

ZB Homecare Ltd

# My Homecare Hertfordshire

## 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

### About the service

My Homecare Hertfordshire is a domiciliary care agency providing personal care to people some of whom may live with dementia in their own homes or flats. At the time of the inspection four people were supported with personal care needs.

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

People using the service could not give us feedback about the care and support they received due to living with dementia. We spoke with their family members some of whom lived in the same home and were able to observe how staff interacted with people.

Family members told us they were very happy with the service and they felt people were safe. Staff never missed a visit and if they were late the office staff alerted family members.

People were supported by the same members of staff which meant staff knew what risks were involved in people's care and mitigated those. The registered manager completed risk assessments to ensure they could lower any risk to people's health and welfare. Staff were recruited safely.

Staff were happy with the support and the training they received to understand their roles and responsibilities. The registered manager was a member of a local care provider association. This helped them keep up to date with legislation, training for staff and current best practice guidance.

Where there was a need staff supported people to have food and drinks. 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. The registered manager was working on completing mental capacity assessments for people who may have lacked capacity to take certain decisions.

Family members told us that staff and the registered manager were very caring, respectful and protective of people's dignity and privacy. They told us how the registered manager and staff spoke to people and involved them in the care and support they received even if they were not able to understand or respond verbally.

The registered manager was working to develop people's care plans with more personalised detail, they and staff observed and learnt by supporting people over a period of time. Family members told us the care and support people received was as people preferred.

People using the service had not relied on staff for support to maintain relationships to avoid social isolation. However, the registered manager and staff worked together with family members to fulfil people's wishes.

The registered manager was in daily contact with people, family members and staff. They had an in-depth knowledge about every person using the service. They were spot checking staff working practices, gathered feedback from people and family members. They were also developing more in-depth governance systems to ensure when the service was growing, they could effectively assess the quality and safety of the care people received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 16 April 2019 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

## 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 Hertfordshire

## Detailed findings

### Background to this inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### 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.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced. We contacted the registered manager on the 24 March 2022 to ensure they were able to support the remote inspection process.

Inspection activity started on 24 March 2022 and ended on 19 April 2022. During this time, we contacted family members, social care professionals and reviewed documents we requested from the registered manager. Between the 24 March 2022 and 10 April 2022, we reviewed documents we received from the

registered manager. On 04, 17 and 18 April 2022 we received feedback from social care professionals, family members and staff about the service.

#### What we did before the inspection

We reviewed information we had received about the service. 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.

#### During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls, e-mail and phone calls to enable us to engage with people, family members, staff and electronic file sharing to enable us to review documentation. We received feedback from three family members, one social care professional, three staff and the registered manager. We reviewed three people's care records, staff's training records, recruitment. Other documents including policies and procedures were discussed and reviewed during this inspection relevant to how the service operated.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 of 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; Learning lessons when things go wrong

- Family members told us, the care people received was safe and met their needs. One family member said, "I am so lucky, they [staff] are very good and keep [person] safe. I can go out now and do my shopping because they look after [person] very well."
- Staff received training and knew how to report their concerns internally to their managers and externally to safeguarding authorities. One staff member told us, "Safeguarding did play a large part of the training and I know that I just need to record and report to my manager who is very quick to sort things out. I feel confident and at ease with the process and know how to raise issues outside of [service] such as to the [local authority] or the CQC."
- The registered manager reported their concerns to local safeguarding authorities and CQC as needed. We saw one example when the safeguarding authority referred a person to the service and the registered manager successfully implemented a protection plan and supported the person and their family members safely.
- Lessons were learnt and shared with the staff team through meetings. The registered manager told us, they were looking to develop the lessons learnt process more robustly as the service was growing.

Assessing risk, safety monitoring and management; Using medicines safely

- Risk assessments were in place to check if people were at risk of harm.
- Staff had been allocated to support the same people and knew how to support people safely to lower the risk. One staff member told us, "If there are any changes in needs or risks, they are sent to me by text or left in the care plan or by phone."
- The registered manager was in the process to update people's care records with additional risk assessments for people if they were at risk of choking, or developing pressure ulcers. They told us they were developing these to raise staff's awareness although in some instances staff were not supporting people with these needs.
- At the time of the inspection staff were not supporting people with their medicines. However, we saw from previous support to a person that safe medicine management processes were followed.

Staffing and recruitment

- Family members told us, and records confirmed that staff had not missed any visits. They said in the rare occurrence when staff were late, they were alerted by the registered manager.
- Staff had been recruited safely with pre-employment checks completed including references as well as criminal record checks to help ensure they were suitable to work with vulnerable people.

## Preventing and controlling infection

- Staff told us they had infection control training and knew how to safely put on and take off their personal protective equipment (PPE)
- One staff member said, "My manager has explained the processes well to me and the training was very good, we have had PPE training, COVID-19 and Infection control and prevention training. This was part of the induction training as well as being part of the care certificate training."



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

- People's needs were thoroughly assessed before they joined the service.
- The registered manager visited people in their home before they commenced a service so they could assess the environment as well as gain an understanding of what people and their family members wanted from the service.
- Nobody currently using the service needed support from staff with eating and drinking. However, staff received training to know how to safely handle foods if a person would require support from them.

Staff support: induction, training, skills and experience

- Staff received training and one to one support to understand their role and people's needs.
- Newly employed staff received an induction training and worked alongside a more experienced staff member until they were ready to work on their own. One staff member said, "I'm happy with the training provided. I'm being listen to and can discuss any concerns with my manager." Another staff member said, "One of the best parts [of the training provided] was going out with an experienced member of the care team and doing shadow shifts followed by supervised shift and then I felt confident and ready to go solo. I got to watch and do [the support] which really builds confidence."
- Family members felt staff were well trained because they were able to fully meet people's needs.

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

- The registered manager was still developing good working relationships with the local authority and commissioners as there were plans in place to grow the service.
- A social care professional told us, the people they referred to My Homecare Hertfordshire were happy with the support they received and had no complaints. They told us the service was responsive and effective in supporting people in their own homes.
- Staff supported people to access health care appointments and the GP service if they needed this support. Staff contacted emergency support services if people's needs changed suddenly and they needed immediate medical attention.

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.

- Family members told us, staff always asked people for their consent for the care and support they provided, even if people were not always able to understand or communicate their decision.
- Staff told us they always involved people in their care and asked for consent. One staff member said, "I never assume [agreement] and always check if it is ok to proceed with what I am doing, and I always tell [person] what I am doing."
- Care plans detailed if people lived with dementia and they could not take certain decisions and the name of their family member who acted in their best interest, however mental capacity assessments were not always in place. The registered manager told us they were in the process to develop these.

# 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; Respecting and promoting people's privacy, dignity and independence

- Family members told us staff were caring and respectful. One family member told us, "Yes, all the [staff] are very caring and kind." Another family member said, "My life is better because they look after [person] so well. They are lovely and kind."
- The systems and processes in place promoted a caring and supportive culture. The registered manager ensured as far as possible the same staff members were allocated to people. They told us, continuity was important especially for people who lived with dementia.
- The registered manager and staff promoted people's equality and diversity needs. For example, a person due to their dementia progressing reverted back to speak their native language. The registered manager ensured a staff member who spoke the same language was allocated to support the person.
- Staff understood the importance of protecting people's dignity and privacy. One staff member said, "I always follow my training when dealing with dignity and respect. If I have to [provide personal care] I do it with the minimum of exposure, with doors closed or open depending on the wishes of the person. I always ask how they would like me to do things for them. I never discuss anything about people with anyone other than my manager or will leave a note for the next staff in my daily log which is kept on site."

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

- One family member told us, "Yes, we had a comprehensive discussion at the beginning and the service was designed to meet [person's] needs. One or two tweaks have been successfully enacted since then."
- The registered manager was regularly talking to family members and people. Any feedback or changes to the support people received were promptly implemented.

# 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; 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

- Family members told us people received support the way they liked it. People appreciated the continuity of the staff and formed trusting relationships with them. One family member told us, "They talk to [person], they have a laugh. [Person] really likes [staff] they are very good."
- Staff knew what people liked and disliked. One staff member said, "I have the same [people] and I visit at the same time each day. This is good for them and me. I know what they like and how they like things done."
- The registered manager was developing people's care plans to ensure all personalised information was included. This was done to help staff with guidance in not just what they had to do, but also how people liked to receive their support.
- People using the service had not relied on staff's support to protect them from social isolation. They lived with their family members. However, where staff become aware of special wishes people had, they tried to fulfil these. For example, a person in their younger years travelled a lot in their favourite motor vehicle. The registered manager arranged for a drive with the person in a similar vehicle. They told us how the person was cheering and smiling the whole time talking about special memories from their past.

### 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's care plan detailed their communication needs and preferences.
- The registered manager ensured by allocating the appropriate staff with the right skills to meet people's communication needs.

### Improving care quality in response to complaints or concerns

- Family members told us they had no complaints about the service. They found the staff and the registered manager quick in resolving any concerns and they had no need to complain formally. One family member said, "The registered manager is always available by phone and listens to any concerns and acts on them."
- Concerns raised were discussed with staff and lessons were learnt to improve the service.

### End of life care and support

- The registered manager was still developing this area of the service. They booked staff on training to

ensure they could meet people's care needs nearing the end of their life.

- Not all care plans captured people's end of life care needs. The registered manager told us they started the process to further develop care plans and ensure all the information needed was captured in these.

# 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; Continuous learning and improving care

- Family members and social care professionals we spoke with praised the leadership at the service. One family member said, "The [registered manager] is available, listens and helps when they can. I think it's a well-run service." Another family member said, "A plus point with My Homecare Hertfordshire, compared with our previous provider, is continuity of the carers."
- Staff told us the registered manager promoted a positive and inclusive service. One staff member said, "The people I have met and work with are happy and like the care that is provided and the attention to the little things too. I would have to say I have no doubts that the service is well run and is a good service."
- The registered manager was committed to ongoing development for the whole staff team. They told us they were developing the staff team to ensure they were skilled and knowledgeable before the service accepted new people.
- The registered manager worked with a local care provider association and enrolled staff on training to further develop their skills. For example, staff were enrolled on diabetes awareness courses, leadership, positive behaviour support and end of life training.

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

- The provider understood their responsibilities under duty of candour and continued to notify CQC of incidents they were legally obliged to.
- Staff understood the importance of their roles and responsibilities. They were able to clearly describe what concerns required reporting.
- The provider had quality assurance systems in place which enabled them to closely monitor the quality of the service they provided. Checks were completed daily, weekly and monthly by the registered managers to identify areas to improve and to maintain the health and wellbeing of staff and people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People had continuous opportunities to provide feedback about the service they received. The registered manager visited or called people and family members regularly for their feedback about the care they received.
- There were good working relationships developed with health and social care professionals. The

registered manager ensured they were keeping in close contact with funding authorities about the support people received and their progress.