AMB Care Ltd

My Homecare Cheshire

Inspection report

365 London Road
Hazel Grove
Stockport
Cheshire
SK7 6AA

Tel: 01614832129

Date of inspection visit:
11 January 2019

Date of publication:
06 February 2019

Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

We carried out an announced inspection of My Homecare Cheshire on 11 January 2019. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community.

Not everyone using My Homecare Cheshire receives a regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

This was the first CQC inspection of the service, which had registered with the CQC in December 2017. At the time of our inspection, the service supported 44 people. The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found the service was meeting all the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, we have made a recommendation about the safe management of medicines.

Staff received training in medicines administration and their competency was assessed before they were allowed to support people with their medicines. Medicines administration records (MARs) were checked regularly to ensure they had been completed correctly and people had received their prescribed medicines. However, no separate guidance was available for staff when people required medicines 'as required'. We have asked for this to be put in place.

There were systems in place to help safeguard people from abuse. The registered manager and staff understood their role and responsibilities to keep people safe from harm. Recruitment checks had been carried out on all staff to ensure they were suitable to support vulnerable people. There were sufficient staff employed to provide support to people at the times they wished.

Risk assessments, both environmental and personal had been completed and were reviewed regularly, to minimise risks to staff and people who used the service.

All new staff received an induction and a period of supervised practise to familiarise them with their role. Staff had undertaken a variety of training to help them carry out their job effectively. They received regular supervision which provided them with an opportunity to voice any concerns and plan their professional development. The management team carried out unannounced 'spot checks' to ensure staff were supporting people safely and in the way they wished.

People's needs were assessed before using the service and on an ongoing basis if their circumstances changed. Care plans were person centred and provided staff with guidance on how people wanted to be supported.

People who used the service and relatives were complimentary about the staff and told us they were caring and helpful.

The registered manager showed good leadership skills and staff told us everyone worked well together as a team. Systems were in place to monitor the quality of the service. These included audits of care and medicines records and feedback received from people who used the service/relatives during care reviews and 'spot checks'.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People told us they felt safe with the care and support provided by staff.

Employee recruitment processes were in place and the required pre-employment checks had been completed. This helped to ensure staff were safe to work with vulnerable adults.

Staff had been trained in medicines administration and managers audited the system and checked staff competence. However, we have recommended that the service seek further guidance on some aspects of medicines management.

Is the service effective?

Good

The service was effective.

New staff received a thorough induction.

Training and supervision gave staff the knowledge and support they needed to care for people who used the service.

Is the service caring?

Good

The service was caring.

People were complimentary about the staff and the support they provided.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service had systems in place for receiving, handling and responding to complaints.

Care plans reflected people's needs and how they wanted to be supported.

The service responded appropriately when people's needs changed.

Is the service well-led?

Good

The service had a registered manager who showed good leadership skills.

Staff worked well together as a team.

Quality assurance processes, such as audits and staff observations, ensured that standards were monitored regularly.

My Homecare Cheshire

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This announced inspection was carried out on 11 January 2019. We gave the provider 48 hours' notice, to ensure the inspection could be facilitated on that day. The inspection was carried out by one adult social care inspector from the Care Quality Commission.

Before the inspection we reviewed information we held about the service. This included the statutory notifications the CQC had received from the provider and the Provider Information Return (PIR). Notifications provide information on changes, events or incidents that the provider is legally obliged to send to us without delay. A 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.

Prior to the inspection we contacted the local authority and Healthwatch. This helped us determine if there might be any specific areas to focus on during the inspection. The local authority did not have any concerns about the service. Healthwatch had not received any feedback about the service. Healthwatch is the national independent champion for consumers and users of health and social care in England.

As part of the inspection we spoke with the registered manager, the care coordinator and three care workers. We visited four people who used the service, in their own homes, to ask their opinion of the service and review their care plans and communication logs. We also spoke with five people who used the service and one relative on the phone.

During the inspection we viewed three sets of care records, three staff personnel files, policies and procedures and other documentation relating to the running of the service, including minutes of team meetings and audits.

Requires Improvement

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe with the staff from My Homecare Cheshire. One person told us, "They are wonderful. There's not one of them I can fault." Staff had received training in safeguarding adults and understood their responsibility to identify and report any concerns. Policies for safeguarding people from harm were in place. These provided staff with guidance on identifying and responding to signs and allegations of abuse.

As part of their care package, the service supported some people to take their prescribed medicines. At the time of our inspection the service was supporting 13 people with their medicines.

All staff were trained to give medicines and were assessed to ensure they were competent. Peoples' care files displayed the words 'medication call' or 'non-medication call'. This acted as an extra prompt for staff. There was a 'medicines file' in the office which contained information about different medical conditions, their signs and symptoms and how they were treated. This was a reference resource for staff.

Most people receiving support with their medicines had a printed medicine administration record (MAR) provided by their pharmacy, where staff signed for each medicine that was given. However, some people had a MAR that had been hand written by staff. Where this was the case, there were no signature to show who had written the record, or counter signature to show the record was correct. NICE (National Institute for Health and Care Excellence) guidance states that where hand-written, MARs should be checked for accuracy and signed by a second trained member of staff. Printed MAR charts are not essential, but they are recommended, as there is less risk of a clerical error, such as incorrectly transcribing the details from another document and handwriting that is difficult to read and could be misunderstood. The registered manager told us that they would review everyone's hand written MAR and ensure they were correct and that in future any hand-written MARs would be signed and countersigned for accuracy.

All MARs were returned to the office on a regular basis so they could be checked and any gaps or omissions investigated. One person who we visited in their home told us that staff applied cream to their skin. However, there was no MARs in place to show what cream had been prescribed and where and when it should be applied by staff. The registered manager arranged for this to be put in place immediately.

Some people where supported to take medicines, such as pain relief, 'as required' (prn) rather than at regular times. When this is the case, staff should have additional written guidance about what the medicine is for, what dose should be given, the minimum time between doses and the maximum dose in 24 hours. People receiving 'prn' medicines did not have this guidance in place, although some information was included on the MARs. We discussed this with the registered manager, who arranged for 'prn' guidance to be written for all people receiving medicines 'as required'.

We recommend the service review their medicines administration systems to ensure they are in line with NICE (National Institute for Health and Care Excellence) guidance on 'Managing medicines for adults receiving social care in the community'.

Staff recruitment and selection processes had been undertaken correctly. The files we viewed contained all the relevant documentation, including copies of the completed application form, interview questions and answers, references from previous employers, identification documents and a Disclosure and Barring (DBS) check. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

We looked at infection control practices within the service. All staff wore a uniform and used personal protective equipment (PPE), such as disposable gloves and aprons, when supporting people with personal care or meals. Stocks of PPE were held in the office premises and staff carried a supply in their cars. Staff had received infection prevention and control training and were aware of precautions to take to help prevent the spread of infection.

The service identified and managed risks appropriately. Care files we reviewed contained risk assessments identifying hazards that people and care workers might face. These included, a falls risk assessment. Environmental risk assessments had been carried out. These identified potential hazards to care workers, such as inadequate lighting or poor flooring.

Some people who used the service lived alone and were unable to answer the door to let staff in. Door keys were kept in a 'key safe' outside peoples' houses. This meant staff did not have to carry keys and ensured people's property was protected. The service had a system in place for staff to follow if they could not gain access to someone's property.

An accident and incident policy and procedure was in place. However, there had been no reported incidents or accidents since the service started operating. The registered manager told us that appropriate authorities, including the CQC, would be notified immediately of such events if they occurred.

There were sufficient numbers of care workers employed to meet peoples' needs. People told us that their care workers usually arrived on time and that it was extremely rare for a visit to be missed. One person said, "They are really reliable." Some people told us that they were informed if staff were going to be late, although this was not always the case. However, the people we spoke with told us that they understood that staff might sometimes be late, due to traffic problems or emergencies, and it was not a problem for them. We got a mixed response when we asked people if they were supported by a regular team of care workers. Some people told us that they were supported by a small team of three or four care staff. Others told us that they regularly saw many different staff. However, where this was the case, people were still happy with the care provided. One person said, "It's nice to speak to lots of different people." The registered manager told us that they were in the process of reviewing the rotas so that people could be supported by a more consistent staff team.

Good

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. New staff completed an induction programme before working on their own. This included mandatory training and shadowing an experienced member of staff. The number of shadow shifts depended on how much previous experience of similar work the staff member had, and how confident they felt. Staff we spoke with were complimentary about the induction programme and told us it had prepared them for their role as a care worker.

Staff completed both e-learning and face-to-face training. We reviewed the service training matrix which showed that staff had received training in subjects including; health and safety, moving and handling, safeguarding, food hygiene and nutrition. The office had a small training room, equipped with a bed and hoist which enabled staff to be taught and assessed on safe moving and handling techniques.

Staff received regular supervision from the registered manager or care coordinator. Supervision is important, as it provides staff with an opportunity to discuss their work and training needs, raise any concerns they might have and for managers to monitor the quality of their work. Unannounced spot checks were also carried out to check that staff were supporting people according to their assessed needs and in line with their wishes. The registered manager and care coordinator used these opportunities to check other aspects of peoples' work, including their use of personal protective equipment to maintain infection control standards, dignity, choice, explanations to service users and moving and handling.

People's needs were assessed by the care coordinator to ensure they could be met by the service. The assessment usually took place in peoples' homes so that the home environment could be checked and any potential risks identified. Initial assessments were thorough and involved discussions with the person and/or their family about how they wished to be supported. Within the first few weeks of someone being taken on by the service, their care package was reviewed to check it was working effectively and the length of time of each call was sufficient. Further reviews were held annually, or more frequently if peoples' needs changed.

As part of their care package some people received support with meals. Staff could prepare simple snacks, heat up prepared meals in a microwave, or make sandwiches. Sufficient drinks were provided to ensure people were adequately hydrated. The registered manager told us staff had been particularly vigilant during the warmer weather to check that people had extra cold drinks.

People retained their independence for managing their own health care, although staff knew about people's health problems and how they affected them. People or their families were encouraged to seek medical help if they had concerns about their health, although the service would do this if needed. The registered manager told us that when people returned to the service after a time in hospital, staff checked their skin to ensure they had not acquired any pressure ulcers. The majority of staff had received training in pressure ulcer prevention.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

Staff received training in the MCA and dementia care to help them gain an understanding around issues of capacity, choice and consent. People we spoke with told us staff always sought their consent before carrying out support tasks. All care files contained a signed consent form, which indicated the person had been consulted and involved with the care planning process.

Good

Is the service caring?

Our findings

People we spoke with were complimentary about the support they received from My Homecare Cheshire. Comments about the staff included, "They are lovely"; "I would recommend them" and "They do anything I want". People told us staff had become friends. One person said, "They are all very polite. They are more like friends to me." We read several 'thank you' notes from families about the care and support their relatives had received. Comments included, "All your staff are trained to a high standard and are genuinely impressive in showing their patience" and "I would like to say thank you to you all for looking after (name). You have all been wonderful and made her life so much easier over the last six months."

People we spoke with told us that staff knew their needs and preferences and provided care accordingly. One person said "They always ask if there's anything else they can do for me. People talked about staff "Going the extra mile."

Staff we spoke with told us they enjoyed working for My Homecare Cheshire and found their job rewarding. One person said, "I really love doing it. I like the service users." The service recruited staff based on their values, rather than their experience. The registered manager told us they wanted staff who would work to a high standard and maintain and improve the service's reputation.

During our inspection we looked to see how the service promoted equality, recognised diversity, and protected people's human rights. The service promoted these qualities through person-centred care planning. As part of the assessment process people provided information about their life, family, past work and things that were important to them. This helped staff provide support that was tailored to their individual needs and aspirations. Staff received training on equality and diversity as part of their induction programme and again every three years. Although we were unable to observe staff providing personal care when we visited people, those we spoke with could describe ways they would help protect peoples' privacy and dignity.

There were systems in place to ensure that personal and private information about people who used the service was respected and kept confidential. Paperwork was collected regularly from people's homes and stored securely at the registered office. Staff received training about confidentiality and about the importance of maintaining professional boundaries. Staff were not allowed to have clients as 'friends' on social media sites, such as Facebook.

Good

Is the service responsive?

Our findings

We reviewed three care files which contained comprehensive information about each person. Care plans demonstrated a good understanding of each person and gave care workers clear instructions about how to assist the person in a way that was individual to them. Carers recorded the care and support they had provided in a daily record, which was kept in the care file in the person's home.

We found the service was responsive to peoples' changing needs. We asked staff what happened if they found the time that had been allocated for a particular visit was not sufficient to carry out all the support detailed in the care plans, or if a person's health deteriorated and they needed increased support. They told us they reported this to the registered manager and a review of the person's care package was carried out with a view to increasing their visit times. Although people who used the service had set times for their visits, these could usually be rearranged to accommodate unexpected events, such as hospital appointments or trips out with family or friends.

The service was not currently supporting anyone at the end of their life. However, they had worked in conjunction with other health care professionals and family members to provide this support in the past.

All staff belonged to a service WhatsApp group. This was used by staff to communicate with each other, share information and update each other on any problems they had encountered on their visits. This helped promoted good communication between staff. Staff also used the WhatsApp group to log the time they arrived and left their visits. This was then reviewed by the management team to ensure staff were staying for the correct length of time.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the provider was meeting this requirement by identifying, recording and sharing the information and communication needs of people who used the service with staff. This meant staff understood how to best communicate with people. People could receive information in formats they could understand, such as in large print and the service could provide information in an audio format or braille if needed.

The service had a complaints policy and people were provided with information about how to raise a concern or a complaint, within the service users guide, and as a separate sheet within their care file. The service had not received any complaints. People we spoke with during the inspection told us they would feel happy to raise any complaints, but they had not had to. The registered manager and care coordinator were easily available should people need to speak with them to discuss their concerns.

Good

Is the service well-led?

Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager demonstrated a good understanding of their role and responsibilities. From our discussions during the inspection we saw they were committed to developing the service and ensuring the quality of work was monitored. Monthly audits of the MARs and care plan documentation were carried out. The registered manager told us staff were encouraged to be honest and transparent and report any errors they found in the care records. This showed there was a culture of learning from mistakes, rather than one of blame. Staff we spoke with told us everyone worked well together as a team and that they found the registered manager and care coordinator approachable and supportive.

The service worked collaboratively with the local authority and we received positive feedback about the service from the local authority, prior to our inspection.

The service held regular team meetings. These provided staff with an opportunity to discuss any concerns they had about people who used the service. We looked at the minutes of the most recent meetings, which also covered discussions about training, confidentiality, team morale, staff rotas and whistleblowing. Team meetings are an important way of communicating information about the service, discussing concerns and gathering feedback from staff.

The service sought feedback from people who used the service through their annual review and through unannounced spot checks. These gave people the opportunity to discuss their care package with the management team. The registered manager told us they had recently sent people a questionnaire about the service. However, they had not received any feedback.

The service valued its staff and ensured they were kept safe while visiting people in the community. All staff carried a mobile phone, which enabled them to summon assistance in an emergency or contact the management team for advice or guidance. Out of core hours, a senior member of staff was 'on call' and was available for staff to contact. All staff 'logged off' from work, using their phone, when they had completed their shift. This meant the person on-call was aware they had completed their work. These procedures helped to ensure the safety of staff working in the community.

A range of policies and procedures were in place to guide staff on their conduct and practice. These covered areas such as complaints, safeguarding, whistleblowing, health and safety and infection control. Polices were discussed at team meetings. This ensured staff were kept up to date with their responsibilities and what was expected of them.

The service had a 'service user guide' which set out its statement of purpose and aims and objectives. It also

contained a range of other information, including details about the complaints procedure, care plans, staff training and the management of medicine.