

Metro Homecare Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Metro Homecare Ltd is a domiciliary care agency. It provides personal care to mostly older people living in their own homes. It also supports some adults who are living with dementia. At the time of our inspection the service was providing care to 78 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

Where there were risks to people's safety and wellbeing, these had been assessed. However, risk assessments did not always include a risk management plan or guidance for staff to follow to help ensure they understood the person's condition and knew how to meet their needs. Accidents and incidents were not always analysed and investigated in line with the provider's policy, and there was no evidence of lessons learned.

There were systems in place to monitor the quality of the service and recognise when improvements were required. However, these had not always been effective and had failed to identify the issues we found during our inspection.

Notwithstanding the above, we received positive feedback from people and their relatives about the service, and people told us they felt safe and well cared for. They trusted the care workers and the management team.

People's care and risk management plans set out the care tasks they required help with and these contained personalised information about people and their preferences for how they liked to be supported.

The provider made sure there were enough staff to support people and staff usually arrived at people's homes on time. Staff received induction, training and supervision and felt supported in their roles.

The provider sought feedback from people, relatives and staff and used this to develop the service. People and staff were confident they could raise any concerns they had with the registered manager and felt they would be listened to.

The registered manager and senior staff were responsive to and worked in partnership with other agencies to meet people's needs.

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

This service was registered with us on 20/6/2019 and this is the first inspection.

Why we inspected

We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about the care and support people received and the way the service was managed. A decision was made for us to inspect and examine those risks.

During the inspection, we made the decision to widen the scope of the inspection to become a focused inspection which included the key questions of safe, responsive and well-led.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

Metro Homecare Ltd

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check on a specific concern we received about the care people received and how the provider managed the service.

Inspection team

The inspection was carried out by one inspector, and an Expert by Experience undertook telephone interviews with people who used the service and relatives. 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed the provider to inform people and seek their consent to be contacted and we wanted the registered manager to be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 12 people who used the service and three relatives about their experience of the care

provided. We spoke with the director, registered manager and a care coordinator. We also received feedback by email from four care workers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We emailed three professionals who are regularly involved with the service and received feedback from one.

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 requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- The provider had appropriately identified and assessed risks to people's health and safety such as risk of falls and skin deterioration as well as the environment they lived in. However, some risk assessments did not include a risk management plan or guidance for staff to follow to help ensure they understood the person's condition and knew how to meet their needs.
- One person's assessment identified their skin was at risk of breaking down and this was rated as severe. However, the risk reduction measures only stated, 'Not changed on time and does not like being too hot'. There were no guidelines for staff to recognise signs of skin deterioration or advice on how to manage this. We raised this with the registered manager who told us they would make the necessary improvements. We received evidence of this after the inspection.
- For another person living with a chronic condition, the only risk reduction measures recorded stated 'Medically controlled. GP and hospital are aware of it'. However, there were no details about the condition, how the person was affected, and how to meet their needs in the event of them becoming unwell. We discussed this with the registered manager who told us they would review this without delay. They sent us evidence of a more detailed plan following our inspection.
- The provider kept a log of all incidents and accidents which had occurred. There had not been any for over a year, however, we saw three incidents recorded in June 2019 and one in June 2018 did not contain details of investigations, actions taken, or lessons learned. We discussed this with the registered manager who assured us appropriate action was taken and would ask their HR officer to send us the evidence. Following the inspection, we received this. However, we saw investigations had not been detailed and we could not see what lessons were learnt from incidents and accidents. We raised this with the registered manager who assured us they would improve this going forward.

The provider had not always robustly assessed the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notwithstanding the above, we saw evidence and received feedback that people were cared for and supported safely. Staff who supported people received appropriate training in all aspects of care, including training about specific medical conditions people lived with, such as diabetes or epilepsy. We saw some staff had received training in Percutaneous Endoscopic Gastrostomy (PEG) and were managing a person's needs in this area. PEG is a procedure where a feeding tube is inserted in a person's stomach where they

cannot take nutrients orally.

- One person was at risk of choking, and we saw relevant healthcare professionals had been consulted. Special instructions on the person's care plan stated they 'must have all fluids thickened and a soft diet at all times to minimise the risk of choking'. Each person's care plan included a body map, to enable care workers to record any marks or sores they may notice whilst delivering personal care. Care workers were encouraged to report any concerns to the office promptly.
- Most people had a person-centred risk assessment in place. This looked at risk around the environment, equipment used, medicines, finances, physical and psychological and personal safety such as the risk of self-neglect, choking and malnutrition. Each risk area was analysed and rated as low, medium or high, and included actions to help minimise the risk.

Systems and processes to safeguard people from the risk of abuse

- People who used the service were safe and protected from the risk of abuse. All the people we spoke with told us they felt safe with the care workers who supported them. One person stated, "Oh yes, I am quite safe. I get help when I need it."
- There was a safeguarding policy and procedures in place and staff were aware of these. Staff completed training on safeguarding adults and demonstrated how they would recognise and respond to safeguarding concerns. The provider had systems in place for noting and responding to safeguarding concerns. We saw these were reported, recorded, shared with the local authority and investigated where appropriate.
- People told us they received their visits on time. The registered manager monitored closely people's daily visits. The electronic monitoring system required staff to log in and out of people's homes, and this was recorded in real time on the system. Any concerns were addressed with individual staff members. Documents we reviewed confirmed this.

Staffing and recruitment

- The provider had appropriate procedures for recruiting staff. These included formal interviews and carrying out checks on their suitability and identity. New staff underwent training and were assessed as part of an induction, before they were able to work independently.
- There were enough staff deployed to meet the needs of the people who used the service. Where possible, people received care and support from the same care workers, to help ensure continuity and rapport. The registered manager told us during the early period of the pandemic, some staff had self-isolated. However, they employed a group of bank staff who could be called upon at short notice to cover staff absence. This meant people continued to receive their care as planned.

Using medicines safely

- People received their medicines safely and as prescribed. There was a policy and procedures for the safe administration of medicines and staff were aware of these. Staff received regular medicines training, regular refreshers and had their competencies assessed.
- There were regular audits of people's medicines and the medicines administration record (MAR) charts. Where concerns were identified, we saw evidence the registered manager took appropriate actions. For example, they had identified some MAR charts did not have the route of administration recorded. We saw this was addressed without delay.

Preventing and controlling infection

- People received care and support from staff who understood the importance of following good infection control measures, particularly in relation to COVID-19. There were policies and procedures which included guidelines about working safely with COVID-19. Staff received training in infection control and the use of personal protective equipment (PPE).

- Staff were provided with PPE, such as gloves, aprons and face masks, and people confirmed care workers wore these when they provided personal care. Staff told us they were able to obtain PPE as needed. One staff member told us, "Yes I have enough PPE and have always been provided with the equipment whenever needed."
- Some care workers told us people found it strange to be supported by staff wearing masks. One staff member told us, "In the beginning some clients were a bit unsure and felt unsettled. But after talking about the reasons why, they began to understand."

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 ensure people have choice and control and to meet their needs and preferences

- People's care plans were comprehensive and person-centred and were developed from the pre-admission assessments. Care plans were divided in sections which covered every area of the person's needs, such as mobility, communication and personal care. Each area stated the current situation regarding the person's needs, what assistance was required, and any equipment needed.
- People's records included important personal information about the person, their family and friends, life history, interest and hobbies and likes and dislikes. Care plans included individual support plans for each aspect of the care and support people received, such as being treated with respect, protection from abuse and neglect, physical, mental health and emotional wellbeing and control over day to day life. Care plans reminded staff about treating people with dignity at all times.
- Based on the initial assessment, a package of care was allocated to the person and a timetable was put in place, so staff would know exactly what the person required for each visit, and how they wanted their care delivered. Where people's needs changed, the senior staff undertook a review of their needs, and, based on these, they liaised with the local authority who funded their care, to possibly increase the person's care package.
- People were consulted about their choices and preferences in relation to the support they received, including the gender of the care workers who supported them.
- The provider had a sex and sexuality policy which considered the needs of people from the Lesbian Gay Bisexual and Transsexual (LGBT+) community. The registered manager told us they did not support people with these needs currently.

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.

- People's communication needs were recorded and met. During the recruitment process, staff were given a literacy test to help ensure they were able to communicate and understand people they supported.
- The service provided support to a number of people for whom English was not their first language. As much as possible, the provider matched people with care workers who spoke their language. If they were unable to do this, they informed the person of this before providing care.

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

- Most of the people who used the service lived with relatives and were able to maintain relationships with their extended family. Those who lived alone were encouraged to take part in community activities, although, because of the pandemic, these had been put on hold.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place. People knew how to make a complaint and were confident these would be addressed. They found the office staff to be prompt and responsive to their concerns. One person told us, "The office is pretty good." A relative echoed this and said, "The managers deal with any problems swiftly and promptly and from that you can see they take any concerns we may have seriously." We saw evidence that when concerns had been raised, appropriate action had been taken in a timely manner.

End of life care and support

- The provider had an end of life policy in place and staff received training in end of life care as part of their induction. Staff worked closely with healthcare professionals such as the GP and district nurses and liaised with the palliative nursing team as required.
- One person was receiving end of life care 24 hours a day. The person had complex needs and we saw evidence the regular care workers who were supporting them had relevant training and were providing person-centred care. The person relatives described the care as 'excellent' and told us, "The carers have been courteous and excellent in delivering great quality care. I cannot fault them." They added, "They care for my [family member] with dignity and respect. It feels like my [family member] is being cared for by family members."
- Care plans included a section about end of life care. This recorded how people who used the service wanted their needs met at the end of their life and any advance decisions they may have.

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 requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had monitoring systems in place which included audits about recruitment, care plans, accidents and incidents, health and safety and medicines. However, monitoring systems had not always been effective and had failed to identify the issues we found in relation to risk management plans not being in place, the lack of guidelines for staff where people they supported had specific healthcare conditions and the management of incidents and accidents.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed relevant actions had been taken such as ensuring person-centred risk assessments were in place. They also confirmed they would provide the staff with relevant guidance in relation to specific healthcare conditions and would review the way incidents and accidents were managed.

- There were regular spot checks carried out, to help ensure staff were supporting people in line with their care plans. Spot checks included punctuality, if the care worker wore their ID badge, if they greeted the person on arrival. Staff were assessed supporting people with their medicines and completing records. Where there were issues identified, this was addressed without delay.

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

- People who used the service were supported in a person-centred way and the provider promoted a positive culture. People and relatives spoke positively about staff and management. They told us the registered manager and office staff were approachable and responsive. All the people we spoke with were happy with the care workers who supported them. Their comments included, "Excellent, does a fine job", "They are very respectful", "I find no fault with the carers", "They're lovely, like part of the family", "Very kind, charming manners" and "We have a laugh together."

- Staff told us they felt supported by the management and could contact them at any time. One staff member told us, "Yes I have always been supported by the office. I have training and regular supervision and appraisal" and another said, "I have been kept updated by the manager throughout the pandemic. Refresher training was also provided."
- The registered manager was dedicated and worked with the office team to deliver a good service to people who used the service. They told us, "A good service for me is for individuals. I make sure we build a relationship, understand their needs, go the extra mile and meet their needs. It is difficult for them already, so it is important to make them happy. Also valuing the care workers as they are the foundation of the company."

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 registered manager understood their duty to report any accident or incident, to take appropriate action and to offer an apology if necessary. They demonstrated they knew they had a legal requirement to notify the CQC and did so as necessary. They told us, "If we make a mistake, we have to own up to it and accept it. We empathise with the person who has been affected and meet their needs better in the future. We offer an apology."

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

- The provider conducted quarterly monitoring calls with people who used the service to give them the opportunity to feedback about the care they received. We viewed a range of these and saw people were satisfied. One comment stated, "I am happy with my beautiful carers" and another said, "I am more than happy with my carers."
- In addition, there were six-monthly face to face meetings with people and these were recorded. Areas checked included if the person felt their needs were met, if they were happy with their care worker, if they were treated with respect and if they knew who to contact if they had any concerns. We saw evidence people were satisfied with the service.
- There were regular staff meetings where a range of subjects were discussed, such as COVID-19, risk assessments and care plans, new referrals or any other important information. There were also regular care worker meetings, where staff had the opportunity to discuss any concerns and share communication. Subjects discussed included people who used the service, annual leave and uniform.

Continuous learning and improving care; Working in partnership with others

- The registered manager held a degree in HR management and was studying for a level five qualification in health and social care. They told us they ensured they kept up their knowledge and skills by undertaking relevant training whenever they could. They said, "I participate in the training like the care workers, I train myself too, I read, I use online resources. The local authority has been very helpful. We have fortnightly meetings for managers and senior staff."
- The nominated individual was experienced and held professional qualifications Health and Social Care management as well as degrees in Business Management, Accounting and Finance. They provided support to the registered manager and undertook six-monthly internal inspections and monitoring.
- The registered manager was proud of the way they had been able to support a person with complex needs for several years successfully. They attributed this success to the staff receiving specific training into the person's conditions. They added they had joined an association specialising in this condition, to obtain advice and information about how to meet the person's needs effectively.
- The provider kept a log of compliments they received. We viewed a range of these. Comments included, "[Care worker] is really calming for [family member] and was helpful today", "I would like to express how

happy I am with the set of carers who are looking after my [family member]" and "The carer [Name] has a sparkling personality which I think is a natural talent and looks after me very well."

- The registered manager kept abreast of developments within the social care sector by attending meetings and training courses organised by the local authority. They added they increased their knowledge by liaising with a range of healthcare professionals such as GPs and district nurses. The registered manager told us they had felt supported by their line manager and the local authority during the pandemic. They said, "Everybody has been under stress through the pandemic, but I have felt supported by all of them."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not always assess the risks to the health and safety of service users of receiving care or treatment.</p> <p>Regulation 12 (1) (2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not have effective arrangements to assess, monitor and improve the quality of the service.</p> <p>Regulation 17 (1) (2)</p>