

My Homecare Assistance Limited

My Homecare Harrogate

Inspection report

Office 14 Knaresborough Technology Park
Manse Lane
Knaresborough
HG5 8LF

Tel: 01423797974

Website: www.myhomecare.co.uk

Date of inspection visit:
17 August 2022

Date of publication:
20 September 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

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 Harrogate is a care at home service providing personal care to 20 people in their own homes. 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 were supported to have choice and control of their own lives where possible and where people needed support from others to make decisions or lacked capacity this wasn't always recorded appropriately. We have made a recommendation in the effective key question of this report to improve these practices.

People and their relatives gave us mixed feedback regarding their call times and the manager confirmed recent staffing issues had impacted on some calls and recruitment plans were in place to resolve this.

People received person-centred support and staff knew people well. People and their relatives told us they were happy with the care they received. Peoples care plans covered all aspects of people's lives and their preferences to ensure a personalised experience. People's health and well-being needs were supported from the staff team who encouraged people to develop. People were empowered to have their say and to exercise their rights. Access to an advocacy service was available and used when needed.

Medicines were safely administered and recorded accurately. Individualised risk assessments were in place. Staff were confident they would raise concerns to safeguard people. Robust recruitment and selection procedures ensured suitable staff were employed. Staff were recruited safely and were trained to support people's individual needs while ensuring their safety. People were supported by staff who encouraged people's independence and were trained in dignity and respect.

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

Rating at last inspection

This service was registered with us on 18 June 2021 and this is the first inspection.

Why we inspected

This was a planned first rating inspection. We looked at infection prevention and control measures under the Safe key question. We look at this in all inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 the safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in the effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in the caring findings below.

Good 

Is the service responsive?

The service was Responsive.

Details are in the Responsive findings below.

Good 

Is the service well-led?

The service was well led.

Details are in the well led findings below.

Good 

My Homecare Harrogate

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.

Notice of inspection

This inspection was announced. We gave the service 24 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 team

The inspection was carried out by one inspector and an Expert by Experience made telephone calls to people and their relatives to collect their views. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 not a registered manager in post. The registered manager had recently left the service and the Branch manager was in place managing the service and recruitment for a registered manager had commenced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the 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. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spent time at the office to review records and spoke with the manager, deputy manager and area manager.

We reviewed a range of records. These included four people's care records, and a variety of records relating to the management of the service, including audits and procedures..

After the inspection

We carried out telephone interviews with two people who use the service, six relatives and five members of support staff while continuing to seek clarification from the provider to corroborate evidence found. We looked at audits, care plans, reports and policies.

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.

Assessing risk, safety monitoring and management

- Peoples relatives told us they felt their family members were safe. One person who uses the service told us, "Yes, I feel safe, once I've got to know the carer. It takes time to build up trust. Time helps to get to know them."
- Personalised risk assessments were in place and were regularly reviewed. Where risks were identified, care plans guided staff to manage and reduce these risks.
- Fire safety practices helped ensure people's safety was assured.

Using medicines safely

- People received their medicines as prescribed and at the right time. Medicine records were clear for staff to follow and were accurately completed.
- Medicine administration records were clear and completed fully.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and were able to appropriately raise any concerns.
- Where safeguarding concerns had been raised, investigations and timely appropriate action was taken.

Staffing and recruitment

- There were enough staff to meet people's individual needs and maintain their safety. Staffing levels were in the process of being increased following recruitment.
- Staff were recruited safely. The provider's processes included robust checks to ensure only suitable staff were employed.

Learning lessons when things go wrong

- Accidents and incidents were recorded on an individual basis. The manager analysed these to look for any patterns or trends and took appropriate action to minimise risk of further incidents.

Preventing and controlling infection.

- Staff were provided with appropriate protective equipment as per current guidance.
- Spot checks were carried out with staff regarding infection prevention and control.

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 Requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Where people lacked capacity to make decisions in an area of their life, they were not always supported to have maximum choice and control of their lives. Restrictive practices were in place for one person without the appropriate best interest decisions.
- Decisions were made in people's best interests with involvement from people, their family, advocates and relevant professionals. However, appropriate records reflecting this were not always in place.
- Staff sought people's consent and included people in decisions about their care. People were given choices and encouraged to make their own decisions, where possible.

We recommend that an audit of people's best interest decisions take place to ensure the correct people are involved in decisions, appropriate records are in place and applications to the court of protection are made where necessary.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to support people. Staff completed training to ensure they could meet people's specific needs.
- People were supported by staff who received regular supervisions and appraisals.
- New staff followed an induction process that included specific training and shadowing experienced staff.

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

- People's eating and drinking needs were met. Staff understood people's dietary needs and supported

them. Appropriate support was provided to people who required a specialised diet.

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

- The service worked in partnership with external professionals, such as social workers and GPs to support and maintain people's long-term health and well-being.
- People had personalised care plans covering their healthcare needs. These shared important information with healthcare professionals.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Outcomes for people were met. Their preferences, care and health needs were assessed and regularly reviewed.
- Changes to people's needs were reviewed with them and their advocate or relatives and this was reflected in their care plans.

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

- Staff were trained in dignity and respect.
- There was a positive rapport between people and their staff. One person told us, "Yes they do (respect). If they do something that I'm not happy with, I tell them and they listen and won't do that".

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

- People were supported to make plans and discuss any changes to their support with staff and their advocate or relatives.
- People were supported to have their say and had an independent advocate where required to promote their rights. One person told us, "They (carers) will ask me what I would like from them and so I get a choice".
- Staff spent time listening and talking to people. One person told us, "They do stop and have a sit down when they can".

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain as much of their independence as possible. One person told us, "I am very independent and go out myself to appointments like the doctors or hairdressers".
- Staff engaged with people in a dignified way and respected their privacy. One member of care staff told us, "We have to be careful of what we put in peoples notes and not to ever speak in front of clients about other clients and be focussed on them".

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 had personalised care plans which covered all aspects of their life and the support they required. Records showed they were reviewed regularly.
- People were aware of their care plan and considered it to be a two-way dialogue. If people or relatives raised issues of changing needs the manager and care staff listened and would make changes. One person told us, "We had a meeting at the beginning, about a couple of months ago. We made a list (of care needed) and I lead on it".
- The support people received was tailored to their needs and was delivered in a person-centred way.

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 met. Staff adapted information and communication methods to suit people's preferences. For example, providing adapted information for those who needed it.

Improving care quality in response to complaints or concerns.

- A complaints procedure was in place and was followed by the manager and staff.
- People were supported to raise any issues. Where issues had been raised, these were addressed and appropriately followed up. One relative told us, "No complaints at all. If I did, I'd ring the office. So far, they listen and offer solutions to problems. They try their best".

End of life care and support

- People were supported to make advanced care plans for the end of their life where they chose to.
- Peoples advanced care plans were personalised, and the relevant people were involved to ensure peoples wishes were gathered and recorded.

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.

Continuous learning and improving care, working in partnership with others

- The manager took on board the opinions and views of people who used the service and their relatives to make improvements. However, we received mixed feedback regarding carers time keeping due to staffing issues. The provider gave us assurances that recruitment was underway, and they would collect people's views on this and respond accordingly.
- People were supported by a range of healthcare professionals, the manager and staff had forged good working relationships.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements while, Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- The provider and manager encouraged people and staff to be open with each other.
- Policies and procedures were current and in line with best practice.
- The manager and provider carried out audits that included action plans for improvement where needed.
- The provider understood their legal responsibility to notify CQC about incidents that affected people's safety and welfare. They had sent us notifications relating to significant events occurring within the service.

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

- There was clear leadership and regular audits completed by the manager to understand the quality and safety of the service.
- The provider had a plan to ensure minimal disruption to care in case of an emergency.
- The manager was open with the inspector during the inspection and took on board suggestions for improvements.

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

- People had regular review meetings with their staff team and relevant professionals. This was to review all areas of their care plans.
- Staff could approach the manager or provider for support at any time. One member of care staff told us, "Generally day to day we have an app and we use that to speak to each other every day and the office. We do have face to face meetings and a chance to share ideas".