

My Care at Home Limited

# My Care at Home Limited

## 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 caring?          | Good ● |
| Is the service responsive?      | Good ● |
| Is the service well-led?        | Good ● |

# Summary of findings

## Overall summary

My Care at Home Limited is a domiciliary care agency. It provides personal care to people living in their own home. It provides a service to adults. At the time of this announced inspection of 5 and 7 September 2018 there were 43 people who used the service. The provider was given 48 hours' notice because we wanted to be certain the manager and key staff would be available on the day of our inspection. We also wanted to give them sufficient time to seek agreements with people so that we could visit them in their homes to find out about their experience of using the service.

At our last inspection on 28 January 2016, we rated the service overall good. The key questions safe effective, caring, responsive and well-led were all rated good.

At this inspection 05 and 07 September 2018, we found the evidence continued to support the overall rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service continued to provide people with a safe service. Care staff understood their roles and responsibilities in keeping people safe. Risks to people continued to be managed well, including from abuse and in their daily lives. The service learned from incidents to improve the service. Care workers had been recruited safely and there were enough care staff to cover people's planned visits. Where people required assistance to take their medicines there were arrangements in place to provide this support safely. Systems were in place to reduce the risks of cross infection.

The service continued to provide people with an effective service. Care workers were trained and supported to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Where required, people were supported with their dietary needs. People were supported to maintain good health and access healthcare services where needed. The service worked with other organisations in people's care to provide a consistent service.

The service continued to provide people with a caring service. Care workers had developed good relationships with people. They consistently protected people's privacy and dignity and promoted their independence.

The service continued to provide people with a responsive service. People received care that was assessed, planned and delivered to meet their individual needs. People's care records were accurate and reflected the care and support provided. Where required there were systems in place to care for people at the end of their lives. The service listened to people's experiences, concerns and complaints and acted where needed.

The service continued to provide a well-led service. A system of audits ensured the provider had oversight of

the quality and safety of the service and shortfalls were identified and addressed. There was a culture of listening to people and positively learning from events so similar incidents were not repeated. As a result, the quality of the service continued to develop.

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

We always ask the following five questions of services.

|  |               |
|--|---------------|
| <b>Is the service safe?</b><br>The safe remains safe.                | <b>Good</b> ● |
| <b>Is the service effective?</b><br>The service remains effective.   | <b>Good</b> ● |
| <b>Is the service caring?</b><br>The service remains caring.         | <b>Good</b> ● |
| <b>Is the service responsive?</b><br>The service remains responsive. | <b>Good</b> ● |
| <b>Is the service well-led?</b><br>The service remains well-led.     | <b>Good</b> ● |

# My Care at Home Limited

## 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 5 and 7 September 2018. It was an announced inspection carried out by one inspector. We gave the service 48 hours' notice as we wanted to be certain the manager and key staff would be available on the day of our inspection. We also wanted to give them sufficient time to make arrangements with people so that we could visit them in their homes to find out their experience of using the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at 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 information we held about the service including feedback sent to us from other stakeholders, for example the local authority and members of the public. Providers are required to notify the Care Quality Commission (CQC) about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

As part of this inspection, 41 CQC questionnaires were sent to relatives, staff and community care professionals. We reviewed the 13 responses received.

Inspection activity started on 5 September 2018 and ended 20 September 2018. The inspector visited the office location on 5 September 2018. We spoke with the provider's nominated individual, the manager, the deputy manager and the occupational development co-ordinator, and five care workers. We reviewed the care records of five people to check they were receiving their care as planned. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

On 7 September 2018 with their permission, we visited four people in their homes and spoke to them and

four relatives. We also looked at their care records.

On 12 and 13 September we carried out telephone interviews and spoke to six people who used the service and two relatives. We spoke with six care workers. We also received electronic feedback from two relatives and two community professionals. On 20 September 2018 we provided feedback to the management team.

## Is the service safe?

### Our findings

At our last inspection of 28 January 2016, the key question safe was rated as good. At this inspection the rating for safe continued to be good.

People told us that they felt safe and at ease with their care workers. One person said, "I have regular [care workers], they are lovely. I feel totally comfortable with them in my home. They are all very polite and respectful to me." Another person said, "I feel very safe my carers make sure when they leave my home is secure and locked." A relative told us, "My [family member] is safe and well treated."

The service continued to have systems in place designed to minimise the risks to people in relation to avoidable harm and abuse. Care workers were provided with training in safeguarding people from the risk of abuse and they understood their roles and responsibilities including how to report concerns. Where concerns had been received the service had raised safeguarding referrals appropriately. Safeguarding issues had been used to improve the service, for example, additional training to care workers when learning needs had been identified or following the provider's disciplinary procedures.

Risks to people's safety continued to be well managed. Care workers were aware of people's needs and how to meet them. People's care records included risk assessments which identified how the risks in their care and support were minimised. This included risk assessments associated with moving and handling and risks that may arise in the environment of people's homes. People, who were vulnerable because of specific medical conditions, had clear plans in place guiding care workers as to the appropriate actions to take to safeguard the person concerned. This helped to ensure that people were enabled to live their lives as they wished whilst being supported safely and consistently. Care workers told us and records seen confirmed that the risk assessments were accurate and reflected people's needs.

There were sufficient numbers of care workers to meet the needs of people. The manager explained how they did not take on care packages unless they were assured they had the sufficient number of care workers to provide the care required. They told us that the senior management also delivered care to people which helped them to maintain relationships with people and to check care workers were competent. The service continued to maintain robust recruitment procedures to check prospective care workers were suitable to work in the service and of good character.

People told us that the care workers visited within the timescales agreed at the start of the care provision and at ongoing reviews. Wherever possible people were provided with regular care workers to support continuity of care. Conversations with people, relatives and records seen showed that there had been few visits in the last 12 months that had been late or been missed. Where unexpected missed or late visits had occurred, the records showed that the cause had been addressed and people were informed. One person said, "Always two carers, punctual, always within the agreed 30 minutes. Never missed a call; reliable. They are here for a good half an hour." Another person told us the care workers were, "Always on time; no complaints." A third person commented, "The carers changed a while back but new ones came and we have settled into a nice routine. They turn up when they should and stay as long as it takes. They get everything

done."

There were suitable arrangements for the management of medicines. Most people administered their own medicines and there were processes in place to check that this was done safely and to monitor if their needs had changed or if they needed further support. One person said, "With my medication they [care workers] get it ready for me with a glass of water. Same time each time without fail, it's like clockwork." Another person told us, "The carers help me with my tablets, get me a drink so I can swallow them down."

Medicines administration records (MAR) were appropriately completed which identified that people were supported with their medicines as prescribed. People were provided with their medicines in a timely manner. Where people had medicines to be administered 'as required' protocols were in place to guide care workers on when to offer these.

Care workers were provided with medicines training and had their competency checked regularly by the management team. MAR records were audited to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and further support for care workers where required.

Care workers received training in infection control and food hygiene and understood their responsibilities relating to these areas. There were systems in place to reduce the risks of cross infection including providing care workers with personal protection equipment, such as disposable gloves and aprons. Care workers confirmed that these were readily available to them in the office and they could collect them when needed.

The management team had made changes to ensure lessons were learnt where shortfalls were identified and to reduce further risk. This had included further training and support to care workers where errors for example with medicines had been identified. In addition, the accident and incident forms were reviewed by the senior management team to ensure that appropriate actions had been taken and followed up on. The provider's nominated individual shared with us that where lessons could be learnt these were discussed in supervisions and in staff meetings.



# Is the service effective?

## Our findings

At our last inspection of 28 January 2016, the key question effective was rated as good. At this inspection the rating for effective continued to be good.

People's care needs continued to be assessed holistically, in line with best practice and current legislation. This included their physical, mental and social needs and records seen were regularly reviewed and updated. The management team and care workers worked with other professionals, such as health and social care professionals involved in people's care arrangements to ensure their needs were met in a consistent and effective way.

Care workers told us they felt supported and were provided with the training that they needed to meet people's needs. This included an induction before they started working in the service which consisted of the provider's mandatory training such as moving and handling, medicines and safeguarding. This was updated where required. In addition, care workers received training in people's diverse needs and conditions to meet the needs of people they cared for. This included, dementia, Parkinson's, pressure care and diabetes. One care worker said, "I am very happy in my job. Training is provided and it's very good."

Records and discussions with care workers showed that they were encouraged to achieve qualifications in care, received supervision, competency observations and appraisal meetings. These provided care workers with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had.

The service continued to support people to maintain a healthy diet. Where care workers identified concerns, for example, with people maintaining a safe and healthy weight or if people were at risk of choking, they contacted relevant health professionals for treatment and guidance. Where guidance had been provided relating to people's dietary needs, care workers followed the instructions and recorded this in people's care records to document how risks were reduced.

People continued to be supported to maintain good health. Conversations with care workers and records seen demonstrated that the care workers or office staff sought advice or support from health professionals when they had concerns about a person's wellbeing. One person said, "On occasion when I have felt under the weather my carer has called the GP for me."

The service worked with other professionals involved in people's care to support a coordinated approach and individual needs were met. Information in people's records was made available to support people in transition to other care services, for example if a person was admitted to hospital.

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 if the service was working within the MCA principles.

Care workers and the management team demonstrated a good understanding of the MCA and what this meant in the ways they cared for people. Conversations and records seen confirmed that care workers had received training in the MCA. Guidance on best interest decisions in line with the MCA was available in the office as well as in the employee handbooks.

People told us they were asked for their consent before care workers delivered care to them, for example, with personal care or assisting them with their medicines. One person said, "They ask me what I want to wear, what I want to eat or drink. Am I ready for my medication?" Another person commented, "They [care workers] say is it okay to start to wash you now?" A relative told us, "The carers are always asking my [family member], is there anything we can do to make you feel more comfortable?"

## Is the service caring?

### Our findings

At our last inspection of 28 January 2016, the key question caring was rated as good. At this inspection we found the rating for caring continued to be good.

People had developed positive and caring relationships with the care workers who supported them. This was reflected in the complimentary feedback we received. People told us that their care workers treated them with respect and kindness. One person said, "We are always sharing a laugh and joke, it's all very jolly, nice and friendly. They are very good, very kind." Another person commented, "My carers are very good, I enjoy their company and the things they do for me." Feedback from a person using the service in the CQC questionnaire stated, "I am very pleased with my carers and the duties they do for me."

Relatives were positive about the approach of the care workers. One relative commented, "The carers are very good, have a nice way about them." Another relative said, "The team have made my life so much easier knowing that my [family member] is visited daily. I am absolutely satisfied that my [family member] is treated with respect and patience by all the carers."

Feedback from a relative in the CQC questionnaire stated, "[Family member] has regular carers, that know [family member] and [family member] knows the carers. It's very good genuine care. [Family member] is treated with dignity and respect and we feel fully supported as a family. The office staff are also friendly, hardworking and always willing to try and help. It is a difficult job but they all play their part in helping us keep [family member] at home, which is where [family member] wants to be and what we want also."

Care workers knew about people's individual needs and preferences and spoke about people in a caring and affectionate way. Care workers and office staff spoke about people with consideration. They understood why it was important to respect people's dignity, privacy and choices. We heard this when office staff spoke with people by telephone on the day of our inspection and through interactions seen between people and the care workers and the management team during our visits to people's homes.

People's care records identified their specific needs and how they were met. The records also provided guidance to care workers on people's choices regarding how their care was delivered. People and relatives shared with us how they had been included in developing their ongoing care arrangements through regular reviews and this was reflected in their records.

People and relatives told us that the support provided by the care workers helped people to be as independent as possible. One person described how they were encouraged to be mobile and felt reassured by the presence of the care workers. They said, "When I walk with my frame they are with me. I do it myself but they are close by." People's records provided guidance to care workers on the areas of care that they could attend to independently and how this should be promoted and respected.

People's right to privacy and dignity was respected and promoted. People and relatives shared with us how the care workers closed curtains and doors and used towels to cover people's modesty when supporting

them with personal care.

## Is the service responsive?

### Our findings

At our last inspection of 28 January 2018, the key question responsive was rated as good. At this inspection we found the rating for responsive continued to be good.

People and their relatives said they were happy with the care and support provided. One person said, "My carers are ever so attentive and quick to act if I need extra help. We had a [care review] meeting the other week to check if I was managing okay. I have been poorly; taking longer to get going in the morning. We had a chat and my morning call was extended." A relative commented, "When [family member] went into hospital we contacted the office. We were concerned they would try and do too much when they got discharged. Not rest properly. The office was ever so good they added an extra visit to check [family member] was safe and well and not overdoing it"

The service continued to ensure that people's care records identified how the service assessed, planned and delivered person centred care. People had an up to date version of their care plan in their homes. The content focused on enabling language and outcomes for people. People's care records were detailed, kept under regular review and a version held securely in the office. People's care records covered all aspects of an individual's health, personal care needs, risks to their health and safety, and personal preferences. There were clear instructions for care workers for when a person needed assistance and when to encourage their independence. There were also prompts throughout for the care workers to promote and respect people's dignity.

There had been several compliments received about the service within the last 12 months. Themes included 'caring staff approach' and supporting families during difficult times.

People and relatives told us that they knew how to make a complaint and that details about how they could raise complaints had been provided. One person said, "There is information in the folder in the house." Another person described how if they were not satisfied with the care they would not be afraid to let the management know, they said, "If I wasn't happy then I would tell them straight away." A relative described how their concern had been acted on and they were satisfied with how the matter had been dealt with. They said, "We had too many carers coming and going it was unsettling. I told the office and they sorted it out. We have a regular team of carers now." Another relative told us, "We had a carer who was late. I complained to the office about this and they were very apologetic and explained that the carer had been held up with an emergency. Well that can't be helped. Never happened again."

No one at the time of our visit was receiving palliative care. However, care records showed that the service had sought the wishes and preferences of people including if they wanted to be resuscitated and these were kept under review. Care workers were able to tell us how they would ensure that a person had a comfortable and pain free death. The management team advised us they were planning further training and support to staff on advance care planning (ACP), working closely with the local hospice team and palliative care teams. ACP is used to describe the decisions between people, their families and those looking after them about their future wishes and priorities for care. A comment from a relative in the CQC questionnaire stated, "My

Care at Home provided top quality care for my [family member] right up to [their] passing. By far the best company we have received care from."

## Is the service well-led?

### Our findings

At our last inspection of 28 January 2018, the key question well-led was rated as good. At this inspection we found the rating for well-led continued to be good.

Although a registered manager was not in post, the manager had submitted their application to register with CQC and this was being processed. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 2008 and associated Regulations about how the service is run.

The management team were proactive and acted when errors or improvements were identified. They were able to demonstrate how lessons were learned and how they helped to ensure that the service continually improved.

People were positive about the service provided and the management team. One person said, "The new manager is lovely, very approachable and has listened to everything I said I wanted made it happen. You can't ask for much more."

Relatives in the main were positive about the service provided. One relative told us, "The owner [provider's nominated individual] is fantastic, caring and passionate about doing right by people. I think [they] are amazing. I have a lot of respect for them." Another relative said, "I would highly recommend the service, have nothing but praise for the carers, the office and management. They work so hard."

However, two relatives described how changes to their care workers and management had led to inconsistencies. One relative said, "Things are much better. There was a time a while back where I didn't know what was going on, who to expect. That is no good we need a routine for [family member]. Several carers left, that was hard as they knew [family member] really well and we had to start all over again with the new ones. But things have settled and the new manager seems nice, has been out to see [family member]. Communication is improving we have a rota, that helps." Feedback from a relative in the CQC questionnaire stated that, "Too many changes of staff, many don't stay long."

The manager acknowledged that there had been several personnel changes which had impacted the service but the staffing situation had settled. Records showed that they were actively recruiting to support the growth of the business. To improve communication the management team had implemented regular telephone welfare checks to check that people and where appropriate relatives involved in people's care were satisfied with the care arrangements. This was in addition to the face to face care reviews held throughout the year or which reassessed risk and people's needs. This enabled the office staff to identify and address any issues and to capture positive feedback about the care workers. Information was documented on people's records in the office and was accessible to the management team. Records reflected that people's views and experiences were valued and acted on to develop the service.

Care workers were positive about the culture of the service and told us that they felt they could approach the management team if they had any problems and that their concerns would be listened to. Morale in the workplace was good. Care workers told us they felt supported and had one to one supervision meetings and there were regular staff meetings. This enabled them to exchange ideas and be offered direction by the management team. Feedback from a care worker in the CQC questionnaire stated, "I chose to work for the service because of the high standards of care they [management] believe in. It's a great job and so satisfying. This not only due to the [people who use the service] but the support and commitment of the management team to help me to be the best carer I can be."

The service continued to carry out a programme of audits to assess the quality of the service and identify issues. This information provided oversight of what was happening in the service and contributed towards plans for the continual improvement of the service. This included audits on medicines management and the care provided to people. Care workers had their competency regularly checked through observations to ensure they were working to the required standard. Where shortfalls were identified, records demonstrated that these were acted upon promptly. For example, re writing care plans to make them more person centred or where required providing care workers with additional training and support.

The service continued to work with other organisations to ensure people received a consistent service. This included those who commissioned the service, safeguarding and other professionals involved in people's care.