

Homeserve 4 Care Limited

# My Homecare Barnet

## Inspection report

Highview House 165-167  
Station Road  
Edgware  
HA8 7JU

Tel: 02036328772

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

My Homecare Barnet provides personal care services to people in their own homes. At the time of our inspection two people were receiving a personal care service.

### People's experience of using this service

Risks were not consistently well managed. Staff did not always have the information they needed to follow a consistent approach to ensure risks of harm and injury were minimised.

People told us people they were happy with the care and support they received because they felt safe and all their needs were met by kind and caring staff.

People had access to healthcare services and were involved in decisions about their care. Partnerships with other agencies and health professionals had not yet been established.

Staff had completed safeguarding training and understood their role in identifying and reporting any concerns of potential abuse or poor practice.

Staff had undertaken training so that they were skilled and knowledgeable to effectively meet people's needs. Staff understood their responsibilities to report any concerns.

Staff encouraged people to be as independent as possible and respected people's privacy and dignity. Staff knew people well.

People told us that staff were able to meet their needs and were respectful of their individual preferences. Care plans lacked information about each person's individual support needs and preferences in relation to their care.

We were not assured about the management structure of the service. Management oversight was poor and there was not a registered manager in post

Recruitment practices were safe and relevant checks had been completed before staff worked at the service.

Staff had a basic understanding of the principles of the Mental Capacity Act 2005 and understood the importance of gaining consent from people.

People confirmed the service did not miss any care calls and that staff were always on time.

People received care and support from a small group of staff, which provided consistency.

The service actively sought the views of people and their relatives about the running of the service and they dealt promptly with any concerns that people raised.

Rating at the last inspection

The service was registered with us during November 2018 and this was their first inspection.

Why we inspected

This was a routine inspection; the service had not been inspected since it was registered with us.

Enforcement

We have identified breaches in relation to Regulation 12 – Safe Care and Treatment and Regulation 17 – Good Governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner. For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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 finding 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 not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led

Details are in our well-led findings below.

**Requires Improvement** ●

# My Homecare Barnet

## 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 planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

My Homecare Barnet is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had recently recruited a manager who was in the process of completing their recruitment checks and registering with the Care Quality Commission as the registered manager. This means 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 carried out the inspection visit on 19 October 2021. It was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available at their office.

#### What we did

Before our inspection, we reviewed the information we held about the home which included statutory notifications and safeguarding alerts. The provider was not asked to complete the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make .

During our inspection we went to the service's office and spoke with the nominated individual. We looked at

two care records and three staff records; we also looked at various documents relating to the management of the service. After the inspection visit, we spoke to two care staff, one relative and one person who used the service.



# 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 as requires improvement This meant people did not consistently receive a safe service and were not always protected from avoidable harm

Assessing risk, safety monitoring and management;

- The service did not identify risks associated with people's safety, health and care needs .The service did not record the risks and guidance on how to manage them.
- For example, one person had a long-term condition affecting their mobility. There was no risk assessment in place to instruct staff on how to manage such conditions and there was no manual handling risk assessment in place.
- Environmental risks and potential hazards within people's homes had not been identified or recorded.
- The nominated individual assured us that they would be taking immediate action to address this issue.

We found no evidence that people had been harmed however systems were either not in place or robust enough to demonstrate risks were effectively managed. This placed people at risk of harm.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People we spoke with told us they felt safe using the service, one person told us "I feel very safe with my care staff."
- The service had systems in place to protect people from abuse and avoidable harm. Staff had received training in safeguarding knew what to do and to whom to report if they had any concerns about people's safety.
- A member of staff told us "We always make sure people are safe and would report straight away."

Staffing and recruitment

- The service followed a recruitment policy so that they were as sure as possible that people were suitable to work at this service. They carried out checks, such as criminal record checks and references.
- People were supported by enough staff to meet their needs. Staffing arrangements provided the flexibility to meet people's changing needs whilst ensuring consistent care. Everyone we spoke with confirmed that they had regular carers which gave them continuity in their care. People also recognised that some changes in staff were unavoidable due to sickness and holidays.
- People described the staff as reliable and confirmed that they stayed for the agreed length of the visit and only left earlier if asked to do so.
- People and their relatives told us they knew the staff well and had built good working relationships with them.

#### Using medicines safely

- The service was not currently supporting any people with their medicine management.
- Policies and procedures were in place in relation to medicine management and staff had received suitable training in this area.

#### Preventing and controlling infection

- The service had systems in place to make sure that infection was controlled and prevented as far as possible.
- Staff had undertaken training and were fully aware of their responsibilities to take appropriate measures to protect people from the spread of infection.
- This inspection took place during the COVID 19 pandemic. The nominated individual reported that they had taken action to ensure staff followed appropriate infection control practices. This included ensuring there was a good stock of personal protective equipment known as PPE (gloves, masks, aprons) and that staff were regularly tested.

#### Learning lessons when things go wrong.

- The nominated individual said that the service was aware of the need to learn if situations had gone wrong, and had a system in place.



# 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. 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's preferences and care needs had been recorded and those who used the service were given the opportunity to be involved in the care planning process.
- The service considered protected characteristics under the Equality Act. For example, they asked people about any religious or cultural needs they had so that they could plan for those needs to be addressed. Staff were aware of equality and diversity issues.

Staff skills, knowledge and experience

- Staff had undertaken training in a range of topics so that they could do their job well.
- People told us they had confidence in the staff and their abilities. One person who used the service told us "They are skilled in what they are doing."
- Staff felt very well supported. They had regular contact with the nominated individual. A staff member told us "I find the owner very helpful and available to discuss any concerns I have."

Supporting people to eat and drink enough with choice of a balanced diet

- The service was not currently supporting people with their meal preparation.
- Staff had received training in nutrition and hydration.

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

- People or their families, arranged their own healthcare appointments. Staff told us they would contact the office, who would then liaise with the relatives, if people were unwell.
- Staff spoke knowledgeably about people's health needs but had not yet sought guidance and support from health professionals.
- Staff understood how to access healthcare professionals when required.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- People told us they were encouraged to make decisions for themselves and felt involved in making choices wherever possible.
- Staff spoke to us about how they obtained consent from people before providing care.

# 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. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us that staff were kind and caring.
- Staff we spoke with were knowledgeable about people's preferences, personalities and things that were important to them. This indicated staff had caring relationships with the people they looked after.
- People told us their individual needs and wishes in respect of their values, culture and religion were respected.

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

- The nominated individual told us they phoned people regularly to obtain their views on the care they receive. People we spoke with confirmed this.
- Staff told us that they had enough time to engage with people to make sure that each person had everything they needed, and that travel time was kept to a minimum.
- People who used the service confirmed that they usually had their needs met by a small group of staff and that they always knew who was going to be visiting them.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values
- People were supported to be as independent as possible. Care plans reflected what people were able to do for themselves and how to encourage them to do this.
- A member of staff told us, "We always encourage people to do as much for themselves as possible, my client likes to butter his own bread and brush his hair."
- People's personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.
- People had no concerns about the way staff treated them. Staff described ways they protected people's privacy and dignity, such as knocking on doors and closing the curtains.

# 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 requires improvement. This meant people's needs were not always met

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans lacked individuality and did not provide sufficient detail in relation to people's preferences such as routines and things important to them .
- Some care plans and assessments lacked specific details on how staff should support them with daily tasks such as moving and transfers, personal care and eating and drinking.

We recommend the provider seeks guidance and advice from a reputable source, in relation to person-centred care planning.

- We discussed this with the nominated individual who acknowledged what individualised care meant. They assured us they would review peoples care plans accordingly

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.

- Where people had specific needs relating to the way in which they communicated, or the support required around their communication, this was recorded within the person's care plan.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff explained the importance of developing and maintaining relationships with people they supported to avoid social isolation.

Improving care quality in response to complaints or concerns

- People were given information about the service and how to complain when they first started to receive support from the service.
- People told us they knew how to complain if they needed to and felt confident that they would be listened to.
- The complaints procedure explained how to make a complaint and set out how people could expect any concerns or complaints to be dealt with.
- The service had not received any complaints to date.

End of life care and support

- The service was not providing end of life care to anyone at the time of our inspection.

# 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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- We found a lack of quality monitoring systems to ensure care was delivered effectively and in line with standards. Spot checks to people's homes were carried out to assess the care and treatment they received but these were not enough to identify issues with risk assessments and person-centred care
- We were not assured about the current management structure of the service. Management oversight was poor and there was not an experienced manager in post
- However, People and relatives expressed confidence that the service was well run.
- Records such as care plans, and assessments were not always signed and dated. There was no evidence that these records were being checked for quality assurance.
- There was insufficient evidence of continual improvement and quality assurance systems in place.

Whilst we found there was no evidence that people had been harmed as a result of the issues identified above, systems were not robust enough to demonstrate that there was adequate oversight of the quality of care at the service. 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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The care staff were motivated and caring. People and staff told us the nominated individual was very approachable and that they would have no hesitation in raising concerns or making suggestions.
- Staff said they felt comfortable to put forward any ideas they may have to improve the care, support or wellbeing for people and were confident these would be acted upon.

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 12 HSCA RA Regulations 2014 Safe care and treatment  Systems were either not in place or robust enough to demonstrate risks were effectively managed. This placed people at risk of harm

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems were either not in place or robust enough to demonstrate that there was adequate oversight of the quality of care at the service. This placed people at risk of harm