

In Faith Care Ltd

My Homecare Bristol

Inspection report

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09 March 2022
14 March 2022

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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 is a domiciliary care agency that provides personal care and support to people living in their own homes. At the time of our inspection, eight people were receiving personal care.

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

The feedback we received from people was good. Staff we spoke with enjoyed working for the service and supporting people in the community. People and staff were happy to contribute to the inspection and share their views and experiences.

The manager and staff understood their roles and responsibilities to help keep people safe from harm. People were supported to take risks and promote their independence. Risks were assessed and plans put in place to help support people safely. There were enough staff to safely provide care to people. Checks were carried out on staff before they started work to assess their suitability to support vulnerable people.

The service was effective in meeting people's needs. Staff received supervision and support. The annual training programme was set up and will further equip staff with essential skills and knowledge. Arrangements were made for people to see a GP and other healthcare professionals when they needed to do so. People were supported to have maximum choice and control of the support they required.

The service was caring, and people were treated with kindness and respect. Staff were caring and spoke about people positively. They took an interest in the people they supported, including their life histories, the things they liked and didn't like and the people who were important to them. Independence was always encouraged and supported.

People received person-centred care and support. Regular monitoring meant that referrals had been made to appropriate health and social care professionals. Where necessary care and support had been changed to accurately reflect people's needs and improve their health and wellbeing. People were encouraged to make their views known and the service responded by making changes.

The service was well led. People received a good standard of care because the management team led by example and had expectations about the standards of care people should receive. Staff were enthusiastic and happy in their work. They felt supported within their roles. Staff described working together as a team, they provided person-centred care and helped people to achieve their potential. Systems were in place to monitor the quality and safety of the service and the care people received.

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

Rating at last inspection

This service was registered with us on 26 June 2020, and this was the first inspection.

Why we inspected

This was a planned inspection to check whether the provider was meeting legal requirements and regulations, and to provide a rating for the service as directed by the Care Act 2014.

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 Bristol

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 homes.

The service had a manager who was in the process of registering 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 short notice of the inspection visit because we needed to be sure the office-based manager would be available for us to speak with.

Inspection activity started on 9 March 2022 and ended on 14 March 2022.

What we did before the inspection

Before the inspection, we reviewed information we had received about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law.

We used the information the provider sent us in the provider information return (PIR). 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 this information to plan our inspection.

During the inspection

We spent time with the provider and manager. We looked at four people's care records, together with other records relating to care and the running of the service, including recruitment files, supervision records and training.

After the inspection

The second day of our inspection consisted of a video call meeting with the provider and manager. This was to discuss what we found during our visit and to collect further evidence through questions and discussion. We requested a range of records, including policies and procedures, risk assessments and, quality monitoring documents. We continued to seek clarification from the provider to validate evidence found.

We telephoned four people who used the service and two of them spoke with us. There were written records kept of all feedback from clients. Five staff emailed us with their experiences of working for My Homecare. We read correspondence of thanks received from relatives. This evidence has been referred to throughout the report.

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.

Systems and processes to safeguard people from the risk of abuse

- Staff provided care and support that protected people and helped them to remain safe. Comments from people included, "Oh yes I feel in safe hands they are very good", "Yes I feel safe, having the visits is very reassuring".
- Staff told us the training they received equipped them with knowledge and skills to understand how to protect people from harm. One staff member told us, "I feel safe during my shift. Having experience in care and my training means I can provide safe, person centred care. I am not sent to clients that have dependency levels which I don't feel comfortable with".
- Staff understood the processes to follow to safeguard people in their care. Everyone recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse had occurred. Agencies they notified included the local authority, CQC and the police.
- The manager told us about introducing a policy of the month to help further enhance staff understanding. Workshops would include, discussing the policy and procedures to safeguard people and working through scenarios about what abuse can look like. The provider had a level 3 qualification in safeguarding and the manager was familiar with the local authority policy and procedures.

Assessing risk, safety monitoring and management

- Risks were managed relating to people's health and well-being. These included risks associated with weight loss, moving and handling, the risk of falling, going out in the community and their home environment.
- Some people required equipment to keep them safe. This was risk assessed and staff received training on how to use the equipment to reduce risks to people. Specialist equipment could include pressure relieving mattresses, nursing beds, mobile hoists and equipment to help people shower and bathe safely.

Staffing and recruitment

- Staff were deployed effectively to meet people's care and support needs and they were always on time. Staff rotas were well managed, this helped ensure consistency of staff to people and continuity of care.
- The provider followed safe recruitment procedures. Disclosure and Barring Service (DBS) checks had been carried out for all staff to check whether they were suitable to support vulnerable people.

Using medicines safely

- At the time of the inspection the service was not supporting people with medicines.
- Monthly audits were in place to ensure best practice would be followed when people required help with

medicine.

- Staff would complete safe medicine administration training before they could support people. Practical competency reviews would also take place.

Preventing and controlling infection

- People told us staff wore gloves, aprons and masks when they visited them. One person told us, "They are very good at that, we both feel safe when they visit us".
- We asked staff if the policy and procedures in place during the pandemic had helped keep people and staff safe. They told us, "I am provided with appropriate PPE (personal protective equipment) and informed if any clients had suspected or confirmed case of coronavirus. I check for the latest guidance on Covid-19" and "We receive regular reminders to use PPE and are kept up to date about the policies and procedures which will help us stay safe. We are also provided with all of the PPE that we need".
- Staff had received training on infection control and understood their role in preventing the spread of infection.

Learning lessons when things go wrong

- There had been no accidents and incidents at the time of the inspection. Staff understood their responsibilities for reporting accidents, incidents or concerns. Written accident and incident records would document details leading up to events, what had happened and, what action had been taken.
- The manager had a system in place for monthly audits of incidents and these would be completed to help identify any action that could be taken to help prevent recurrence.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments were completed for those who were considering using the service. They supported the manager and prospective client to decide whether the service was suitable, and their needs could be met. The content of the assessment was thorough and would enable a set of care plans to be developed prior to the person receiving care and support.
- Care and support was reviewed and evaluated so that people received support that was responsive, and person centred.

Staff support: induction, training, skills and experience.

- People were supported by staff who received training and development opportunities tailored to individual staff requirements and their roles. One person told us, "The carer definitely seems to know what they are doing which is reassuring". Staff felt encouraged and supported to increase their skills and knowledge. Staff told us, "The online training is very helpful, and the office is helping when more support is needed. I am looking forward with the plans for the future training. I am also being given the opportunity to achieve a level 3 qualification", "I feel supported to develop my skills and knowledge" and "I have completed all mandatory training online and have been doing care work for about 10 years so feel these were refresher courses and this helped refresh and update my knowledge".
- The service had a small, steadfast group of staff. They felt supported by the manager and other colleagues. Teamwork was promoted and encouraged and comments from staff supported that they were working cohesively. Staff told us, "We do help each other when needed and support one another", "So far my experience working for the company has been good. I haven't had any issues with the team" and "The office environment is friendly and professional, and my manager is always supportive".
- Any additional support or supervision was provided on an individual basis and these were formally recorded. Supervisions supported staff to discuss what was going well and where things could improve, they discussed individuals they cared for and any professional development and training they would like to explore. Staff told us, "Supervisions are useful as I am able to see areas I need to improve and express my wishes to progress with My Homecare" and "We have started to have regular spot checks and supervisions which are very helpful".

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

- People were provided with support to eat and drink where this had been identified as a care and support need during the assessment process.
- Staff reported any concerns they had about a person's food and drink intake to the registered manager and subsequent referrals were made to the GP for guidance.

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

- Staff were available to support people to access healthcare appointments if needed and, they liaised with health and social care professionals involved in their care if their health or support needs changed.
- The manager spoke with us about how they would support people to access district nurses, occupational therapists, dieticians and other health and social care professionals based on their individual needs.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- Staff understood the principles of the MCA, how to implement this and how to support best interest decision making.
- Staff respected people's choice, preferences and asked for their consent when offering support.

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.

- People were provided with support from a caring service and had formed good relationships with the staff. People told us, "They are kind and caring but also very professional", "I have a lovely carer, I've really got to know her, she is very dedicated and I am treated well".
- People were introduced to the staff who would be supporting them. Continuity of staff for individuals was an important asset to ensure consistency wherever possible. People appreciated the efforts of the manager when co-ordinating this. People received care, as much as possible, from the same familiar staff.
- Thought and care was given when matching people to staff and this had a positive impact for people. It was evident the manager had worked together with people to build up relationships based on trust and confidence.
- Staff were positive and enthusiastic about the support they provided to individuals. They told us they enjoyed their work and they were proud.

Respecting and promoting people's privacy, dignity and independence.

- Staff were privileged guests in people's homes. People told us staff were respectful and kind. Comments included, "They are very respectful that this is my home, and I feel like they are part of our family now" and "They are all very polite and courteous". Staff told us, "I believe we treat people with respect, we use a document called 'this is me' which is brilliant", "We respect everyone's wishes and needs as well as treat everyone with respect" and "As a senior carer I am carrying out spot checks on other care staff and I have no concerns that they are not caring or compassionate about the people we care for".
- Information in care plans contained the level of support needed whilst at the same time promoting independence and respecting people's wishes. One person spoke about their recovery and recent improvement in their physical health following discharge from hospital. They told us, "My carer is very good, I walk with an aid, but she knows I am nervous, so she walks behind me with a wheelchair just in case. My physiotherapist was amazed how well I was doing".
- Continuous review enabled people to achieve their outcomes, remain in their own homes and promote their independence. The manager told us this could result in people either living independently without support or where the care package would be reduced because less support was required.
- Staff told us, "We do indeed promote independence and encourage the people to improve their abilities when and how they can" and "Yes I always encourage clients to do as much for themselves if able to do so, to promote their independence means they feel involved in their care."

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

- People told us they were involved in making decisions about how they wanted to be supported.

- Care plans showed that they were involved and had consented to the decisions made about their care.

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 meet people's needs, preferences, interests and give them choice and control.

- The approach to care was person centred. Care plans were informative and evidenced that people had been fully involved in developing their plans and how they wanted to be supported. People had taken the time to provide and share specific details about preferred routines and what level of assistance they required, and this was reflected in their records.
- The 'this is me' document provided staff with a detailed account about people's lives to help form positive relationships with staff and aid meaningful conversations, care and support. There were questions asking people what their expectations were about the service and what would make them feel happy. People had told staff, "I want to feel valued and included", "A hug and a cup of tea makes me feel better", "I would like my carer to be understanding and sympathetic to my situation" and "I would like having someone to talk to, please take the time to reassure me whilst supporting me".
- There were communication systems in place to help promote effective discussions, so that staff were aware of people's needs and any changes for people in their care. This included handovers and daily records.
- People's changing needs were responded to quickly and appropriately. The manager was confident staff recognised when people were unwell and reported any concerns to a person in charge or directly with relevant health or social care professionals. We heard examples where daily evaluation had helped identify deterioration in people's health, where needs had changed, and intervention was required. This included things such as treatment for infections and review of medicines.
- Support pathways of care were developed with individuals and relevant professionals to support phased progression. The manager and staff recognised individual capabilities and worked on strengthening these.

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

- The service protected people from social isolation and recognised the importance of social contact. Staff were getting to know their clients and discuss how they could support them to enjoy their local community. People were vulnerable but as Covid restrictions were reducing they were feeling more confident to go out.
- People were supported with preferred interests and hobbies and were encouraged to express, discuss and share new ideas. One person had said they would like to start swimming again at the local leisure centre and this was being organised.

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.

- Information would be shared with people in formats which met their communication needs in line with the Accessible Information Standard.
- Communication requirements were discussed during the initial assessment when people started using the service and this was reviewed and monitored.
- Any care documentation, complaints and contracts could be adapted into larger print.

Improving care quality in response to complaints or concerns.

- The provider had a complaints policy in place, which was provided to people who used the service.
- People had formed good relationships with staff, and they felt confident to express their views. Things that had worried people or made them unhappy were documented. This information was also shared with staff. People told us they were listened to, they named individual carers who they said were very good and supportive.

End of life care and support.

- People and their families would be supported when they required end of life care, with the support of GP, district nurses and palliative care nurses.
- No-one was receiving end of life care at the time of our inspection.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- The provider and manager told us about their journey over recent months, including achievements, learning from failures and how best to improve. Their efforts to improve ways of working and the new systems in place had contributed to a smooth, effective operation of the service whilst still retaining its personalisation. With the support of social care professionals the service had improved.
- The provider spoke highly about the manager. They told us, "She is meticulous in her approach, she soon pointed out on areas of work that needed to improve and started working on these immediately to make our service safer. Her attention to detail is core to her management style, her unwillingness to compromise on professional details has given us a lot of confidence since her arrival".
- The manager and provider led by example, they were caring, kind and respected. Comments about how the service was managed included, "The manager is always easy to approach and helpful", "I have found the manager to be very kind and approachable, when it comes to care staff our management is very good", "Our new manager is supportive and professional" and "I cannot fault the support I have received. Nothing has been too much trouble for them. They are most supportive not only to me, but to all of our staff at My Homecare".
- The ethos of a person-centred approach to care and treating people as individuals was consistent amongst all staff.
- There was an emphasis on teamwork amongst everyone. Staff were 'positive and proud' about what they had achieved as a team to ensure the quality and safety of people was promoted and maintained. The manager told us, "We now all look forward to a brighter future".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- Quality assurance systems were in place to drive improvements within the service. The service had a programme of audits and quality checks. This was to analyse and identify trends and risks to prevent recurrences and improve quality.
- The provider and manager had considered the Key Lines of Enquiry (KLOE) which CQC inspect against and how they will plan to improve and further enhance the current good practice they were achieving.
- Policy and procedures were reviewed to assess if they remained effective and up to date with current best practice and guidance.

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

- The provider and manager understood their responsibilities about informing people and families, the Care Quality Commission and other agencies when incidents occurred within the service.
- The provider and manager were open, honest and transparent when lessons could be learned and improvements in service provision could be made. They had communicated to CQC and the local authorities when the service had been struggling last year and they had been supported to improve.

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

- Communication systems were in place to help promote effective discussions between staff so that they were aware of any changes for people in their care. This included handover reports, staff meetings and written daily records. Staff told us, "We are kept up to date and informed about all we need to know" and "I think communication is very good".
- The service sought the views of people using the service. The manager completed 'ring around Friday's' each week and telephoned people to gather their feedback about the support they had received. Comments received included, "They are fantastic carers and have really boosted my confidence", "Everything is going well" and "Thank you to you and the girls for helping us through this period, your understanding has been appreciated".
- Other methods of communication included planned meetings for staff. The provider was currently looking at ways to enhance team work by way of team building days to further promote the bonding and cohesion of all staff. Both the provider and manager wanted meetings to be effective, meaningful and enjoyed.

Working in partnership with others

- The service ensured they had effective working relationships with outside agencies such as the local authorities, district nursing teams, GP practices, the safeguarding and DoLS teams and CQC.