their life and showed a good understanding of how to care for people during this time. One staff member told us, "I would make sure they are comfortable and care for them in the way they preferred."

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

- People received personalised care based on their support needs. These were detailed in people's care plans and staff had training and knowledge to support people and could explain their routines in detail.
- People and relatives confirmed that they could speak to the manager if they had anything they wanted to change about their support. These changes were listened to and respected.
- One relative told us, "Care staff are person centred, they implemented everything about [person's] routines, it's the small things that are the most important things."

### 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 communication needs were discussed during the initial stages of the care planning process. This meant the registered manager could identify if information needed to be developed in accessible formats.
- People's care plans contained some details for staff to help them communicate with them effectively and included information about sensory aids such as glasses and hearing aids.

### 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

- Staff supported people to stay in contact with those important to them. For some people, relatives were very involved in the care and this was acknowledged in care plans.

- Care plans detailed the support people needed to promote good emotional wellbeing. The registered manager identified that one person required some additional support in this area and signposted the person to a befriending service.

#### Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure in place and this information was made available to people using the service.
- People told us they felt they would be listened to if they had a complaint. One person told us, "I've never had any complaints, but would feel comfortable telling [registered manager]."

# 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 manager was open and honest with people when things went wrong and reported events to external authorities where this was necessary.
- People and relatives gave us positive feedback about the friendly and positive nature of the registered manager and staff team.
- People and relatives felt that the service was helping to meet their needs, preferences and outcomes.
- The registered manager promoted a positive culture and led by example. Staff told us the registered manager was approachable, professional and always contactable.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- It was clear in people's care plans when reviews took place or whether people and relatives were involved in discussions about their care.
- Spot checks were completed regularly and checked staff presentation and competence and provided an opportunity to gather feedback from people. Surveys were sent to people to ensure their views were considered. The feedback we saw was positive.
- The provider worked with others to support people and their care. For example, when one-person experienced delays in accessing equipment necessary for care to be delivered safely, the registered manager took swift action to ensure this was resolved.
- Commissioning partners were positive about the service. They told us the registered manager was, "Really proactive and keen to work alongside the quality team to get things right."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had a quality assurance process in place. Audits on areas of care provision including medicine administration and care plan reviews were undertaken to monitor standards, and to identify where improvements could be made.
- The registered manager was clear regarding their role and responsibilities in accordance with reporting notifiable incidents to the CQC.
- The registered manager was open, receptive to feedback and keen to develop the service.

