

Vila Pvt Ltd

My Homecare Bexley & Greenwich

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

My Homecare Bexley and Greenwich is a domiciliary care agency providing personal care to people living in their own homes. At the time of the inspection the service was supporting 33 people with a variety of health needs and some people living with dementia. 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care for or support anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

Right Support: People were happy with the care and support they received. Continuity of care was promoted as people were supported by a regular team of staff who knew them well. The provider communicated well with people and staff enabled people to access specialist health and social care support when required. 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.

Right Care: People's needs and preferences were assessed prior to receiving the service. People and those important to them were involved in planning their care. Staff understood how to protect people from poor care and abuse. People were supported by a kind and compassionate staff team and had their privacy and dignity respected. There were enough appropriately skilled staff to meet people's needs and keep them safe. Risk assessments identified and reduced any risks to people and staff.

Right Culture: Feedback from people and their relatives about the way the service was managed was positive and staff told us they were well supported. Effective systems had been in place to monitor the quality and safety of the service and the provider was committed to ongoing improvement in the future. Staff prepared food and drink to meet people's dietary needs and preferences. The provider ensured staff were recruited safely. Any complaints were responded to promptly with actions followed up in a timely way.

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 13 July 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We received concerns in relation to staff recruitment and training. As a result, we undertook a focused inspection to review the key questions of safe, effective, responsive and well-led only. We found no evidence during this inspection that people were at risk of harm from this concern.

For the key question of caring which was not inspected, we used the rating awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective 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 well-led.

Details are in our well-led findings below.

Good 

My Homecare Bexley & Greenwich

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

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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 the service 24 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, the commercial manager, the office manager, two care co-ordinators and three care workers. We contacted two health and social care professionals who worked in partnership with the service. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the safety of people and medicines were not always administered in a timely way. This was a breach of regulation 12(1)(2)(b) 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 12.

- Improvements had been made to the risk assessment process and people had detailed guidance in place in relation to risks associated with their care such as skin integrity, nutrition and falls. This information could be easily accessed by staff.
- Staff were knowledgeable about people's individual risks and knew how and when to report these to the manager or a health professional.
- People's medicines were managed safely. At our last inspection people told us they did not receive their medicines on time. The provider had made improvements to scheduling. Records showed that people were receiving their medicines on time and people we spoke with confirmed this.
- Some people were supported with PRN medicines to be taken as and when needed. There was clear guidance in place for staff explaining when and how to administer these.
- Staff completed Medication Administration Records (MAR charts) following the administration of medicines. MAR charts were regularly audited to ensure any discrepancies could be identified and rectified quickly.
- Staff were suitably skilled and qualified to assist with people's medicines. The management team carried out regular observations of care staffs' medicines practice and competencies to ensure they followed best practice guidance.
- There was an out of hours on-call service available to people and staff. This meant support was available if an incident occurred outside of normal working hours. One member of staff told us, "In an emergency the managers cover. They always come out and help when they need to."

Staffing and recruitment

- A robust recruitment process was carried out for all employees. We received concerns prior to the inspection to suggest staff were not recruited safely however we did not find evidence of this. Appropriate employment checks were completed to ensure staff were suitable for the role including evidence of the right to work in the UK, performance at previous employment and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police

National Computer. The information helps employers make safer recruitment decisions.

- The registered manager ensured staff numbers were safe through good rota management and staff worked together to ensure people's care needs were met. People told us they received their care when they expected to. One member of staff said, "We work as a team. [registered manager] will always step in and we have other staff who are very flexible."

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

- People told us they felt safe with the staff supporting them. One person said, "I feel very safe with their care." A relative told us, "[Person] is 100% happy and feels safe with the carers."
- Staff had received training about safeguarding and knew how to report a concern. Staff told us they would inform the registered manager if they had any concerns someone was being abused and would ensure the person was not in any danger from potential abuse. One member of staff told us, "I called the office straight away. They raised a safeguarding alert."
- The provider worked closely with the safeguarding authority and was clear about their responsibility to report any evidence of abuse promptly.
- The provider described how they and their team learned from incidents which had taken place in order to improve people's care. When issues had arisen, they reviewed care plans and made changes as needed to people's support.

Preventing and controlling infection

- Infection prevention and control practices had been reviewed and updated. Staff clearly understood when and where to wear personal protective equipment (PPE). People confirmed staff routinely used disposable gloves, aprons and face masks. One relative told us, "Carers come 3 times a day and they wear PPE." Another relative said, "Staff wear PPE and follow the care plan."
- Staff had received training about infection prevention and control, and they told us they had good access to PPE. One member of staff told us, "I collect [PPE] from the office. I have everything in my car."

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff undertook appropriate training for their role. This was a breach of regulation 18 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 18.

- Staff undertook appropriate training to enable them to meet people's needs. This included training to use manual handling equipment and catheter care. We saw records to support this and staff told us that training was delivered flexibly to ensure that they were able to complete this.
- People told us care staff were suitably trained. One relative said, "[Person] uses [manual handling equipment] and feels so safe with their care. They are very well trained and experienced to use it." Another relative told us, "They are very well trained and fulfil all his care needs according to the care plan."
- Regular supervisions gave staff the opportunity to discuss training and practice, reflect on difficult or challenging situations, and identify areas of learning and development.
- Training was enhanced by new staff shadowing established care workers and observations were undertaken to check they were using their care skills effectively. A probationary period was in place to review the work of new staff and gave the opportunity for both management and care worker to address any concerns and reflect on learning.
- New staff were supported to complete The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- The provider met with people and their relatives prior to offering a service. This was to assess their care needs, understand their preferences and ensure the service would be able to meet their support requests.
- People and their relatives told us care was being provided in line with their needs. There were regular reviews of the care plans and risk assessments to ensure all changes of circumstances were reflected and to accommodate changes requested by people.

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

- Staff supported people to eat healthy foods and drink sufficient fluids. Where people needed support with nutrition, care plans detailed what support people required for them to eat and drink enough. One member of staff told us, "We always check people have enough to eat and we leave a drink for people when we leave." Another member of staff said, "I always make sure people have a drink. I sit with them whilst they have a cup of tea and leave another one and some water when here."
- Where people were at risk of malnutrition there were clear risk assessments in place to help mitigate the risk. This detailed actions for staff such as regularly offering food and drinks and closely monitoring how much people had to eat and drink.

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

- The care staff and management team worked closely with health and social care professionals and kept records of any interactions with them. They followed up any concerns they saw or were reported to them and recorded actions taken.
- People were supported to access appropriate healthcare. Staff showed knowledge about people's health needs and acted quickly if health conditions deteriorated. A relative told us, "[Staff] were very quick to notice a foot injury and reported this to the office and myself. A chiropodist was arranged immediately." Another relative said, "The carer is very attentive to [person's] complex health needs. They are very responsive to make sure his regular bed sores are looked after and will notify the GP or a district nurse to call if required."
- Staff supported people to live healthier lives and to exercise where possible. One member of staff told us, "I find out what music people like and I put it on and try to get them dancing." Another member of staff said, "I support one person to go walking by herself. I suggested, 'would you like to go out?' I am trying to encourage her."

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.

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 provider was working in line with the MCA and understood their role and responsibilities in supporting the legal rights of people using the service. They had ensured people had consented to their care and support. They respected people's right to make decisions and had checked if relatives held Lasting Power of Attorney (LPA). LPA gives a nominated person the legal right to make decisions on the person's behalf should they no longer have the capacity to do so.
- Care workers had received training in the MCA and were able to describe to us how they gave people choice and respected people's decisions within their day to day life. One member of staff told us, "I ask people what clothes they want to wear. I ask do they want to sit in the chair or stay in the bed and what are their food choices." Another member of staff said, "We always give people choice. We don't say, 'you need a shower' we say 'would you like a shower'. We give people time."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to log and respond to complaints effectively. This was a breach of regulation 16 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 16.

- Improvements had been made to the way the provider handled complaints. The provider had reviewed their complaints process and any complaints had been recorded, investigated by the management team, and dealt with in line with company policy.
- People and their relatives told us they knew how to complain if they needed to and they were provided with information about how to do this. One relative told us, "If there is ever a problem, they are always there to help and respond quickly. Another relative said, "I had an issue at one point...one phone call to the office soon solved that, they were very responsive."
- A complaints policy and process were in place which could be provided in different formats when required.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received person centred care that took account of their needs, wishes and preferences. One relative told us, "[Staff] are a complete God send, really attentive to [person's] needs." Another relative said, "The carer totally understands [person's] care needs, whether it is the regular carer or a temporary one."
- People told us that staff let them know if they were going to be late and they regularly had the same care staff supporting them. One relative told us, "If they think they may be a couple of minutes late due to other calls they always phone or text."
- Support was planned to give people as much choice and control as possible. One member of staff told us, "We speak to people and find out how they feel and how they want their care to be."
- People's care plans included details about their personal preferences. For example, which meals they liked and what toiletries they preferred to use when having personal care.
- The service worked with people to plan end of life care when appropriate and people had end of life care plans in place. These included whether the person wished to remain at home and any cultural preferences.

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 were asked about their communication needs during their initial assessment before their care with the service started so that this could be taken into account for planning their support.
- People's care plans included any important information about their communication needs including any sensory loss and how they may need to be supported with this. Staff we spoke with were knowledgeable about the communication needs of the people they cared for.

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 were supported to do activities that were meaningful to them and were beneficial to their physical and mental health when this was part of their care plan. These activities included going shopping and attending social groups.
- One person was supported to regularly attend a local church service that was important to them.
- People told us that that regular interactions with staff were positive for them, one relative said, "[Person] is very happy with her brilliant carers." Another relative said "[Person] loves it when they call."

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 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 17.

- Improvements had been made to the governance and oversight of the service. Systems were in place to monitor the standard of care for people and the efficiency of the service. The registered manager had implemented various quality assurance processes which were completed on a regular basis. These included spot checks on staff, regular reviews of care plans and medication audits.
- The provider had made improvements to their risk assessment process to ensure they could assess and manage risks effectively. Risk assessments were reviewed regularly by the management team to ensure they were up to date and accurate.
- People told us the management team were alert to people's needs and made changes when required. One relative told us, "I consider the service well managed and organised. If there is ever a problem, they are always there to help and respond quickly."
- There was good communication between management and staff. Any changes to people's support was communicated to staff quickly via phone call or electronic messaging.
- The provider understood their responsibilities in reporting significant events to CQC through statutory notifications.

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

- People and their relatives spoke positively about the service supporting people to achieve good outcomes. One relative told us, "The total commitment to [staff member's] responsibility gives me peace of mind and confidence in the service."
- Staff told us they enjoyed their work and were well supported by the management team. One member of staff told us, "I'm new to this company, they are very supportive." Another member of staff said, "I think it's a

good service. I do like it here."

- The provider understood their responsibilities under the duty of candour regulation. The duty of candour sets out actions that the provider should follow when things go wrong, including making an apology and being open and transparent.

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

- The provider promoted an open and inclusive culture which sought the views of people using the service, their relatives and external health and social care professionals. People told us they could speak with staff if there was anything they wished to discuss or change about the home care service they or their family member received.
- A range of methods was used to gather people's views which included regular telephone contact, care plan reviews and questionnaires sent to people and their families. One relative told us, "Their communication is very good, they phone either me or my brother or send an email. The company do keep in contact and ask for phone call feedback."
- Staff told us they were listened to by the registered manager if they had ideas to help improve people's care. One member of staff said, "When I see something we could improve I inform the office and they make changes."

Working in partnership with others

- Positive working relationships had been established with several different health and social care professionals. The provider worked flexibly with other professionals to support people to be able to get home from hospital as quickly as possible and to provide additional care to people when this was needed. One social care professional told us, "[Provider] has always been supportive and has always put the risk to clients as a priority and worked closely with us when there have been concerns."
- The provider had worked collaboratively with local system partners during a recent initiative to help with the development of new training programmes for health and social care professionals.