

Bryson House Ltd

My Homecare Milton Keynes

Inspection report

Bletchley Business Centre, 1-9 Barton Road,
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20 January 2020
21 January 2020
22 January 2020

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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

About the service

My Homecare Milton Keynes is a domiciliary care agency, providing personal care to people in their own homes. At the time of inspection, 6 people were using the service.

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 received safe care and were protected against avoidable harm, abuse, neglect and discrimination. Risks to people's safety were assessed and strategies were put in place to reduce the risks.

Safe recruitment practices ensured only suitable staff worked at the service and staff were employed in sufficient numbers to meet people's needs.

Where the provider took on the responsibility, people's medicines were safely managed.

Staff received training that enabled them to have the skills and knowledge to provide effective care. Staff received ongoing support from the registered manager and the provider.

Where the provider took on the responsibility, people were supported and encouraged to maintain good nutrition and hydration.

People told us they were treated with kindness, compassion and respect. People and relatives we spoke with felt they had the time to develop good relationships with staff. Staff encouraged people to maintain their independence and do as much for themselves as they were able to.

Care plans reflected people's individual needs and preferences, and were updated as 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.

People's needs were assessed, and the care provided met their needs. Systems were in place to continuously monitor the quality of the service. The registered manager and provider understood their responsibilities, and worked in an open and transparent way. People and their relatives knew how to make a complaint.

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

Why we inspected

This service was registered with us on 28 January 2019 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service until we 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 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 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 well-led.
Details are in our well-led findings below.

Good ●

My Homecare Milton Keynes

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

This 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 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 20 January 2020 and ended on 22 January 2020. We visited the office location on 20 January 2020 and made telephone calls to people and relatives on 21 and 22 January 2020.

What we did before the inspection

We reviewed information we had received about the service and we sought feedback from the local authority. The provider was not asked to send in a 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 took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with one care staff member, the registered manager and the provider.

We reviewed a range of records. This included three people's care records and 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 policies and procedures were reviewed.

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.

Systems and processes to safeguard people from the risk of abuse

- People felt safe when receiving support from staff. All the feedback we received was positive about staff safely supporting people's needs.
- The provider had systems in place to safeguard people from abuse and knew how to follow safeguarding protocols when required.
- Staff had received training and knew how to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns if they needed to by following safeguarding or whistleblowing procedures.

Assessing risk, safety monitoring and management

- Risks associated with people's care had been assessed, and records provided guidance to staff on how to reduce potential risk. This included assessments on the risk of falls, choking, and the environment.
- All risk assessments we looked at were regularly reviewed and updated as required to reflect people's current needs and wishes.
- Relatives of people who use the service that we spoke with, told us they were happy that risk assessments reflected their family members needs accurately and were followed by staff.

Staffing and recruitment

- Sufficient staffing was in place. One relative told us, "The staff are always on time, we have never had any issues with timing at all." The registered manager was able to track the staff call times via an electronic system which staff used to log in and out of calls. Any discrepancies could be identified quickly and acted upon by management.
- One person told us, "The staff are consistent and on time. I know they were working very long hours, but now they have better support in place, so it's got a bit easier for them." Staff we spoke with acknowledged the company was new, and to begin with, they had been working long hours to cover the people's calls. This had recently changed with the provider (the owner) also taking on care shifts and recruitment of other staff.
- The provider followed safe recruitment practices. This meant checks were carried out to make sure staff were suitable and had the right character and experience for their roles.

Using medicines safely

- Care plans contained clear records about people's medicines so that staff were able to make sure people received their medicine safely.
- Staff were trained in medicine administration, which included medicines as and when required for specific health conditions. People and relatives we spoke with told us they were confident in staff ability in

administering medicines.

- When staff did administer medicines, we saw that this was done in a safe manner, and medication administration records (MAR) were completed accurately.

Preventing and controlling infection

- Staff understood infection control procedures and had a continuing supply of appropriate personal protective equipment (PPE) such as gloves and aprons, required when carrying out personal care.
- People and relatives we spoke with had no concerns about staff infection control procedures.

Learning lessons when things go wrong

- Processes were in place for the reporting and follow up of any accidents or incidents. No major accidents or incidents had occurred, but we saw staff recorded minor accidents, for example, a person slipping and grazing a knee, in detail. Appropriate actions were taken as a result of this.
- Staff meeting notes showed arising issues were discussed at staff meetings. This meant ongoing improvements could be made to the service people received.

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

- People told us their needs were assessed before any care was agreed and delivered, which included a meeting with the registered manager. This ensured there were sufficiently trained staff to provide the care and support required.
- Assessments reflected people's lifestyle choices and preferences to ensure people were treated equally and protected from the risk of discrimination.

Staff support: induction, training, skills and experience

- All staff undertook the Care Certificate qualification upon starting their employment with the service. The Care Certificate is a qualification that covers the basic requirements to work in care.
- Staff had been trained in areas such as medication, safeguarding adults, and infection control, and felt confident in their roles. Staff confirmed they were not asked to undertake any tasks they had not been trained for.
- A training record was kept which outlined when staff should refresh their knowledge in all areas. The provider was looking in to different training options to ensure staff knowledge remained current and up to date.

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

- The staff provided basic support for some people to prepare meals and drinks. At the time of inspection, there was no requirement to monitor anyone's food or fluid intake for health reasons.
- Care plans documented, and staff were aware of, people's dietary requirements and preferences. For example, one person's care plan documented they were allergic to a particular fruit, another person's plan said they disliked fish and spicy food. This ensured staff were fully informed about people's food preferences.

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

- People received the support they required with healthcare needs. One person told us, "I have health conditions, I have a lot of appointments to attend. This service is flexible with my care so that I can attend appointments as I need to. They understand my health needs."
- People's care plans contained details of other health and social care professionals involved in their support. Staff we spoke with had a good understanding of each person's health needs.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff demonstrated they understood the principles of the MCA and supporting people to make choices. People and relatives confirmed staff always asked for consent before providing care to people. People, or their representatives where appropriate, had signed and consented to the care being provided.

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 received support from staff who had a friendly, positive, and caring approach towards them and their family members. One person told us, "The carers are so good, they have never let me down. The registered manager provides my care, she is a wonderful person, like the sister I never had. Always goes beyond the call of duty."
- We saw written compliments which said, 'The work ethos and the staff so far all have [name's] best interest at the forefront when they are here.' Also 'You can talk to the staff and have a laugh' and '[Staff names] have been a godsend for the last 6 months or so, I just cannot imagine life without them now.'
- The staff, registered manager and provider, all had an excellent knowledge of the people being supported, and clearly had a passion to provide good quality care to them, that met their needs.

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

- People and their relatives when required, were involved in the planning of care. We saw a written compliment from a person which said, 'I am very pleased and impressed, I appreciate being involved.'
- Care plans set out how people liked to receive their care and their regular routines. People told us staff read their care plans, and were aware of their needs and able to assist them in the way they wanted. People and relatives told us that staff respected their decisions.

Respecting and promoting people's privacy, dignity and independence

- Care plans documented how staff should respect and promote people's lives and independence. For example, one care plan we saw talked about the person's old career, and how independence was so important to them, so staff could understand and respect this.
- People's personal information was not shared with people inappropriately. People's personal information was stored securely at the office location, and staff were aware of keeping information safe and data protection.

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.

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

- People received care that was personalised and staff knew and understood them. One staff member said, "[Name] loves to talk about their relative who passed away. We always stay if they need to chat about anything, we have great banter with them."
- One relative said, "[Name] gets consistent support from the same staff. They have built a good rapport with the staff and are very comfortable. Staff know [name's] needs well."
- The service was new, and had not been providing care to people for long, however, staff and management clearly understood each individual person using the service, and knew them well. People and relatives confirmed the service felt personalised and friendly, and that staff had built good relationships with them.

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 people using the service did not have any requirements for information to be presented to them in any specialised way. Staff understood people's communication needs, and the registered manager said they were able to provide information in different formats such as large print or pictorial documents, if required.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place, but no complaints had been made. One relative said, "I have not had to make any complaints, but I would feel comfortable to contact the manager if I needed to. They have been excellent so far, no grumbles at all."

End of life care and support

- No end of life care was being delivered by the service at the time of inspection. The registered manager was aware of what was required should someone require this type of support.

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

- The registered manager and staff all had good knowledge and understanding of the people they were supporting, and knew them well. One person said, "The registered manager is excellent, there are things I need to get done, and [registered manager's name] gets them done." A relative said, "I am aware of who the registered manager is and the provider. I can contact them if I need to."
- Staff told us they were happy working at the service and felt supported by the registered manager and provider. One staff member said, "I get the support I need. The registered manager has been very supportive. The provider has also become more involved in the service recently, and is supportive also."
- Staff put people at the centre of the service and provided good quality care that focussed on people's care and support needs.

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 service was new and there had not been any notifiable incidents, however, the registered manager understood information sharing requirements, and knew that when concerns had been identified, appropriate notifications should be sent to the CQC and the local authority as required by law.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their role and understood the needs of their staff team. They told us, ""Having good carers is the stable base of the business. It's important the carers get the support they need to make sure the care remains good." The provider, who also carried out care calls said, "I know what the carers need, I do care calls, so I understand the difficulties, and the need for enough time to get from one call to another."
- Staff were clear about their roles. All the staff we spoke with understood their responsibilities, and who to go to for help should they need it.

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

- Feedback was gathered from people and their relatives, both formally, and informally on a regular basis. We saw feedback sheets that had been completed by people using the service, which contained positive comments about all aspects of their care.

- The service was small. There were two full time staff members, the registered manager, and the provider, but meetings were held to formally discuss the service. All staff regularly communicated on a daily basis via phones and messaging services.

Continuous learning and improving care

- Audits and checks had been carried out to check on quality. For example, daily notes made by staff and MAR were regularly checked. We saw examples of when minor errors had been found, and actions created to address them.
- The provider had a positive attitude about the future of the service and told us that whilst they wanted to grow in size and gain more clients, they were aware of the need to do this slowly so that it was manageable, and that staffing levels could cope safely.

Working in partnership with others

- The service was new and as yet had not had the need to work alongside local authorities who part funded some people's care. Contact with health professionals was made promptly to ensure joined up care was effective and met people's needs.
- The registered manager and provider were open and receptive to feedback during our inspection.