

Valued Homecare Ltd

My Homecare Haringey

Inspection report

Unit 5
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12 June 2019

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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 Haringey is a domiciliary care service registered to provide personal care support to people with a learning disability or autistic spectrum disorder, a physical disability, a mental health condition, dementia, older people and younger adults. However, at the time of this inspection, the provider was not delivering care to people with learning disabilities. The registered manager told us there were no plans to do this in future.

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. At the time of the inspection, five people were receiving personal care support.

People's experience of using this service and what we found

People told us they found staff trustworthy. People received care at their preferred and agreed time. People were supported by staff who knew how to safeguard them from harm, abuse and neglect. People received safe medicines support. They were supported by suitable and enough staff.

People's needs were assessed before they started receiving care. People were supported to live healthier lives. People told us their needs were met by staff who received appropriate and regular training and supervision.

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 told us staff were caring and friendly and treated them with dignity and respect. People were supported by staff who knew the importance of treating people without discrimination. People's care needs in relation to their protected characteristics were met.

People were involved in developing their care plans. However, they were not always personalised. We have made a recommendation about person-centred care planning. People were supported by staff who knew their wishes, likes and dislikes.

People were encouraged to raise concerns and told us they knew how to make a complaint. People told us they were happy with the service and found the management approachable. The provider had systems in place to ensure the safety and quality of the service and improve people's care experiences.

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

Rating at last inspection

The service was registered by CQC on 11 June 2018. This is the service's first inspection since its registration.

Why we inspected

This was a planned comprehensive inspection based on CQC's scheduling process to check the safety and quality of care people received.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-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 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 Haringey

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.

Inspection team

The 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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 48 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 activity started on 11 June 2019 and ended on 12 June 2019. We visited the office location on 11 June 2019.

What we did before the inspection

We reviewed information we had received about the service since its registration. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with three members of staff including the registered manager and two care staff.

We reviewed a range of records. This included three people's care records and one person's medication records. We looked at three staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us staff were trustworthy and the service was safe. A person said, "I trust [staff] and feel safe with them."
- The provider had systems in place to ensure people were safeguarded from the risk of abuse.
- Staff were trained in safeguarding and demonstrated a good understanding of types and signs of abuse and the actions they were required to take if they suspected poor care, abuse and neglect.
- A staff member said, "It's my duty to safeguard [people who used the service] in every way. I would report it straight away to [registered manager]. I would blow the whistle without hesitating. It is my job to make sure the people are safe."
- Safeguarding records showed the provider had alerted the local authority of the concerns and had taken appropriate actions to ensure people's safety.

Assessing risk, safety monitoring and management

- The provider identified, assessed and took steps to reduce risks to people's healthcare needs, whilst respecting people's freedom and promoting their independence.
- There were risk assessments in place. They detailed the risks to people, the level of severity and actions for staff to take to reduce the risks. Risk assessments were regularly reviewed and there were management plans for areas such as mobility, personal care, environment and diet.
- Staff were trained in health and safety, and first aid. They had a good understanding of risks to people and how to provide safe care.
- A staff member said, "[Person] cannot walk long distances due to reduced mobility and at risk of falls. I make sure the way is clear and the floor is dry so that he doesn't slip." Another staff member told us, "[Person] has swallowing difficulties. If he starts choking, I will follow the first aid training and I would call the ambulance."

Staffing and recruitment

- There were enough staff in place to meet people's needs safely. People, relatives, staff and staff rotas confirmed this.
- People and relatives told us staff were reliable. They further said if staff were running late, the registered manager would inform them in a timely manner. One person said, "Yes, [staff] always arrive on time." A relative told us, "[Staff] arrive on time. If any issues they are very quick to tell us."
- The provider had a recruitment policy and procedures in place to ensure staff who supported people were safe, skilled and of good character.
- Staff personnel files contained application forms, interview notes, recruitment checks including references, criminal records, identity and right to work in the UK.

Using medicines safely

- Most people did not require medicines management support. However, the provider had an appropriate policy and procedures in place to ensure people who required medicines management support received it in a safe manner.
- All staff were trained in medicines administration and their competencies were assessed. However, the provider did not keep records of the assessments. The registered manager told us moving forward they would keep assessment records.
- We reviewed medication records for one person who was supported with medicines management. Their care file had an up-to-date medicines risk assessment and medicines administration records (MAR). We found MARs were appropriately completed without any gaps.

Preventing and controlling infection

- Staff were trained in infection prevention and control.
- People told us staff used protective equipment when they provided care.
- Staff told us they were provided with enough protective equipment and they demonstrated a good understanding of how to prevent the spread of infection.

Learning lessons when things go wrong

- The provider had processes and systems in place to learn lesson when things went wrong.
- Accident and incident records showed staff recorded the description of the incident, actions taken to ensure people's safety and preventative actions taken to minimise the recurrence.
- The registered manager shared learning outcomes with their team. They said, "I review all the accident and incident forms, we learn lessons from mistakes. I speak to staff about it."
- However, the registered manager did not record lessons learnt in the form. They told us moving forward they would record the learning outcomes for better audit trail and easy access.

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 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

- People told us staff knew their needs and provided individualised care.
- Relatives told us staff met people's needs. A relative said, "[Person] gets on well with [staff member]. [Staff] made meals for him and helped with his personal care."
- People's needs were assessed before they started receiving care.
- The assessment process identified people's physical, emotional and social care needs. This enabled the provider to identify whether they were able to meet people's needs and staffing and training needs.
- The registered manager involved people and their relatives, where necessary, in assessing their needs, abilities, likes, dislikes, and the support they required. Records confirmed this. This meant people's needs were assessed in line with legislation and standards to achieve effective outcomes for them.

Staff support: induction, training, skills and experience

- People were supported by trained and skilled staff. A relative said, "Staff are skilled and trained. [Person] has been very pleasantly surprised by [staff] professionalism."
- Staff received detailed induction, relevant and refresher training to enable them to provide effective care. Training records confirmed staff training was up-to-date.
- Staff told us they found the training useful. A staff member said, "Less than a month ago I did three more training [sessions]. My manager is trying to give us more training, so that we are able to support people as per their needs. Training shows you how to deal with certain situations."
- Staff were provided with regular supervisions. Staff we spoke with and records confirmed this. A staff member said, "The supervisions are always useful, we discuss [people's] needs, training needs, how I am feeling and if need any support."

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

- People who required support with their nutrition and hydration told us they were satisfied with the support.
- Staff were aware of the person's dietary needs and food likes and dislikes. One staff member said, "[Person] loves [cereals], fried plantain, fruits like grapes, banana, oranges for breakfast. Every morning as soon as he wakes up he drinks hot lemon water."
- People's care plans detailed their dietary needs and how they would like to be supported.

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

- Where requested, staff communicated with other services and healthcare professionals in a timely manner

and followed their recommendations to provide effective care to people. For example, staff supported one person with sensory and physiotherapy exercises to improve their mobility.

- Staff recorded in people's daily care notes how they supported people with their personal care, social care, and dietary needs. This enabled staff and the registered manager to monitor people's health and encourage them to live healthier lives.

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 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.

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

- People who used the service had capacity to make day to day decisions regarding their care and treatment. This was reflected in their care plans.
- People's consent was sought before they were provided care. A relative said, "From what I can see, [staff] always ask [person] before helping him. Everything is done with his consent."
- The registered manager and staff understood their responsibilities around consent and giving people choices, and encouraged people to make decisions regarding their care and treatment.
- Staff comments included, "I always ask [people] right at the beginning, what they want me to do for them and not what I think is best for them" and "I go with the mindset of giving people choices. If I make decision for them then I am taking away their right to choose."

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 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

- People and relatives told us staff were caring and friendly. One person said, "[Staff] are fantastic, 100% caring and friendly. I could not have asked for more. They are perfect."
- Relatives' comments included, "[Staff] are unfailingly cheerful. [My relative] certainly feels they are gentle and considerate when dealing with his personal care." Another relative commented, "Most definitely, [staff] are caring and kind. They go extra mile to help [person]."
- The registered manager told us they did not discriminate against lesbian, gay, bisexual and transgender people and provided an equitable service.
- People's care records reflected their needs in relation to their protected characteristics including religion, culture, language, gender and sexuality. This enabled staff to provide person-centred care.
- The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. It is unlawful to treat people with discrimination because of who they are.
- Staff were trained in equality and diversity. Their comments included, "It doesn't matter what their sexuality, race, colour or religion is. I do my best in caring for them" and "Everybody has a right to live the life they want. I treat people as individuals as they all have different needs."

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

- People and relatives told us the provider involved them in planning their care. One relative said, "[My relative] is very much involved in [their] care. One of the reasons we selected this agency was because [registered manager] spoke directly to [person] about [their] needs."
- People's care records showed people were asked for their views and were involved in making decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence

- People were supported by the same staff. One person said, "I have always had the same [staff member]." Another person told us, "[Staff] are my regular [staff]. I have had them since I started using this service." Care records confirmed people were supported by the same staff.
- Staff told us supporting same people enabled positive relationships. One staff member said, "Because I have been supporting [person] for over eight months, we were able to build a relationship. It works as now I can support him the way he likes and prefers."
- People told us staff treated them with dignity and respect, and their independence was encouraged and promoted.
- Staff had a good understanding of the importance of respecting people's privacy, providing dignity in care

and encouraging people's independence. One staff member told us, "[Person] has made such a progress. He is now able to brush his teeth without any help."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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 were supported with their personal needs and as per their wishes. One relative told us, "[Person] can be quite fussy, but [staff] look after him well and support him as per his wishes."
- People's care plans contained information about their background, physical, medical and emotional needs, key outcomes, care visit timings and how they would like to be supported.
- The provider reviewed people's care plans every quarter to ensure people's changing needs were identified and reviewed, and care plans updated accordingly. Records confirmed this.
- The provider kept people and their relatives informed of the changes. One relative said, "[Staff] are very communicative with me, careful about any changes they notice and concerns. They have a good relationship with me and certainly with my [relative]."
- However, we found the care plans did not state people's food likes, dislikes and social care interests. Which meant staff were not always informed about people's interests and preferences.

We recommend that the provider seeks guidance and advice from a reputable source, in relation to personalised care planning.

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.

- The registered manager identified, and recorded people's individual communication needs and instructions for staff on how to communicate effectively with them in their care plans.
- Staff were knowledgeable about people's preferred communication methods.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint. However, they told us they had not made any. A person said, "I have no concerns or complaints related to this service." Another person said, "I have no concerns. No never made any complaints."
- Relatives told us they were satisfied with the registered manager's responsiveness. One relative said, "Very much so, yes, anything I raise with [registered manager], I know [they] will come back to me and address it."
- The provider had a complaints policy and processes in place to record, investigate and learn lessons from the complaints.

End of life care and support

- The provider had an end of life care policy and systems in place to support people with end of life care and palliative care needs. However, currently no one was being supported with end of life care and palliative care needs.

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 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

- People told us they were happy with the service. One person said, "The manager is very good, best of all. I am unbelievably surprised by how good and efficient the service is. I am very happy with the service, it is fantastic and would recommend it to others."
- Relatives told us the management was reliable. One relative commented, "[Registered manager] is easy to communicate [with], she is open and has always been flexible. Currently, we are discussing to extend the care package, she is very responsive."
- The provider met with staff individually regularly to seek their views and ideas, and this promoted positive and inclusive work culture. They told us when they have more staff they would hold staff meetings where they would discuss aspects of the care delivery.
- Staff felt supported and told us they contacted the registered manager when they needed help. This enabled them to provide care that achieved good outcomes for people.
- Staff comments included, "I call [registered manager] if I am not sure about anything, [they] always help me out. It is nice to feel supported so that I can give my best to my [people]" and "[Registered manager] is approachable. [They] ask for my views. I feel listened to and valued."

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

- Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.
- The registered manager understood their responsibilities in relation to duty of candour. They said, "By acting on complaints, concerns, safeguarding issues. Identifying mistakes, admitting and acting on them, and being open and discussing with relevant parties about it."

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

- The registered manager and staff were clear about their roles in providing care that met the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.
- The registered manager was aware of the statutory notifications they needed to submit to us by law.
- The provider had policies and procedures in place relevant to the service, and to ensure the safety and quality of the service. There were records of internal audits of care plans, risk assessments, MARs, training and supervision, complaints, incidents, and safeguarding.

- There were also records of unannounced spot checks and staff observation visits to monitor staff timekeeping, whether the person received care as per the agreed care plan and whether staff followed appropriate infection control practices.
- This meant the provider had a good oversight of the service and monitored it so that improvements could be made where required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider engaged with people, relatives and staff to seek their feedback on the quality and safety of care, to keep them updated and informed of any changes, and to continuously learn and improve the service.
- The provider involved with people whilst considering their diversity needs.
- The last survey results for people and their relatives, and staff were overall positive. The registered manager had taken appropriate actions to address recommendations made by people and their relatives to improve the quality of service and care.

Working in partnership with others

- The registered manager worked in partnership with the local authorities such as the commissioning team and social workers, healthcare professionals such as occupational therapist, and specialist services such as the stroke team to ensure people received good quality of care.