

Comfort Home Care Ltd

My Homecare Huddersfield

Inspection report

Heritage Exchange, Wellington Mills
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Huddersfield
West Yorkshire
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

My Homecare Huddersfield is a domiciliary care agency which provides support to people in their own homes. It provides a service to younger and older adults, people with physical disabilities, sensory impairments, learning disabilities, dementia or mental health conditions. At the time of inspection 63 people were using the service. 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

Systems were either not in place or robust enough to demonstrate medicines were effectively managed. Improvement was required to medication administration records (MARs). The provider's medicine policy was not always adhered to by staff.

The provider had not operated robust systems and processes to assess, monitor and improve the quality and safety of the service. They had not maintained accurate and complete records. The provider did not sufficiently address all the concerns raised from the last inspection. Audit systems were not robust and governance systems failed to identify the issues we found during the inspection.

The provider had not met all of their statutory requirements. The provider had failed to notify the CQC of a change of the provider's registered address and a change to their statement of purpose.

People were protected from the risks of abuse and harm and people said they trusted staff to keep them safe. Staff had received training in safeguarding adults and understood how to recognise signs of abuse. Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. Staff had the necessary safety checks in place before starting work and completed a full induction.

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. We have made a recommendation about the provider considering best practise and training for completing mental capacity assessments

People told us staff were kind, courteous and sensitive. People's comments included, "They [staff] are caring" and "They [staff] are all nice and cheer me up."

People told us the care workers arrived on time to deliver their care, and if they were delayed people were informed of this. We received mixed feedback about the continuity of care workers. Some people told us they received regular care workers and other people felt there was no continuity.

Staff had received end of life training and the service worked closely with healthcare professionals to deliver

end of life care should people wish to remain at home. We have made a recommendation about the provider reviewing their processes to give people the option to make their end of life wishes known.

Staff felt valued and supported by the management team. They were clear about the culture of the organisation and what was expected from them. Staff told us, "Management are really good. Really supportive and helpful."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 20 February 2019) and there was a breach of a regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been sustained and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to the governance of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

My Homecare Huddersfield

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.

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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 05 February 2020 and ended on 14 February 2020. We visited the office location on 10 and 11 February 2020.

What we did before inspection

We reviewed information we had received about the service since the last inspection. 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 two relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, care co-ordinators, care workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included seven people's care records and eight people's medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to speak to people and their relatives on the phone about the experience of the care provided. We spoke with four people and three relatives.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection we recommended the provider implements best practice guidance to ensure people's medicines are safely managed. The provider had not made enough improvement.

- Improvement was required with medication administration records (MARs). We found the MARs used did not follow National Institute for Health and Care Excellence (NICE) guidelines and were not robust enough to accurately document administration of medicines. NICE provides national guidance and advice to improve health and social care.
- PRN protocols for 'as required' medicines were not in place at all for people who required them. Staff had limited direction of when people may have required specific medicines. PRN protocols are designed to ensure enough information is provided to staff and to minimise risk when administering medicines to people on an as and when required basis.
- The provider's medicine policy was not always adhered to by staff. It was the senior care worker's responsibilities to transcribe medicines onto the MARs, however we saw care workers had transcribed on the MARs without approval. We also found care workers did not adhere to the provider's homely remedy policy as approval from a person's GP was not obtained before administering a homely remedy medicine.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during the inspection. They reviewed their medicine documentation including MARs, PRN protocols, and started to implement changes.

- People received their medicines as needed and MARs and daily records confirmed this. Staff had to undertake training before they could administer medicines and staff received regular competency checks to ensure they administered medicines safely. Staff told us, "I give medicines [to people] and have received training. A senior watched me give medicines and signed me off."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and harm and people said they trusted staff to keep them safe. People told us, "I am very glad and thankful for the carers" and "They [staff] look after me and

everything that I need."

- Staff had received training in safeguarding adults and understood how to recognise signs of abuse. Staff knew how to report any concerns. A staff member told us, "I would report any concerns straight away to the manager, and if needed I would report to the head office."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. People's ongoing risk assessments were reviewed as part of their care plan reviews, or when needs changed. A person told us, "They all do their job quite well I am satisfied with what I get."
- Accidents and incidents were recorded and managed effectively. The registered manager reviewed the information and took appropriate action to reduce the risk of reoccurrence. For example, the registered manager referred people to be assessed for moving and handling equipment after a fall. Risk assessments were reviewed following incidents to ensure the service was meeting the needs of people appropriately.

Preventing and controlling infection

- Staff received training in infection control and we observed staff wearing personal protective equipment (PPE) in people's homes. Staff told us PPE was readily available to them and a stock of supplies was kept in the office location.

Staffing and recruitment

- Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. Staff had the necessary safety checks in place before starting work and completed a full induction. A staff member told us, "I had disclosure and barring service (DBS) checks and completed 13 online courses before I started."
- Staff rotas we saw confirmed staffing levels remained consistent, which meant the provider had sufficient systems in place to monitor staffing levels and ensure people received their visits. A staff member told us, "I have regular service users that are on my rota. If someone is off sick, they [management] try to get someone in who is familiar with the service users."

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At our last inspection the provider was not completing decision specific mental capacity assessments and best interest decisions for people who required them. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Decision specific mental capacity assessments were in place. The provider had changed their mental capacity assessments and best interest decision templates to ensure the assessments were detailed and relevant to those who needed them. People, their relatives and representatives were involved in the assessments and best interest decisions.
- Although systems had improved and the service was no longer in breach of regulation 11, we still noted some room for further improvement. We saw a mental capacity assessment for a person which had been recorded incorrectly and for another person, their assessment had not moved onto the new template.

We recommend the provider considers best practise and training for completing mental capacity assessments.

- Staff described their understanding of MCA and were able to identify their responsibilities to comply with the legislation. Staff told us, "MCA is about how much someone can understand what you are saying and what is happening, and if someone can make a decision on their own. Best interest decisions involve people

or professionals making a decision for someone in their best interest when the person lacks capacity."

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

- People's needs were assessed prior to starting with the service and care plans were developed according to people's needs. People and their relatives were involved in their care planning, which was reviewed at regular intervals or when people's needs changed. Relatives told us, "When we were due to start, a co-ordinator came out to write the care plan and gave us the information we needed", and "[Person] has had reviews of their care package and we [relatives] were there."
- The service was flexible and responded to people's needs as they arose. For example, the service could accommodate increases to care packages when people required additional support. A relative told us, "[Person] declined a few weeks ago and they [management] have been out to see [person] and more calls have been put in."

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

- Some people independently managed their food and nutrition or had support from their relatives. Where people required support with their food and nutrition, the level of support was agreed and documented in their care plan. One person told us, "The carers make me my tea and do my shopping for me too. They know what I like and anything I want, I ask them to get it for me. The carers usually do a chippy run too."

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

- Staff worked in collaboration with people, their relatives and healthcare professionals involved in people's care. One relative told us, "A couple times [relative] has not been well and the carers have noticed the signs of [relative] not being themselves and rang the doctor. The carers have kept me informed too."
- People told us the care workers arrived on time to deliver their care, and if they were delayed people were informed of this. People's comments included, "If is not often they [staff] are late, and they are very apologetic when they arrive", and "They [staff] are very good, they do come on time. There has been a bit of a holdup the past couple of days due to closed roads, but other than that they are on time."

Staff support: induction, training, skills and experience

- Staff had received an induction into the service when they first started working there and training relevant to their roles had been provided. Staff told us they undertook shadowing shifts when they began work, whereby they shadowed more experienced staff carrying out care tasks until they felt confident to work alone. One staff member told us, "The induction was brilliant, they [management] told us everything. It included training and shadowing for a week, that was enough for me."
- Staff received regular supervisions and observations were carried out to ensure staff were competent. People and their relatives we spoke with said staff had the right skills to meet people's needs. A relative told us, "The carers are very professional. [Relative] is allergic to perfume so the carers don't wear it."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff had a caring approach to their work and they demonstrated kindness and respect when speaking about the people they supported. People told us staff were kind, courteous and sensitive. People's comments included, "The carers are kind and caring. They are helpful and they help with what I need" and "The carers are brilliant, they really look after me."
- Equality and diversity was respected by the service and staff. The provider had an equality and diversity policy in place. Staff received training in equality and diversity and were committed to ensuring people had equal opportunities. One staff member told us, "We meet everyone's needs as they [people] want us to. People have their own beliefs and we meet their needs. Some people with different religions or cultures want us to cover our shoes, so we wear protectors." A person told us, "The carers respect me and my religion. They know about my [religious] diet."

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

- People were supported to express their views about their care. Advocacy information was provided to people in their service user guides and the registered manager signposted people to advocacy services where needed. Advocacy is a process for supporting people to express their views and concerns.
- People's views and decisions about care were incorporated within their care plans. This helped staff to support people in a way that allowed people to make day to day decisions. People's comments included, "They [staff] give me choices, they look in my fridge and ask me what I want to eat."

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity was respected. People told us, "The carers definitely treat me with respect. I trust them and I have no reason to dis trust them", and "They [staff] supervise my showers to make sure I am safe. They are respectful of my privacy and dignity." Staff we spoke with gave examples about how they respected people's privacy. One staff member told us, "I shut the doors and curtains if they [person] want them shutting and cover body parts I am not washing [when supporting with personal care]."
- The service promoted people to live as independently as possible. A staff member explained, "We encourage independency. [Person] struggles walking but can walk. I will talk to them about [topic of interest] and encourage them to walk to the kitchen with me." A relative told us, "The carers do encourage [person] with their independency. When preparing meals, the carers support [person] to do things for themselves. [Person] can't cook a full meal, but the carers will assist and encourage them."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- We received mixed feedback about the continuity of care workers. Some people told us they received regular care workers and other people felt there was no continuity. We saw the provider had been working to address the issue and had implemented an electronic audit system to help ensure people received regular care workers. The provider told us they would continue to review their processes to ensure continuity for people was maintained.
- Detailed assessments and care plans had been completed which reflected the person's needs and preferences. The care plans provided guidance for staff about how best to support people. Staff completed daily care records for people which showed staff were meeting people's individual needs as recorded in their care plans.
- People told us that the staff knew them well and responded to their needs in a person-centred way. People's comments included, "They [staff] make sure they do everything I want them to do before they leave" and "They [staff] look after me and make sure everything is there that I need."

End of life care and support

- Staff had received end of life training and the service worked closely with healthcare professionals to deliver end of life care should people wish to remain at home. There was a policy which outlined how people at the end of their lives could be supported to consider their wishes and needs. People who neared the end of their lives had end of life care plans and risk assessment in place to instruct staff how people wished to be supported.
- End of life wishes was not included as part of the care planning. Although people had end of life care plans when required, people did not have the option to disclose and record their end of life wishes as part of their care planning.

We recommend the provider reviews their processes to give people the option to make their end of life wishes known.

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.

- The registered manager was aware of the AIS and each person's specific communication needs were

detailed in their care records. At the time of the inspection, there was no-one using the service who required their information in an alternative format. The registered manager told us they are able to supply information in different formats upon request.

Improving care quality in response to complaints or concerns

- People and relatives, we spoke with were aware of how to make a complaint. The service had a complaints policy in place. People were given a service guide when they started to use the service which contained information around how to make a complaint. A relative told us, "I know how to complain, all the details are in the care file at the front."
- Complaints were investigated and responded to. We reviewed the complaints log and found complaints were minimal, and the service had responded to formal complaints in line with the provider's policy. People told us, "I have not needed to complain" and "I have no complaints."

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality care.

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

- The provider did not sufficiently address all the concerns raised from the last inspection. PRN protocols were not in place at the last inspection and we found enough action had not been taken to address this concern. Also, during the last inspection the provider needed to improve their compliance with the Mental Capacity Act (2005), and although improvement had been made, this was not fully resolved (as discussed in the effective domain).
- Audit systems were not robust. Governance systems failed to identify the issues we found during the inspection. For example, the provider had monthly medicine audits, however the audits failed to pick up on the discrepancies we found during the inspection (as discussed in the safe domain).
- The provider had not met all of their statutory requirements. The provider must inform the CQC of any notices of changes. The provider had failed to notify the CQC of a change of the provider's registered address and a change to their statement of purpose.

The provider had not operated robust systems and processes to assess, monitor and improve the quality and safety of the service. They had not maintained accurate and complete records. This contributed to the breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during the inspection and submitted their notices of changes to the CQC.

- Staff felt valued and supported by the management team. They were clear about the culture of the organisation and what was expected from them. Staff told us, "Everyone in the office are approachable and sort the issues. Not a bad word about any of them" and "They [registered manager] is fantastic. You can go to them anytime, no matter what time it is. They always help, never too busy."

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; Working in partnership with others

- The provider understood their responsibilities under the duty of candour. We saw the service had let people and their relatives know if something went wrong. We saw the rating from our last inspection was displayed in the office building.
- The registered manager worked effectively in partnership with other health and social care organisations to achieve better outcomes for people using the service. For example, they worked with people's social

workers and hospices. Staff members told us, "We work alongside district nurses [to provide end of life care]" and "We ring ambulances and work with healthcare professionals when needed."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives' views had been sought through regular contact, surveys and quality monitoring. We reviewed the results of the surveys and found any individual negative comments were followed up and actioned by the management team. People and relatives provided the service positive feedback and their comments included, "My [relative] seems very happy with the carers that visit. They always treat them with respect. They always ring myself or my [relative] if there have been any concerns. They will also remind [person] what day it is and what [person] has planned for that day checking the planner we have written out."
- Person-centred care was promoted. People told us the staff knew them well and responded to their needs in a person-centred way. Peoples comments included, "If I ask anything out of the ordinary, they [staff] usually comply with straight away." A staff member informed us, "The ethos of the company is to look after people like your own parents and help them live at home with support, making a difference to their lives."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not operated robust systems and processes to assess, monitor and improve the quality of the service. They had not maintained accurate and complete records.