

Metro Homecare Ltd

# Metro Homecare LTD

## Inspection report

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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:

Metro Homecare Ltd is a domiciliary care agency. It provides personal care to people living in their own homes in the community. Children, older adults and younger disabled adults use the service. At the time of this inspection on 29 March 2019, 133 people were using the service.

### People's experience of using this service:

People had an assessment of their care and support needs and their views were taken into account.

People went to activities of their choice and staff supported them with this when required.

The registered manager followed established safeguarding processes to protect people and report allegations of abuse.

Staff assessed risks to people's health and wellbeing. Plans to manage and mitigate these risks were developed and implemented to keep people safe.

People were supported with taking medicines. The records used for the management of medicines were audited and completed accurately.

The registered manager employed suitably experienced staff by following the provider's recruitment processes.

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

People and their relatives gave positive feedback about the service. People said they were happy about the level of care and support they received.

People said staff showed them kindness and were respectful when delivering care and support while protecting their dignity and privacy

People and their relatives contributed to their care assessments and reviews of their needs.

People and relatives said the management of the service was well-led and staff were responsive to their care needs.

There were systems in place for monitoring and reviewing the quality of the service. Actions were implemented where improvements were needed.

Staff were happy working for the service and were complimentary about the registered manager who supported them in their jobs.

Rating at last inspection: At the last inspection on 1 and 3 November 2017, the service was rated overall Requires Improvement. (Report published on 19 March 2018). We asked the provider to send us a plan to describe how they would improve each key question of Effective, Caring and Well-led to at least Good. At this inspection action had been taken to improve the ratings to Good.

Why we inspected: This was a planned inspection based on the rating of the service at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective. Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring. Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive. Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led. Details are in our Well-led findings below.

# Metro Homecare LTD

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This announced inspection took place on 29 March 2019. One inspector and three Experts by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses a domiciliary care service.

#### Service and service type:

Metro Homecare Ltd provides care and support to children, adults who are living with a physical disability and adults over 65. At the time of this inspection, 133 people were using the service. Not everyone using the service receives regulated activity; 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.

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 visit because it is small, and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. Inspection site visit activity started and ended on 29 March 2019. We visited the office location on 29 March 2019 to see the registered manager and office staff; and to review care records, policies and procedures.

#### What we did:

Before the inspection, we looked at information we held about the service including notifications sent to us. A notification is information about important events, which the service is required to send us by law. The

provider completed a Provider Information Return (PIR). This 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.

During the inspection:

We spoke with the registered manager, branch manager, five care workers, human resources manager, finance manager and a representative from the learning academy.

We looked at 15 care records and medicine administration records. We also looked at 15 staff records and other documents relating to the management of the service.

After the inspection:

We spoke with 22 people who used the service and 13 relatives. We did not receive feedback from the two health and social care professionals we contacted.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- There was a safeguarding policy and process in place at the service.
- Staff understood the actions to take to protect people from the risk of harm and abuse.
- Safeguarding adults training was available for all staff. This helped staff to develop their knowledge of the types of abuse and to promptly report an allegation of abuse for investigation. Staff confirmed they had completed safeguarding training and commented "The training was really good and gave clear examples of abuse" "My job is to keep people safe from harm" and "I would report any abuse to my manager. I have reported safeguarding to the office when I was worried about one of my service users."
- Safeguarding records showed concerns were managed in a safe way. The registered manager investigated allegations of abuse and reported them to the local safeguarding team.

Assessing risk, safety monitoring and management.

- People said staff cared for them in a way that they felt safe. A person using the service said "I feel very safe", "I think so, they haven't done anything unsafe yet" and a family member of someone using the service said, "I think [my relative] is safe with them yes, they seem to look after [my relative] well enough."
- Risks that affected people's health and wellbeing were identified and management plans were put in place to manage these. For example, a person's care records clearly stated that two members of staff must support them while providing personal care and moving around their home. This action helped to manage the risk of falls.
- Each risk assessment and management plan was reviewed by staff. Any changes in relation to new or existing risks were recorded in people's care records. This information was shared with staff, so they were aware of these changes and could continue to meet people's needs safely.

Using medicines safely.

- People had support from staff to ensure they had their medicines as prescribed. Each person who was required to take medicines confirmed they received the appropriate level of support required. Comments included "Yes they do help me with the medicines for [my relative] and always record it in the MARS, they're wonderful I don't know what I would do without them" "He comes to give him his medication" and "Yes, they help with the medicines and there have been no problems."
- Records showed that staff had training in medicines management. Once a member of staff was trained and assessed as competent they supported people with the administration of medicines.
- Medicine administration records (MAR) were used by staff to record when people had their medicines. Each MARs we looked at was completed accurately and contained no unexplained gaps.
- Staff returned completed MARs to the service for review. There was a system in place for a medicines audit. The audits helped the branch manager to review the effectiveness of the management of medicines and

staff practice in this area.

- Any areas for improvement in recording on the MAR were discussed with the member of staff and also recorded on their staff files.

Staffing and recruitment.

- People had care and support from enough members of staff. People said that their regular care workers visited them as scheduled.
- There was a system in place that captured late and missed care visits. The monitoring system alerted senior staff when a care worker was late or had failed to deliver care. This meant that staff could take action promptly by responding to the missed or late visit.
- During the inspection three people raised concerns about lateness and these details were passed onto the registered manager with people's consent. After the inspection we were provided with a full explanation and confirmation that these concerns had been discussed with the people concerned.
- The provider's recruitment processes were followed to ensure suitable and experienced staff were employed. Newly employed staff completed an application form, were interviewed and provided supporting documents such as job references and proof of the right to work in the UK and identity.
- The registered manager arranged for checks to take place before employment was confirmed. This included a criminal record check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working in care services.
- The human resources manager had a system that captured details for; the renewal of right to work, training, DBS, supervision and appraisals. All staff files contained the application documents related to the staff recruitment process.

Preventing and controlling infection.

- Staff followed the provider's infection control policy.
- Staff we spoke with were aware of how to protect people from the risk of infection.
- Staff understood that it was part of their responsibility to use personal protective equipment available to reduce the risks of infection. Gloves, aprons and uniforms were provided to each care worker.

Learning lessons when things go wrong.

- Accidents and incidents and safeguarding concerns were recorded.
- The records showed that these were looked at by the registered manager and branch manager. The reviews of these incidents enabled the identification of themes.
- During staff meetings information about incidents was shared. This gave staff the opportunity to discuss the incident and for them to give their views on what they would do if they were involved in a similar incident.
- This approach helped to develop staff learning and provide the registered manager with information about how to manage the risk of the incident recurring.

# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- At the previous inspection we found that that people did not always have meals that met their preferences or nutritional needs. At this inspection we found that people were supported to have meals of their choice
- Not all people using the service had staff prepare meals for them. Those who required this support said staff prepared meals of their choice.
- Most people either prepared their own food or family did it for them. Two relatives said, "[Care worker] warms the food up but [family member] prepares the food" and "We prepare all our family members food. We leave instructions for care workers to reheat the meals."

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

- The registered manager understood local standards for managing infection control and safeguarding allegations.
- People had an assessment of their needs and were able to make choices about what care should be provided to them.
- Staff developed a plan of care with people's contribution.
- At our previous inspection people raised concerns about the communication skills of some of the staff that cared for them. Although care plans were in place for each person, seven people and relatives continued to discuss their concerns that some staff did not always understand their needs fully because of some staff's communication skills. People commented "The language barrier is a real problem" "Most staff find it hard to understand our loved ones because their English is not good", "It's difficult to explain things about my care because for some of the carers it gets lost in translation" and "I am not sure if they understand everything I am saying."
- We found that although staff had training in the English language and completed and passed an English literacy test some people found that communication with some staff could be challenging.

We recommend that the provider seek guidance on implementing effective systems to ensure all care workers can communicate effectively with the people they support.

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

- People accessed services and support from health care professionals when this was required. This support helped people to maintain and improve their health and wellbeing.
- Staff contacted health and social care professionals for advice when people's needs changed. For example, when a person needed additional support to access the bath staff made a referral for an additional assessment from local health services.

- The registered provider had purchased some equipment for people to use, including bath boards which helped people get into and out of a bath more easily. This meant that following an assessment from a health care professional there was no delay in receiving equipment to support people.

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

- Training in the MCA was provided for all staff. The training gave staff a foundation for them to understand their roles and responsibilities while protecting people's rights and supporting them to make their own decisions wherever possible.
- Mental capacity assessments were carried out by social care professionals. When staff identified changes in people's abilities to make decision for themselves, staff completed an assessment if they were concerned about whether they were able to make particular decisions.
- When concerns were identified about people's abilities to make decisions, they were referred to the local authority team for further mental capacity assessments to ensure that their rights were protected.

# 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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- Staff understood people's needs and provided them with appropriate planned care and support.
- People and relatives were complimentary about the care workers that visited them. Comments included "[Care worker] is very co-operative and asks questions like, are you alright, can I do anything more for you and are you concerned about anything?", "[Care worker] says don't be afraid to ask me anything, and I really appreciate that" and "They are very caring, they know what to do, they are nice ladies and they respect me."
- People said that care workers were friendly towards them and they valued their friendship as well as for the care they provided.
- People maintained relationships with people they cared about and were important to them. Staff supported people to access the community to visit friends and family as they chose.
- Relatives were kept updated by staff when their family members care and support needs changed. Relatives said this information helped them to remain involved in the care and support of their loved one.
- People said that staff did not have the time during their care visits to support their needs related to their religious beliefs and culture. One person said, "I would love to go to church but the person who looks after me has not got the time." We discussed this with the registered manger. They had arranged for the branch manager to visit the person at home to discuss their concerns. After the inspection they provided us with an update of the agreed actions with the person concerned.

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

- People and their relatives contributed to and were involved in making decisions about their care and support needs.
- Staff recorded the decisions that people made about their care needs and in the delivery of their support. For example, staff implemented people's preferences of the gender of the care worker and the time of the care visits. People commented "I have one regular care worker that I like and they know how I like things done" and "My [relative] has two or three regular carers and that is brilliant because she has dementia but she recognises their faces."
- People said that their regular care workers understood their individual likes and dislikes and accommodated these when delivering care to people.

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

- People said all staff were respectful to them. Comments from people and relatives showed that most care workers were good at ensuring privacy and dignity for them. But people also commented that "[Care workers] speak their own language when they are looking after you which can be quiet intimidating, and makes you feel very vulnerable" and "My [relative] has a lot of issues and he/she does like to have a cigarette. One of the carers didn't think he/she should be smoking and was disgusted by it. I don't think it

was her/his place to judge what my [relative] should and shouldn't do in their own home."

- Staff supported people with their personal care and support in privacy, so their dignity was maintained.
- People were supported to go out into the community. One person said that they enjoyed shopping and the care worker went out with them and helped them to carry their shopping bags.

We recommend that the service seek guidance from a reputable source on supporting staff to promote and respect people's choices.

## Is the service responsive?

### Our findings

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

Good: 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.

- Assessments took place with people and their relatives.
- Assessments identified people's individual care and support needs and also captured likes, dislikes, care, support and treatment needs.
- The outcome from the assessments were used to develop a care plan. This guided care workers to ensure people received appropriate care and support safely.
- Care and support was reviewed on a regular basis. This meant that the staff had relevant up to date information about people's needs.
- People chose the activities they were interested in and managed this part of their lives with some staff support.

Improving care quality in response to complaints or concerns.

- The provider had a complaints policy and process in place. People were provided with these details, so they could make a complaint about aspects of the service if they wished.
- Records showed that staff managed complaints received about the service. The registered manager had responded to complaints in line with the complaints policy.
- People and relatives gave us mixed views on making a complaint. Comments included, "I would feel comfortable making a complaint. I think with Metro, I don't think an issue would be elevated to a complaint" and "I would ring them up and tell them that I want to make an official complaint, but I have not had to do that. I am on first name terms with most of the Metro office staff." Other comments included "I phoned up and complained a while ago about one of the carers. I never heard anything back, but they didn't send her again anyway" and "I have had to ring up quite a few times, but you are never sure if they care or if they listen. Sometimes they sort things and sometimes they say there is nothing they can do." We discussed these concerns with the registered manager. They provided us with information on the action taken on the complaints we provided them.

End of life care and support.

- Staff we spoke with had an understanding of how to support people who required specialist end of life care.
- Staff had completed end of life training which helped them gain knowledge to implement best practice in palliative care and support. This meant that people were supported with the required support when needed.
- Staff understood the roles of health and social care professionals who could provide end of life care advice and support to ensure people's wishes and views were respected so they had a comfortable death.

# 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.

Good: 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.

- The registered manager and the branch manager completed quality checks of the service.
- Audits on care records, staff training and recruitment records, safeguarding allegations and medicines management were completed.
- Staff were responsible for monitoring the service and in developing a plan of action to address areas of concern. These were discussed with the registered manager, so they had an oversight of these issues.
- All staff we spoke with told us that they enjoyed working with people and at the service. Staff comments included "I love my job" "The manager is really good and he listens to me, when I had a problem with my finances he supported me through this" and "I always do my best for my clients that is why I do this job."
- At the previous inspection we found that the registered manager did not send notifications of significant incidents that occurred at the service and the names of people using the service was not accurate. At this inspection were found actions were taken to meet the standards and the Care Quality Commission (CQC) were sent notification information of events that occurred at the service as required.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- People said that the service was well-led. Comments included "As far as I am concerned, I am getting good treatment, so I am quite happy" "For me I think the service is well managed" and "From my experience the service is well managed. Any issues we have had have been dealt with by the carers and the supervisor."
- The registered manager and the branch manager were available at the service. Staff said that they were both approachable and said they felt comfortable discussing personal issues or concerns relating to their work.
- There was a 24 hour on-call service. People and staff were able to speak with a senior member of staff for advice and support outside office hours.

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

- People gave their views of the service. Staff contacted people to discuss their experiences of receiving care and support.
- Staff contacted people on the telephone, home visits and completed spot checks. This was to assess staff performance and check that a good standard of care was delivered.
- The registered manager supported staff to perform well in their jobs. The registered manager recognised

staff achievements and their contributions to the service.

- There were regular staff meetings held at the service. This gave staff the opportunity to meet each other and discuss their daily practice. The registered manager and branch manager encouraged staff to contribute and share ideas with colleagues.

Continuous learning and improving care.

- The registered manager reviewed incidents, complaints and safeguarding incidents that occurred at the service. Each incident was discussed with staff and they were analysed for recurring themes. A plan of actions was developed and implemented to reduce the likelihood of the incident reoccurring.
- Staff were asked for their opinion and were involved in the development of the service. Staff were given responsibility to contribute to the management of the service. Staff comments included, "The manager trusts me to make decisions and I am free to discuss these with him" and "I feel respected in my job and that is important to me."

Working in partnership with others.

- The registered manager and staff developed links to social and health care services.
- Staff attended regular meetings with health and social care professionals. Staff could get advice and support for people which enabled them to receive appropriate support when needed.
- The service and staff worked closely with voluntary organisations.
- The service provided sponsorship for local football teams. This also involved them contributing to purchasing football kits for the players.
- Staff had developed other links with community groups. This included voluntary health group and a homelessness charity.