2M Health & Home Care Services Ltd

2M Health And Homecare Services Ltd Ross Walk Leicester

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

This inspection took place on 6 October 2016 and was announced. We gave the provider 48 hours' notice of our visit because the location provides domiciliary care and we needed to make sure there would be someone in the office at the time of our visit.

2M Health and Homecare Services Ltd is registered with the Care Quality Commission to provide personal care to people who wish to remain in their own homes. The agency provides services throughout Leicester and Leicestershire and provides for people with complex healthcare and people who require end of life care. At the time of our inspection there were 21 people using the service who were supported by 15 staff.

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

This was our first inspection of the service since they registered with us.

People were kept safe from the risk of harm. Staff knew how to recognise the signs of abuse and who to raise concerns with. People needs were assessed which identified actions staff needed to take to protect people from risks associated with their specific conditions. Some of these needed to be improved with additional information to ensure staff supported people safely. People were supported to take their medicines as prescribed.

People were supported by the number of staff identified as necessary in their care plans to keep them safe. There were robust recruitment processes in place to ensure new staff were suitable to support people who used the service.

Staff had the skills and knowledge to ensure people were supported in line with their care needs and preferences. Staff undertook an induction and a range of training relevant to the needs of people using the service. Staff received regular support and supervision which enabled them to provide people with effective care.

Staff understood the relevant requirements of the Mental Capacity Act (2005) and how it applied to people in their care. Staff sought consent from people before providing care and understood people's right to decline their care and support.

Where necessary, people were supported to eat and drink and had access to other health professionals in order to maintain their health.

People and relatives had developed positive relationships with the staff that supported them. They spoke

about the support staff provided to people and their families, particularly through end of life care. People were involved in the planning and development of their care. Staff promoted and upheld people's privacy and dignity and understood their role in enabling people to maintain their independence.

People's care plans were personalised and reflected people's needs, preferences and wishes. People were supported to share their views about their care but reviews were not always consistently recorded or carried out in a timely manner. The registered manager assured us that they would ensure reviews were undertaken promptly and records improved to reflect people's input into the review of their care.

People told us staff always stayed the full length of the visit or longer in response to changes in people's health or well-being. Some people had concerns about the timekeeping of staff which the registered manager told us they would address.

The provider had a complaints policy which provided people and their relatives with clear information about how to raise any concerns and how they would be managed. People confirmed they felt comfortable to raise concerns with the registered manager and were confident these would be addressed.

People, their relatives and staff were confident in how the service was led and the abilities of the registered manager. The registered manager carried out regular checks on the quality and safety of the service and had established processes for monitoring and developing the quality of the care people received.

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.

Staff had received training and had a good understanding of protecting people from the risk of abuse. The risks people were exposed to had been assessed and plans were in place to help reduce risks.

There were enough staff to meet people's assessed needs and keep them safe. Recruitment procedures included checks on staff suitability. People were supported to receive their medicines in a safe way.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to enable them to meet people's needs effectively. People had consented to their care and support. Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and respected people's right to decline their care. People's healthcare and nutritional needs had been assessed, monitored and were met.

Is the service caring?

Good

The service was caring.

People and their relatives gave consistent and positive feedback about staff. Staff respected people's privacy and dignity and supported them to maintain their independence. People confirmed they had been involved in developing their care and care records reflected their wishes and preferences.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care was planned and delivered to meet these needs. People were involved in planning their own care. Staff stayed the full length of visits but some

people had concerns regarding staff timekeeping. People knew how to make a complaint and felt their concerns would be taken seriously.

Is the service well-led?

Good

The service was well-led.

There was a clear leadership structure which staff understood. People expressed confidence in the management and staff to meet their care needs. There were appropriate systems for monitoring the quality of the service.

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Detailed findings

Background to this inspection

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

This inspection took place on 6 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that people would be available to speak with us.

This inspection was undertaken by one inspector.

Before the inspection we reviewed all the information we held about the service. The provider had 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. We also reviewed notifications that we had received from the service. A notification is information about important incidents or events which the service is required to send us by law.

During our inspection we spoke with three people and three relatives of people who used the service. We also spoke with the registered manager, the co-ordinator and three care staff.

We reviewed a range of records about people's care and how the service was managed. These included the care records for four people, four staff recruitment and training records, quality assurance audits, incidents reports, complaints and records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe with the staff that supported them in their own homes. One person told us, "They [staff] always make sure I am safe, for example they will check the water temperature is not too hot in the bath before helping me in. They only leave me when they are happy that I am safe and well." Another person told us that staff kept them safe because they always checked equipment was working correctly, such as the stair-lift, before they used it. A relative told us, "My family member is safe because staff follow the care plan. They make sure they keep him safe when they are transferring him using the hoist and make sure he is in a safe and comfortable position before they leave."

The provider had policies and procedures for safeguarding (protecting adults from harm) and whistleblowing. We saw these were comprehensive but required updating to include current contact details for external agencies, such as local authorities. The registered manager told us they would update the policy and procedures. Staff we spoke with told us with confidence that they understood the procedure to follow in order to safeguard people from harm. Staff knew how to report concerns that they had including referring to relevant external agencies if they felt they needed to. Staff told us they had received training in safeguarding and we saw records that confirmed they had received training in how to recognise and protect people from abuse. Staff we spoke with told us they would be able to report any concerns to the registered manager and were confident they would be dealt with in a timely manner.

Care records we sampled included risk assessments of people's health and welfare needs. These included environmental risks, the use of equipment and risks related to their health or other needs. They were relevant to the person's individual needs and described the risks for staff to consider in order to keep people safe. However, we found that risk assessments did not always include the guidance staff needed to follow to reduce the risk of harm. For example, one person's risk assessment identified that they required staff support to enable them to mobilise safely around their home. The assessment did not include any guidance for staff to follow in terms of how assistance was to be provided and if any equipment was required to support the person. Another person's risk assessment recorded that staff should "hoist me out of bed into my chair." We saw that the assessment did not provide guidance for staff to follow. For instance, on the type of hoist and sling to be used, if the person was at any risk during the transfer and what action staff should take if the equipment was faulty.

We discussed these concerns with the registered manager who told us that records were not as comprehensive as the information provided to staff during their induction. They told us they would review risk assessments to ensure more detailed guidance and clarity was provided to support staff. This would help to ensure that staff had up to date guidance and information to support people to keep them safe.

The registered manager took steps to ensure accidents and incidents involving people and staff were minimised. We looked at records of accidents and incidents and saw that these had been logged by staff and followed up by the registered manager who identified if any remedial action was required, For example, we saw that one person had experienced a fall which had resulted in the person requiring medical attention. Records that we saw showed the registered manager had investigated the accident and noted remedial

action. The registered manager had reviewed the person's care plan and updated risk assessments to include new measures in place to reduce the likelihood of the person experiencing further falls. This showed that the registered manager used information in accidents and incident reports to review risks and take action to keep people safe.

Staffing levels were determined by the number of people using the service and their needs. One relative told us, "My family member needs two staff to support him and two staff always turn up for the visit." We looked at staffing rotas and saw that these were planned in advance. The number of staff allocated for each person's visit was consistent with information in care plans which detailed the staffing levels determined as necessary in order to meet people's assessed needs.

We saw that the provider had records to demonstrate safe recruitment practices. We looked at four staff recruitment files which included evidence of employment history, references and proof of identity. Checks also included a Disclosure and Barring Service (DBS) check which helps employers to make safer recruitment decisions and reduces the risk of unsuitable people from working with people using the service.

We looked at how the service supported people with their medicines. All staff were trained in the administration of medicines. The provider had policies and procedures regarding the management of medicines to provide guidance for staff to refer to. People using the service told us that, where they required support, staff prompted them to take their medicines as prescribed either through blister packs (pre-packaged medicines from the pharmacist) or through their peg feed (a feeding tube that is inserted into the stomach). One person told us, "The staff always make sure they apply cream to my legs and remind me to take my tablets."

Staff we spoke with told us they had undertaken training in administering medicines and this was confirmed through the training record we looked at. Staff were able to describe how they supported people and the records they completed, including MARs (Medication Administration Records) charts. People's care plans included details of their medicines and any allergies they may experience. We saw that, where possible, people had signed their consent to the level of support they needed to take their medicines. The registered manager undertook audits on MAR charts on a regular basis to ensure they had been completed correctly. This meant people could be assured that staff had the skills and knowledge to support people to manage their medicines safely.

Good

Is the service effective?

Our findings

People had confidence that staff had the skills and knowledge to meet their needs effectively. One person told us, "I feel staff are well trained. They recognise if I am not feeling very well and stay a bit longer to help me. "A relative told us, "Staff appear to be well trained. They don't seem to struggle with anything and I have never had to help them. They know what they are doing." Another relative explained that their family member was supported by staff through end of life care and they found staff to be extremely skilled at keeping their family member safe and comfortable.

Staff we spoke with spoke positively about their induction and training. One staff member told us, "My induction was brilliant, perfect. I hadn't worked in care before but my training helped me to learn a lot about care. My training has given me the skills and knowledge to do my job. For example, I know how to support people by using a hoist safely and how to deal with injuries and emergencies. This helps me to support vulnerable people safely." Another staff member told us, "My training was good. My induction included theory training and shadowing (working alongside) experienced staff. This helped me to understand what support people needed and gave me the information that I needed to know."

The registered manager told us that all new staff were supported to work through the Care Certificate as part of their induction. The 'Care Certificate' is a set of national standards for care workers which staff work through with their managers. This provides staff with the necessary skills, knowledge and behaviours to provide good quality care and support. The registered manager told us new staff were monitored and by a field supervisor (senior carer) and were only signed off after 12 weeks if they had been assessed as competent by the field supervisor and the registered manager.

We looked at staff training records and saw that staff were provided with a range of training which was necessary to meet the needs of people using the service. This reflected the information we received in the PIR which showed that staff undertook essential and specialist training to support people with complex health conditions. The registered manager maintained up to date records of the training each staff member had undertaken and when the training was due to be refreshed. This meant that staff had received induction and training that gave them the skills and knowledge they needed to support people effectively.

Staff we spoke with told us they felt supported to do their job. They advised us that they received regular supervision with the registered manager which involved either formal one-to-one supervision or spot checks on working practices. We looked at staff records and saw that staff were provided with feedback on their performance and practices following spot checks. Staff told us they felt they could telephone the registered manager at any time if they had any concerns or required guidance and felt the registered manager was always supportive and responsive to their requests.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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 it is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. We looked at people's care records and saw that people's choices and decisions had been recorded. Where possible, people had signed the terms and conditions of their care and consented to the care being provided. Staff understood people's right o consent and decline to care. One staff member told us, "Most people are able to verbally give their consent. Some people will tell me that they really like the way I am helping them or ask me to do it a different way and I respect this. If someone declines care I would never force it on them. I would discuss it with the person, write it up in their care notes and report back to the (registered) manager and relative." Another staff member told us, "I respect people's right to decline care. I would discuss this with them to ensure they understood this decision as part of acting in their best interests and then contact my manager to discuss further. I would never force care on someone who didn't want it." This meant that people's expressed wishes and rights were being protected and maintained.

Some of the people we spoke with needed staff to help them with the preparation of meals and drinks. People told us they were happy with the support they received from staff. Where people required specific support to maintain their nutritional well-being care plans included guidance for staff to follow. For instance one person required meals through a peg feed (a feeding tube inserted into the stomach), We saw that the person's care plan included guidance to enable staff to support the person to have sufficient to eat and drink whilst also maintaining the necessary equipment. Staff were aware of their role in supporting people to maintain good nutrition and hydration. One staff member told us, "I always ask what the person wants to eat and prepare it the way they like it, If they need help to eat their meal, I make sure I don't rush them but help them at their pace. I provide drinks every time I visit." This meant that people were supported to maintain good nutrition and hydration.

People's health needs had been assessed and recorded as part of their care plan. This included information on their physical and mental health. Where people were under the care of health professionals, this was recorded and any specific guidance included in the person's care plan. For example, we saw that guidance from a dietician was included in the person's care plan. A relative of the person confirmed that staff followed the guidance. Daily care notes made by staff indicated that people's health needs were monitored. For instance, any change in the condition of a person's skin or medical condition was recorded within the person's care notes. This meant people were enabled to maintain their health and well-being.

Good

Is the service caring?

Our findings

All the people we spoke with said that staff were caring and were happy to be supported by the service. People told us staff were considerate and respectful of their wishes and feelings. One person told us, "The staff are very nice. They do anything I ask them to and provide my care in the way I want them to." Another person told us, "Staff are very caring. They always tell me to take my time, they don't rush me. I can have a laugh with some of the staff which I enjoy."

People who used the service told us they had developed positive relationships with the staff who supported them and spoke about them with affection. One person told us, "Although I have different carers, they are all very friendly. They always ask me if I need anything and make sure I am comfortable throughout their visit. They always stay the full length of the visit and only leave if I am happy with everything. One relative, whose family member received end of life care from the service, told us, "I cannot speak highly enough of the staff. They are professional, human, kind and gentle. They supported me as well as my family member which was important at a difficult time." Another relative, whose family member also received end of life care from the service, told us they had been overwhelmed with the support and care they had received from the registered manager and staff. They told us they felt staff genuinely cared about their welfare as well as that of their family member's.

The registered manager was able to explain different people's needs and told us they always undertook the initial assessment so that they had a clear understanding of people's needs. The registered manager explained that they also supported people when covering for staff which gave them up to date knowledge and skills to meet people's needs and ensured people received consistent care. Staff we spoke with demonstrated they were knowledgeable about the people they supported and were able to explain people's preferences, likes and dislikes. Staff spoke positively about the people they supported and respected people's right to privacy. One staff member told us, "I respect the person's right to dignity. I always close the door if I am supporting someone with personal care and make sure no-one walks in. I also make sure the person is covered at all times."

Care plans and assessments included information about people's views, wishes and choices. These included specific wishes regarding how they liked to be cared for and supported. For example, one person's care plan detailed that they would like staff to put on blue shoe covers before going upstairs in their house. We saw records that confirmed staff followed the person's wishes. Another person's care plan was specific with regards to routines and assisted transfers around their home. Staff recordings in the person's daily care notes showed that staff observed the person's preferences and provided care in line with their wishes. People and their relatives confirmed they had been involved in deciding how they wanted their care to be provided.

Staff we spoke with were aware of their role in supporting people to maintain their independence. One staff member told us, "I prompt people as far as possible and make sure I help them at just the right time so they are not struggling but they can still do what they can for themselves. I support people to say what they want to say and help them to be independent as much as they are able to." Another staff member told us, "I

always ask the person what they want me to do rather than taking over."

People were provided with information about the service before the service commenced. This was in the form of a service user guide which included the aims and objectives of the service and a care agreement which, where possible, people had signed. Information also included contact details for the service, an explanation of the assessment process and details of what the person could expect from the service. This provided people with key information to gain a good understanding of the service before they started to use it.

Good

Is the service responsive?

Our findings

People and their relatives told us they felt the service met their needs. One person said, "I feel my needs are met." A relative told us, "I found the registered manager and staff to be very responsive in supporting my family member through end of life care."

The registered manager carried out an initial assessment of people's needs before they started offering a service. This included visiting the person in their care setting, which may be a hospital or their own home. The registered manager met with the person's family wherever possible to make sure they had all the information they needed. We saw assessments included details about people's preferences as well as their care needs. Most people told us they had been involved in this process. However, two people we spoke with felt that the care planning process was rushed, although they did feel it reflected their needs. The registered manager told us that they received information from health and social professionals prior to undertaking their own assessment. They said that on some occasions they had limited amount of time to complete an assessment and develop the care plan before someone required the service to commence. They told us care plans were developed in line with people's needs.

Care plans included information about people's social interests so that staff could help the pursue these and talk about things which interested the person. Care plans that we saw were personalised and included some details of people's life histories and who they wanted to maintain relationships with. Specific preferences were noted in care plans regarding choice of carer. For example, one person told us they had asked for a female member of staff to support them with their care but were happy for a male member of staff to support them with domestic household tasks. We saw this was reflected in the person's care plan and through the staff who were allocated to undertake visits for the person. Another person's care plan included detailed guidance of their preferred routines when staff visited and how they liked their care to be provided. This showed that the service was responsive to people's individual needs and preferences.

Most people told us they had been involved in the review of their care but this tended to be informal. One person told us they had never had a review of their care but they were expecting the registered manager to visit to meet with them. They told us the care provided was meeting their current needs. Records we saw showed that the registered manager had either met or telephoned people to review their care. We saw one person's care plan had been updated to reflect changes in the person's health condition following a review of their care. However, outcomes of review meetings were not consistently recorded and there was no evidence of who had been involved in the review of care. Records of telephone reviews were recorded as a summary for people to comment if they were happy with their care or if they required any changes to be made. We discussed this with the registered manager who told us they would ensure people's care was reviewed in a timely way and the recordings would be improved to demonstrate people's involvement.

Each person had a visit record which was known as a daily log. This showed the time the staff member arrived and left the visit and was signed by staff. People and relatives we spoke with told us that staff always stayed for the full length of the visit but that timekeeping could be a problem. One person told us, "Staff are not very good timekeepers. They are frequently either late or really early. It would be helpful to have a more

regular time. They do stay the full time though, sometimes longer if I am not very well." Another person told us, "They (staff) do try and let me know if they are going to be late but not always. Last week the office rang me to say staff were going to be late which affected me as I needed to go out. Staff were over an hour late." A relative told us, "Staff are generally on time, although there can be problems with traffic which makes them late. They always stay the full length of the visit." We discussed people's concerns with the registered manager who told us staff could be late if someone required additional support or time in the previous visit. They explained that care was provided within a timeslot either side of people's preferred time of visit. They told us they would monitor staff timekeeping and improve communications between people and staff so that people were advised if staff were going to be late in a timely manner . They also told us they would ensure people were aware of the 20-30 minute timeslot either side of the visit time to allow for unforeseen events and emergencies.

The provider had a complaints procedure and people were provided with a copy of this when their care commenced. This included details of how the service responded and managed complaints and details of external agencies people could contact if they were not happy with the outcome of their complaint. People told us they knew how to make a complaint. One person told us, "I can speak to [name] who is the manager at any time. He is very approachable and listens to me." Another person told us, "I don't have any concerns but I would feel comfortable to contact the office if I did have."

The registered manager kept a record of complaints and how these had been investigated and responded to. We noted there had been two formal complaints received in the last year. The registered manager had responded in accordance with the provider's complaints policy. People who had made a complaint were given a response which included details of any action taken by the registered manager to improve care provided by the service. For example, following a complaint about inappropriate communication between two care staff, the registered manager had met with both care staff to discuss this. Records showed that staff were supported to improve through supervision and observation with a positive outcome. This showed that the registered manager used complaints to improve the quality of care provided.

Good

Is the service well-led?

Our findings

People and relatives we spoke with were happy with the support provided by the service and expressed no concerns with how it was managed overall. One relative told us, "The registered manager rings up and also covers care himself. He asks how things are, communication is very good." Another relative told us, "I found the registered manager to be very approachable and responsive. There were a lot of staff involved in my family member's care but they were all respectful and open to my suggestions. The registered manager and staff all listened to me and supported me." Another relative told us, "The service has been fantastic. They (staff) are so supportive."

The service had a registered manager who understood their responsibilities. This included informing the Care Quality Commission of specific events the provider is required, by law, to notify us about. The service had a clear leadership structure which staff understood. People and staff were able to access management support through a 24-hour on-call service. This meant the registered manager and senior were always available to respond to emergencies or provide guidance and advice.

Staff told us they had regular opportunities to share their views about people care and identify how they could best improve the care people received. We looked at the minutes of a staff meeting in August 2016 and saw this was well attended. Discussions included raising staff awareness of the importance of ensuring recordings were clear, legible and accurate, discussing service values and where working practices could be improved. This enabled staff to share examples of good practice and keep up to date with any changes.

People were supported to share their views about their care through telephone reviews and satisfaction surveys. We looked at the results of surveys sent out in June 2016 and saw comments were positive and included praise for care staff and management regarding the quality of care provided. The service has also received several compliments, in particular about the quality of end of life care people received. Comments included, "Staff provided care in a caring and professional way ensuring [person's name] dignity was kept at all times." And, "Staff were caring and compassionate to [name] and the family; it was a pleasure to have them in the home." One relative had informed the registered manager that their family member no longer needed night support as a result of the good care that the service had provided. This showed that staff provided good care through clear leadership which had a positive impact on people's quality of life.

The provider had systems for monitoring the quality of the service. We saw that the registered manager undertook observational audits of how staff supported people in their own homes, known as spot checks. This involved the registered manager observing staff against a set of standards and auditing care records and quality of recordings. Records of spot checks showed that during these spot checks people who were being supported by staff were asked for their views of the care they were receiving. Where necessary action had been taken to improve the quality of care provided by specific staff. For example, during one spot check the registered manager had identified missing signatures on medicine record charts. We saw the registered manager had discussed this with the staff member and raised during a recent staff meeting to bring about an improvement in the quality of medicine records.

The registered manager was clear on how they used people's feedback to develop and improve the service. They told us the office communicated with staff through SMS messaging via mobile telephones to ensure information was accurate and provided in a timely manner. They told us they planned to implement an electronic monitoring system in the near future. This would enable them to monitor visit times which would help to improve the timekeeping of care staff. The registered manager told us they were in the process of developing a tool to collate the outcomes of their quality audits which they felt was needed as the service increased in size. They said this would help them to identify trends and patterns more efficiently to enable them to drive improvement within the service. This showed that the service was committed to making improvements to ensure people received quality care.