

My Homecare Assistance Limited

My Homecare Newcastle

Inspection report

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Date of inspection visit:
13 June 2022
14 June 2022
20 June 2022

Date of publication:
08 July 2022

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 Newcastle is a domiciliary care service providing personal care to people living in their own homes. The service provides support to people with a range of health conditions. At the time of the inspection, the provider supported 109 people.

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's needs had been assessed and personalised support plans were in place with people and their families being involved. Staff were kind, caring and compassionate.

Care was provided by a consistent staff team, although the pressures of COVID-19 has made that difficult at times. In the majority of cases, people said staff arrived and stayed for the agreed times.

People felt safe with the staff team supporting them, and staff had received training in safeguarding people from abuse. Accidents and incidents were reported, although the procedures around recording these needed to be reviewed.

Medicines were managed safely. The provider was in the process of updating their medicines policy in line with transferring to electronic recording.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff recruited safely, and who were trained and monitored to carry out their roles effectively. Staff were supported, but asked that positive feedback received, should be relayed back to them. The provider was addressing this.

People were protected from the risk of infection as people told us staff always wore PPE. The provider was in the process of updating their PPE practices.

People's dietary needs were met, and the service worked well with other healthcare professionals to achieve good outcomes for people.

A complaints procedure was in place and people and their relatives knew how to complain if they needed to. The provider had systems in place to monitor the quality of the service.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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 4 February 2021 and this is the first inspection.

Why we inspected

We undertook this inspection because the service had not been previously inspected since registering with the CQC.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 Newcastle

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave a short period notice of the inspection because we were completing a remote inspection and we also needed consent from people and relatives to allow us to contact them.

Inspection activity started on 13 June 2022 and ended on 20 June 2022.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority commissioning and safeguarding teams. We contacted Healthwatch to gain any feedback they might have. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We contacted 28 people and relatives by telephone to gather their feedback. We spoke with the registered manager. We also spoke with the area manager and contacted every member of care staff to gather their feedback.

We reviewed a range of records. This included care and medicine records for six people. We looked at three staff files in relation to recruitment, support and elements of training and induction. We also reviewed policies and procedures and a range of quality assurance checks.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were managed safely. One person said, "I have a memory problem, and the carers come in to make sure that I have taken the meds."
- Staff received training in the safe administration of medicines and had their competencies assessed regularly.
- Medicines were monitored. Staff used electronic technology to record medicines administered. This enabled the provider to check records instantly and monitor these for any issues arising.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were identified and assessed. Risk assessments were carried out for people in a range of areas, such as medicines, mobility, and the home environment.
- Staff were trained to support people safely, for example, staff received training in manual handling and first aid.
- Lessons were learned when things went wrong.
- Accidents and incidents were recorded and reported. Some of the records were not completed clearly. We discussed this with the provider, and they said it would be addressed straight away.

Preventing and controlling infection

- People were protected from the risk of infection. Staff were trained to follow current government guidance regarding the COVID-19 pandemic. The provider was in the process of refreshing training with all staff in putting on and taking off PPE and general infection control procedures.
- The provider had an infection control policy and procedure in place which was regularly reviewed.
- People said staff wore PPE when visiting them in order to protect them from risk of infection. One person said, "The senior carers do spot checks on the staff."

Systems and processes to safeguard people from the risk of abuse

- People felt safe and said staff protected them from harm or abuse. One person said, "Yes, very safe. I have the same nice carer."
- Staff had received training in safeguarding vulnerable people. They understood their responsibilities to protect people from abuse. One staff member said, "Whenever I feel my clients are not safe, I report it."
- Concerns were reported to the appropriate authorities, including the Care Quality Commission (CQC) and the local authority safeguarding teams.

Staffing and recruitment

- There were enough staff to meet people's needs. No missed calls were reported, although a small number of people reported some late calls. One staff member said, "I have time to get between calls on time or thereabouts. The office try to keep staff in the same area so travel is minimised. If we are late, we usually call the person to say so."
- Safe recruitment procedures were in place. This included Disclosure and Barring Service (DBS) checks and receipt of written references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Some records were in need of review to ensure good practice was followed. The registered manager told us they were in the process of recruiting an HR staff member to support these procedures.

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 of 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.

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 MCA 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. 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.

- The provider was working within the principles of the MCA. Initial assessments of care and support needs included a 'consent form'. People had signed and consented to their care and support.
- People were asked for their consent and had choice before being provided with care and support.
- Staff had completed training to support their awareness of the MCA and best interest decisions, which enabled them to provide person centred care.

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

- The provider assessed people's care and support needs before they began to use the service to ensure they could be met.
- Care reviews took place to ensure the provider continued to meet people's needs. One person said, "Now and again, the supervisor comes out for a chat (about care needs)."

Staff support: induction, training, skills and experience

- Staff were trained and knowledgeable. People and their relatives said the staff team were capable and efficient. One person said, "The two main carers who come to see me have actually researched my condition themselves to understand my mental condition more."
- Staff received training which the provider deemed mandatory, including moving and handling and food hygiene. More specialist training was provided when required. Specialist training included catheter care or end of life care.
- Staff were supported. One staff member said, "The office [including management] give us carers so much support and always try their best to accommodate to our needs."

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

- People received suitable support with their food and drink requirements.
- People with special dietary needs were supported, including those at risk of choking.
- People's food and drink likes, and dislikes were recorded which helped staff ensure preferences were met.

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

- Staff worked with other health and social care professionals. People's care records set out how staff should support them and included information about other professionals involved with their care.
- People were supported to sustain healthy lives. This included support to make appointments or arrange hospital visits. One person said, "Yes, they'll phone the doctor for me. They keep a good eye on me."

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 of 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 fully supported and treated well. Staff were consistently kind, understanding and respectful, and this was reflected in records and in the feedback we received. One person said, "I am more than happy. We have a sit and a cup of tea together and a chat... and a laugh...!m really happy." Another person said, "They're friendly all of them. I really love to see them coming in, I love all of them."
- Staff understood the importance of respecting people. One staff member said, "I treat my service users with dignity and respect. I always go the extra mile to make sure my clients are happy and well looked after."

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

- People and their relatives were involved in developing their care plans. One person said, "Yes, they discussed it all with me and it was agreed with me."
- People's views were listened to and respected. One person said, "One night they came at 6.15 for my night call, and I told them that was too early, and they've changed it."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person said, "They [care staff] always ask if they can do anything else for me."
- People's privacy was respected, and staff were thoughtful. One person said, "They'll [care staff] do anything for you."
- Independence was encouraged. One person said, "They don't step in and do everything. They let me keep my independence."

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 of 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; 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

- People received person centred care which met their needs, including the choice of staff gender. One person said, "We prefer females, which we get."
- Care plans were bespoke and included personalised details of how people wanted to be cared for and supported. Some lacked detail, but after feedback the provider was going to address this.
- People were supported to avoid social isolation. One person said, "They [care staff] are great company, and I have a great chat with the carers."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. Care records documented the support people required, including those with hearing impairments. One person said, "I'm very dependent on them and it's important that they can relate to me (person confirmed staff did relate to them)."
- Staff were aware of people's needs and communicated effectively with people.

Improving care quality in response to complaints or concerns

- People and relatives knew how to complain if they needed to and felt this would be acted upon. One person said, (if they had a concern), "I'll speak with the carers, then phone the office."

End of life care and support

- There was nobody currently receiving end of life care. However, it was clear from records and talking to staff and healthcare professionals, staff would have the ability to support a person at the end of their life should that need arise.

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 of 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.

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

- Managers and staff understood their roles and spoke passionately about their work.
- Quality monitoring systems were in place to monitor and improve the service. This included audits and spot checks.
- Notifications were made to the CQC as required by law.

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

- Person centred care was promoted. People were generally happy about the service they received and gave positive feedback about care staff and said they would recommend the service. Staff commented they would like to be told of any positive feedback received about them. The provider was in the process of addressing this.
- Staff spoke highly of the management team. One staff member said, "I think this company is brilliant, I am very happy working for them. The support they give is brilliant" and "They go far and beyond for their clients."
- Staff were encouraged to raise any questions or concerns with management.

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 management team understood their responsibility regarding the duty of candour, which included the need to apologise in writing when something went wrong.
- Notifications legally required by the CQC had been received in a timely manner.

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

- People were engaged and involved with the service provided. This included completing surveys and participating in regular reviews. One person said, "The manager was out to see me recently...just checking I was ok."
- Staff were engaged with developing the service and were supported. One member of staff said, "The office celebrate their carers. For example, they give out gifts over Christmas, award people with carer of the month etc. It makes us feel appreciated which pushes us to be the best carers we can be."
- The provider had sought staff feedback in a variety of ways, including questionnaires. There had been staff

meetings arranged, including to promote mental health. Some staff had not engaged as well as others, but the provider was working to address this.

- The provider was open to continuous learning and improving care. This included the introduction of a new IT system to enhance care delivery.

Working in partnership with others

- Staff worked in partnership with other healthcare professionals. One healthcare professional said, "Communication is spot on. We struggled during the pandemic to get providers to take people at short notice, but this service was great. They have been very flexible."