

MAY'S HOMECARE LIMITED

May's Homecare Limited

Inspection report

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Date of inspection visit:
18 May 2022

Date of publication:
24 June 2022

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

May's Homecare Limited is a domiciliary care agency that provides care and support to people in their own home at the time of this inspection, six 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

Our last inspection identified shortfalls related to the running of the service. Governance of the service was ineffective, and the provider did not have systems and processes in place to monitor service delivery effectively. The shortfalls we identified related to the lack of adequate assessment of risks to people's health and wellbeing and risks associated with delivering care. Further shortfalls concerned recruitment procedures, working alongside external health and care professionals, the lack of personalised care planning, and limited managerial oversight of the service.

At the last inspection, we found several breaches of legal requirements. We issued a warning notice to the provider and requested an action plan be sent to us to show us how the service was going to improve care. At this inspection we found improvements had been made in areas of concern, the issues raised in the warning notices and most of the breaches had been addressed. However, the service had not sufficiently addressed the issues relating to recruitment of staff until after our inspection visit.

Risks to people were assessed and regularly reviewed. Staff understood the actions needed to minimise the risk of avoidable harm including the prevention of avoidable infection. Staff had completed safeguarding training and understood their role in identifying and reporting any concerns of potential abuse or poor practice.

Staff were committed to providing a high-quality service. They had undertaken training so that they were skilled and knowledgeable to effectively meet people's needs.

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

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 were given choices about the way in which they were cared for. Staff listened to them and knew their needs well. Care plans contained information about the person's individual support needs and preferences in relation to their care and we found evidence of good outcomes.

People told us that staff were able to meet their needs and were respectful of their individual preferences. 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 registered manager of 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.

The provider had improved systems in place to monitor and improve the quality and safety of the service provided.

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

Why we inspected

We undertook this inspection to check the provider had followed their action plan, and to confirm they now met legal requirements related to the Warning Notice and the breaches of the regulations. We carried out a full comprehensive inspection covering all five domains, safe, effective, caring, responsive and well-led.

Rating at last inspection

At the last inspection we rated this service requires improvement (published 23 November 2021)

The provider completed an action plan after the last inspection to show what they would do and by when to improve. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mays Homecare Ltd on our website at www.cqc.org.uk

Enforcement and Recommendations

We have identified a breach in relation to the governance of the service, and made a recommendation in relation to staff recruitment processes.

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 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 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 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 effective.

Details are in our effective findings below

Good ●

Is the service well-led?

The service was not always well-led

Details are in our well-led findings below.

Requires Improvement ●

May's Homecare Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was undertaken by two inspectors and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service.

Service and service type

May's Homecare Limited is a domiciliary care agency. It provides personal care to people living in their own homes.

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

We carried out the inspection visit on 18 May 2022. It was announced. We told the provider two days before our visit that we would be coming. We did this because the registered 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 inspection

We reviewed the information we held about the home which included statutory notifications and safeguarding alerts. The agency 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 the inspection

We went to the service's office and spoke with the nominated individual, the registered manager and three care workers. 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 with four relatives of people 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. At the last inspection this key question was rated requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12

- The staff assessed all potential risks to people and put guidance in place so that the risks were minimised. Risk assessments were developed that maximised people's independence and ability to remain in control of their life.
- Risk assessments related to falls, moving and handling, using a wheelchair. Skin integrity, pain management, nutrition and hydration now were in place.
- Environmental risks and potential hazards within people's homes had been identified and were managed appropriately.
- The agency had systems in place to protect people from abuse and avoidable harm. Staff knew what to do and to whom to report if they had any concerns about people's safety.
- People we spoke with, told us they felt safe using the service. Comments included "Yes she is safe but sometimes she says I don't want this today and we don't force her". And "yes, they treat her well, yes she is safe. She knows the person and she recognises them, so she is calm."
- A member of staff told us, "We can always tell if something is wrong, people are a bit nervous or quiet, we get to know people well and speak their language so we know when something is wrong."

Staffing and recruitment

- At our last inspection the provider could not assure us that they obtained satisfactory references from staff's previous employers.
- Although there had not been any new staff recruited since our last inspection the references that were on file at our last inspection still did not have a company stamp or any accompanying documents to show that the previous employer had issued these documents. However, the agency had updated these documents soon after our inspection visit.
- We found no evidence to suggest that staff employed at the service were not of good character. However, the lack of satisfactory information about the most recent conduct could lead to an unsuitable person being

employed by the service.

- We also found that two application forms had not been adequately completed, to enable the service to determine who they should request references off. By the time of writing this report these issues were resolved.

We judged that these issues related to overall governance and adds to the evidence for a continued breach of Regulation 17.

We recommend that the provider reviews the latest guidance on recruitment and ensures that references for any new staff employed have references that have been verified by their previous employers.

- Other recruitment checks had been completed. This includes undertaking a criminal record check to ensure that a prospective employee had not been barred from working with vulnerable adults and employees right to work in the UK.
- 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.
- 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 told us they knew the staff well and had built good working relationships with them.
- Staff told us their rota was planned and there was enough travel time included between each visit. Staff confirmed if they were running late, the office was contacted so they could let people know.

Using medicines safely

- At the time of this inspection the service was not supporting anyone with their medicines.
- However, policies and procedures were in place to support the safe management and administration of medicines, when this support was required

Preventing and controlling infection

- The agency 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.
- Care staff had access to the required PPE including gloves, aprons and masks. Staff also participated in the organised testing regime to minimise the risk of transmission of COVID-19 to people.
- A relative told us "They never take off the masks or gloves. They wash hands more."

Learning lessons when things go wrong

- The service had a system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated requires improvement. At this inspection this key question has changed to good.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff skills, knowledge and experience

At our last inspection there was lack of suitable oversight of staff. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18

- Staff had undertaken training in a range of topics so that they could do their job well. This including specialist training for the use of hoists and managing hepatitis.
- A relative told us "Yes, the carer has training. When he falls, they know how to do it. They have experience."
- Staff received an induction and newly employed staff were given the opportunity to shadow a more experienced member of staff depending on their level of experience, competence and professional qualifications already attained.
- All staff were supported to complete the 'Care Certificate'. The 'Care Certificate' is a set of standards that social care and health workers should adhere to in their daily working life.
- Supervisions were happening to allow staff the time to express their views and reflect on their practice. These comprised of face-to-face meetings and 'spot check visits.' The latter enables the provider's representative to observe the member of staff as they go about their duties and check they are meeting the organisation's standards and expectations
- Staff felt very well supported. One staff told us "We are very well supported the manager is always available to us."

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 and their families were given the opportunity to be involved in the care planning process.
- A relative told us, " They visited us and asked everything."
- The registered manager 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.
- The majority of people who used the service were Somalian and there were a number of Somalian staff employed which ensured effective communication and ensured that their cultural needs could be met.

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

- People were encouraged to get involved in decisions about what they wanted to eat and drink.

- Staff demonstrated a good understanding of how to ensure people had adequate nutrition and dietary preferences were set out in people's care plans.

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

- The service documented people's health conditions in the care plan and carried out observations during each visit to check for improvement or deterioration.
- People's care plan had details of their GP and any other health professional's involvement.
- People had access to health professionals as required. If staff were concerned about a person's health and wellbeing, they would relay these concerns to the provider and registered manager for escalation and action
- Information available showed people experienced positive outcomes regarding their health and wellbeing.

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

At our last inspection the provider did not have the system to assess people's capacity to make decisions and that the best decisions process was always followed. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11

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 them of their liberty. We checked whether the service was working within the principles of the MCA.

- The agency completed their own mental capacity assessments where appropriate to check whether people could make decisions about their care. Where people were unable to express views, the provider sought support from people's families and referring social care professionals.
- 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.
- A staff member told us "We always ask and give options."
- A relative told us "They always ask whatever she wants. If she wants a bath or a shower."
- Staff confirmed that they had undertaken training in relation to the MCA.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

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. Comments included, "Yes they are kind, they answer quickly, they do the job, they are good people". And "They are very patient and respectful."
- 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

- People and their relatives confirmed they had been involved in decisions about their care and support and this had been used to develop their support plan.
- People and their relatives had been given the opportunity to provide feedback about the service through the undertaking of reviews and telephone calls.
- 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 always had their needs met by a small group of regular 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.
- A relative told us "I like the way they treat her, and she can be quite difficult. They don't rush her and don't say their time is finished. They always talk to her."
- People confirmed they were supported by staff to be as independent as possible and were actively encouraged to do as much as they could for themselves according to their individual abilities and strengths.
- A staff member told us "I give people as much help as they need and encourage them." Another staff member told us "We always ask and give options for example what they want to wear."
- 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.

At the last inspection this key question was rated requires improvement. At this inspection this key question has changed to good.

People's needs were met through good organisation and delivery.

At our last inspection there was a lack of robust care planning around people's needs and choices placed people at risk of receiving care that was not responsive to their needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

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

- Care plans had been improved and detailed clearly how the person wanted their needs and preferences met.
- The care plans were individualised and personalised and examples included "I like you to use the white colour flannel and use liquid soap directly on to the flannel "and, "Whilst scrubbing my hair I would like you to pour water and spread towel over my head and gently."
- People told us they were happy with the care and support provided.
- Staff confirmed they checked people were happy and had everything they needed before they left them.
- Each person's plan was regularly reviewed and updated to reflect their changing needs. People confirmed that staff either knew how they liked things to be done or they felt very able to guide staff in how they wanted things.
- When people's needs changed this was quickly identified and prompt, appropriate action was taken to ensure people's wellbeing was protected.

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.

- People's communication needs were assessed, and this was recorded in care plans, so staff knew the preferred way to communicate with people.
- Most people who used the service did not have English as a first language and this was clearly reflected in their care plans

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 formal complaints to date.
- A person told us "I would tell the manager or the office. I don't have problems."

End of life care and support

- At the time of the inspection end of life care was not provided.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated requires improvement. At this inspection this key question has remained the same.

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.

At our last inspection the systems were either not in place or robust enough to demonstrate the service was effectively managed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: We issued the warning notice about Regulation 17 (Good Governance).

Whilst improvements have been made, we judge that there remains a breach of regulation 17.

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

- Although the service was small, and people told us there were no missed care visits There was still no formal monitoring system used to monitor late and missed calls. Therefore, we could not evidence if all care visits took place as agreed. The service had procured an electronic call monitoring system, (ECM) but this was not yet in use and the registered manager was not able to demonstrate that she understood how to use it to monitor performance. We were sent an action plan for the implementation of the ECM following our inspection visit.
- We were concerned that although there had been no additional recruitment since the last inspection, issues of concern raised with the recruitment process had not been rectified since the last inspection. Despite the registered manager being in post on increased hours since the last inspection, lack of appropriate references had not been addressed. This showed a lack of oversight by the registered manager.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate effective governance of the service. This placed people at risk of harm. This was a repeat breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In other ways, managerial oversight of the service had improved. There was a newly recruited nominated individual, who was also the director at the service and participated in aspects of service delivery and was providing support to the registered manager.
- The agency had introduced suitable quality assurance processes in place to ensure people received safe care.
- The agency assessed risks to people health and wellbeing. When risks had been identified there was

enough guidance for staff to provide safe care to people.

- The agency had now assessed the risks to the health and wellbeing of staff employed by the service. There were risk assessments related to the COVID-19 pandemic and the provider had put measures in place to protect staff
- The agency now monitored staff's direct work with people in their homes. Staff received supervision and the managers visited them at people's homes. supervision and spot check records were now in place and recorded and staff told us they were well supported.
- The agency had made improvements in relation to consent to care and mental capacity assessments were now in place.
- The service had updated their business continuity plan that outlined what actions should be taken in case the service had to deal with difficult situations, for example, a sudden absence of a member of the management team or staff illness.
- Improvements had been made in the care planning process and care plans provided the necessary details and preferences of the person.

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; Continuous learning and improving care

- People using the service, relatives and staff were complimentary regarding the registered manager and said the service was well managed. Comments included, "The service is good and managed" and "They are excellent, he is happy, and I am happy I like the way they treat him and care for him. I like the way they answer my questions."
- The quality assurance arrangements monitored the experience of people being supported and how risks to people using the service and the quality of the service were managed. This information was used to help the registered manager drive improvement, including the monitoring potential trends and lessons learned.
- The registered manager understood the importance of their role and responsibilities. They demonstrated a commitment to providing good care for people using the service, providing support to staff employed within the service and ensuring compliance with regulatory requirements was achieved.
- Staff were positive about working at the service and told us they were supported by the registered manager. Comments from staff included "the manager is a good person, always available to help us, even out of hours" and "she is a good manager and always make sure we are alright."
- The registered manager knew their responsibilities in line with regulatory requirements. They knew to notify CQC of incidents and events occurred at the service.

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

- Effective arrangements were in place for gathering people's views of the service they received and those of people acting on their behalf.
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service
- People confirmed the organisation completed 'spot checks' on their staff to ensure they were following their policies and procedures and providing appropriate care and support.

Working in partnership with others

- Information showed the service worked closely with others, for example, the Local Authority and healthcare professionals and services to support the delivery of care provision.

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 17 HSCA RA Regulations 2014 Good governance The registered person did not operate effective systems to: Assess, monitor and improve the quality of the service.