

Michael Rgis' Care Ltd

# Michael Rgis Care Ltd

## Inspection report

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12 September 2022  
05 October 2022

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02 November 2022

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Michael Rgis Care is a domiciliary care service providing personal care to people in their own houses and flats. The service provides support to older people. At the time of our inspection there were six people using the service.

### People's experience of using this service and what we found

Risks to people had been documented, but assessments were not detailed enough to provide staff with adequate information.

We have made a recommendation the provider reviews risks in line with best practice guidance.

People received care in a personalised way, in line with their preferences. Only one staff member, the registered manager, provided care to people, this gave people consistency in staff and the care provided. Staff were safely recruited and had adequate checks. No one using the service required medication administration, but staff were still trained should peoples circumstances change.

People and their families were involved in the creation and updating of their care plans, which were person centred and written simply. The registered manager ensured peoples preferences and wishes were well documented. Staff received a range of training to enable them to support people appropriately. As the registered manager was the only staff providing care, they had implemented contingency plans, should they not be able to work.

Staff built a good rapport with people and with their families, and knew them well, knowing what people's references were. The registered manager wanted to encourage people to remain as independent as possible, while being conscious of people's dignity and privacy. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager kept the service under regular review, completing audits to ensure systems were working well, regularly updating policies, and regularly seeking both formal and informal feedback regarding how people and their families were experiencing the service.

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

### Rating at last inspection and update

This service was registered with us on 22 November 2018 and this is the first inspection.

### Why we inspected

This was a planned inspection as the service had not been rated.

#### Follow up

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

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Michael Rgis Care 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

#### Registered Manager

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

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

#### Notice of inspection

This inspection was announced.

We gave the service notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 02 September 2022 and ended on 18 October 2022. We visited the location's office on 12 September 2022, but were unable to meet with the provider. We visited the location's office again on 05 October 2022.

### What we did before the inspection

We reviewed all information we held about the service. We sought feedback from the local authority about the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke to the registered manager, who was the sole member of staff providing support to people at the time of the inspection. We reviewed two peoples care files, and two staff files in relation to recruitment. We also reviewed a range of documents relating to the management of the service, including policies, procedures, and a range of quality audits, and feedback information from people and families. After the inspection we received additional information from the provider, as requested.

# Is the service safe?

## Our findings

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

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

Assessing risk, safety monitoring and management

- Risks to people had been assessed and were documented in their care plans. However, the assessments were not very detailed and did not provide enough information to staff.

We recommend the provider reviews their risk assessments in line with best practice guidance.

- The registered manager was the sole provider of care to people, however, they had contingency plans in place for back up staff should they become unwell, or unable to work at short notice. This ensured people had continuity of care, and were not at risk of being without care.
- Staff had lone worker risk assessments in place, detailing the risks of working alone, what measures to take to keep staff safe, and what to do in case of emergency.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff were trained in safeguarding and how to recognise and report abuse.
- The provider had a safeguarding policy in place, which provided details of how to report concerns, and where to report them. The registered manager had reported all safeguarding concerns to the local authority.

Staffing and recruitment

- Staff were recruited safely. Staff received DBS, and the registered manager sought references and had a full knowledge of people's employment history. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager wanted to ensure higher staffing levels before expanding the service.
- There were adequate staff to provide people with care and support. The provider ensured contingency plans were in place for staff absence to ensure continuity of care for people.

Using medicines safely

- The provider did not support anyone with the administration of their medicines at the time of the inspection. Staff assisted people with their medications and kept track of when people needed to take medications, but did not administer medications.
- Staff had training in how to safely manage and administer medications.
- There was a system in place to ensure that medication prompting was completed, and no medication

times were missed.

#### Preventing and controlling infection

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Staff had received training in COVID-19 awareness and prevention.

#### Learning lessons when things go wrong

- The provider has systems in place for recording accidents and incidents. There were processes to minimise the risk of recurrence for incidents once they had been identified.



# Is the service effective?

## Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;  
Supporting people to eat and drink enough to maintain a balanced diet

- People had full assessments of needs when starting with the provider, which looked for how to create good and positive outcomes for people receiving care.
- People and families were involved in the creation of care plans. Care plans were shared with people and families for them to edit and add notes to before being finalised. Care plans were regularly reviewed and updated as people's needs changed.
- Staff prepared food for people as per their preferences and needs, as documented in their care plans.
- Staff were fully trained in food safety and food preparation to ensure people received their foods safely.

Staff support: induction, training, skills and experience

- Staff received a full induction to the service when they started.
- Staff received full training in all areas relevant to their job role. This provided staff with the skills required to provide safe care to people. The provider had introduced additional training for staff for areas outside of their current work so the service could expand safely.
- The registered manager provided detailed training in supporting people with learning disabilities, and supporting autistic people. At the time of the inspection, the provider was not supporting any people with learning disabilities or autistic people.

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

- District nurses provided support for interventions outside of the care plans, such as full catheter care. However, staff were trained in catheter care so they would know to look for signs of infection or blockage.
- The service does not currently support people with accessing healthcare, but knew how to access additional healthcare services, including district nurses or GPs, should they be required to.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. At the time of the inspection, no person using the service was being deprived of their liberty.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- Staff demonstrated they knew the people they supported well, explaining their preferences, likes and dislikes, and how people enjoy being supported by staff.
- Peoples care plans were written in the first person. For example, one persons care plan stated 'I would like to be offered the drink of my choice and my carer to ensure I drink enough on every visit because I do forget to drink.'
- Peoples care plans documented if they had protected characteristics, or any specific requirements in relation to equality or diversity, such as peoples gender or disabilities.
- Peoples views of their care were actively sought by the registered manager, who maintained open communication channels with people who used the service.
- Peoples communication needs were assessed and included within peoples care plans. This meant staff could easily engage with people in the best way for them.

Respecting and promoting people's privacy, dignity and independence

- Care plans explicitly stated how to respect peoples privacy and dignity, including ensuring curtains were closed during intimate care, and how to address people in the manner they liked.
- The registered manager explained the importance of people they support maintaining their independence, and demonstrated this being documented in peoples care and support plans.
- Daily care notes were written in a respectful tone and documented what choices the person had made during the care call. This demonstrated that staff were following peoples care plans in relation to promoting choice and independence.

# Is the service responsive?

## Our findings

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

This is the first inspection 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;

- Peoples care plans were personalised, and included details specific to their preferences and wants. These were clearly documented in simple language, and were easy to follow.
- Peoples needs were identified and documented in their care plans, details of how to meet those needs were specific to the person, such as choosing to remain in bed for personal care, or which mobility aids a person preferred to use.
- Care plans were regularly updated. The registered manager held detailed discussions with people and families when updating care plans to ensues they were person centred, and still appropriate to peoples needs.

Meeting people's communication needs

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

- While the service was not currently providing publicly funded care, the service was meeting the AIS. Information was presented and available to people in ways that was suitable for them.

Improving care quality in response to complaints or concerns

- The service had received no concerns or complaints at the time of the inspection. The provider demonstrated where they had actively sought feedback from people and their relatives to look for improvements.
- People and families had been provided information on how to raise concerns and complaints, which was encouraged by the provider.

End of life care and support

- Staff received training in end of life care, however, the service was not supporting anyone with their end of life journey at the time of the inspection.
- Peoples end of life choices had been documented, such as whether they had a Do Not Attempt Resuscitation order, and where it was located within the persons home.

# Is the service well-led?

## Our findings

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

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

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had kept records of discussions with people and families about the service they received, and actively sought feedback about their experiences.
- While there were two other members of staff on file, the registered manager was the sole provider of care to people at the time of the inspection. The other two staff had not started providing care.
- Feedback received from people and their families was positive, with all responses stating they were happy with the service they were receiving.
- All support plans were written in a person-centred way, detailing all aspects of peoples needs. These were created collaboratively with people, with positive outcomes being the main focus, such as maintaining independence.
- As the registered manager was the sole staff providing care, they were highly visible to people and families, and were easily approachable.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 was aware of their role and the responsibilities in relation to statutory requirements, such as submitting notifications to the Care Quality Commission. All notifiable incidents had been reported to CQC at the time of the inspection.
- The registered manager was aware of their responsibilities under Duty of Candour, there were policies and systems in place to enable people and families to raise concerns, and ensure they were properly address. At the time of the inspection, no concerns had been raised by people or families.
- The registered manager had clear and easily accessible contingency plans in place, should they not be able to fulfil their role in providing care. This ensured people were not left at risk of no care being provided.
- The registered manager regularly reviewed the services policies to ensure they were in line with current best practice, and were relevant to the service being provided.

Continuous learning and improving care; Working in partnership with others

- The provider completed regular audits of the service to ensure any concerns or issues were identified and addressed. These were reviewed regularly to ensure they were relevant to the service being provided.
- The provider engaged an external company to come in and audit the whole service, they provided an

extensive report of areas audited, and suggested improvements. The provider demonstrated how they had used this report to make improvements to the service.