

2M Health & Home Care Services Ltd

2M Health & Home Care Services Ltd - Birmingham

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Our inspection was announced and took place on 18 July 2016.

This was our first inspection of this service since it had been registered with us on 11 November 2013. The provider did not deliver a personal care service until 2016. Therefore an inspection had not been needed earlier.

The provider is registered to provide personal care and support to adults of a variety of ages including older people. People who used the service received their support and care in their own homes within the community. Fifteen people received personal care and support on the day. People had needs that related to old age and/or a physical disability and mild dementia.

The manager was registered with us as is required by law and was present on the day. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

The provider had not gathered all of the required information to enable them to make a judgement about potential new staff to ensure that they would be suitable to work, and support, the people who used the service. Gaps in some staff employment history and the reasons they had left their previous employment had not always been explored to determine their suitability.

Medicine systems and medicine records needed some improvement so that people would be consistently assured that they would receive their medicine safely and as it had been prescribed by their doctor.

The provider had processes in place for staff to follow to prevent people experiencing any mistreatment or abuse. Staff understood how to recognise and report concerns about abuse.

Risk assessments were undertaken and staff knew of these and what they needed to do to prevent any potential risk of accident and injury and keep people safe.

Staffing ensured that people were supported by staff that they were familiar with and knew their individual needs and wishes.

Staff received induction training and the day to day support they needed that ensured that they did their job safely and provided support in the way that people preferred. Staff had received the training they required to meet people's needs in the way that they preferred and to keep them safe.

People were enabled to make decisions about their care and support and they and/or their families were involved in how their care was planned and delivered.

Staff understood that people have the right to refuse care and that they should not be unlawfully restricted.

Staff supported people to have drinks and meals that they enjoyed and knew how their meals should be served to prevent the risk of ill health.

People were cared for and supported by staff who were friendly and caring. Staff encouraged and supported people to be as independent as possible.

A complaints procedure was in place for people and their relatives to access if they were unhappy with any aspect of the service provision.

People, relatives and staff confirmed that the registered manager and the service provided was good. We saw that governance processes were used and that audits and spot checks of staff were conducted to ensure that the service ran as it should in the best interests of the people who used it.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

The provider had not gathered all of the required information to enable them to make a judgement about potential new staff to ensure that they would be suitable to work with the people who used the service.

Medicine management systems did not always have the safeguards in place to ensure that errors would not occur.

Relatives felt that the service provided was safe and secure and staff knew of the processes they should follow to prevent harm and abuse.

Is the service effective?

Good 

The service was effective.

People received effective care and support in the way that they preferred.

Staff were well supported and had the training they needed to meet people's needs.

The registered manager and staff understood that people should not be unlawfully restricted and that care and support must be provided in line with people's best interests.

Is the service caring?

Good 

The service was caring.

People and their relatives told us that the staff were kind, friendly and caring. Staff gave people the attention they needed and listened to them.

People's dignity and privacy was promoted and maintained and their independence regarding daily life skills was encouraged.

Is the service responsive?

Good 

The service was responsive.

People's needs were assessed regularly and their care plans were produced and updated with them and their family.

Staff were responsive to people's preferences regarding daily wishes and needs and accommodating if they required changes to call times.

Complaints procedures were in place for people and their relatives to access if they had a need to.

Is the service well-led?

Good ●

The service was well-led.

The management of the service was open and inclusive.

Management support systems were in place to ensure staff could ask for advice and assistance when it was needed.

Processes were in place to ensure that the service was run in the best interests of the people who used it.

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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 18 July 2016 and was announced. The inspection was carried out by one inspector. The provider had a short amount of notice that an inspection would take place. This was because we needed to ensure that the registered manager/ provider would be available to answer any questions we had or provide information that we needed.

We asked the provider to complete 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. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with two people who used the service, four relatives, four staff members and the registered manager. We looked at two people's care records and medicine records, three staff member's recruitment and supervision records and staff training records. We looked at the governance systems in place to and those to monitor the quality and management of the service. We also looked at provider feedback forms that had recently been completed by people who used the service, their relatives and staff.

Is the service safe?

Our findings

We saw that medicine records were handwritten but they lacked two staff signatures to confirm that what had been written was correct to prevent errors. The registered manager told us that they had identified that improvements were needed and told us that they had recently put new medicine records into place to start implementing some of the improvements needed. We saw that there were medicines that had been prescribed on an 'as needed' basis and found that protocols were not in place to advise staff when the medicine should be given. Records that we saw highlighted that staff had supported people to apply prescribed creams. The registered manager told us that they had not used body maps to highlight to staff where the creams should be applied. Body maps would show staff where the creams needed to be applied to prevent any risk of them being applied to the wrong place. This meant that there was a potential that medicines may not have been given as they had been prescribed. The registered manager told us that they would address the issues.

A person said, "I am glad that the staff help me with my tablets. I may forget to take them otherwise". Another person told us, "The staff remind me about my pills but I take them myself and am happy this way". A relative said, "I give their [person's name] tablets. That is what suits us [they and their family member]". This showed that staff acknowledged people's choices about how they wanted to take their medicines.

A staff member said, "I feel confident in supporting people with their tablets". The registered manager told us that all staff who supported people with their medicines had received medicine training to promote safe medicine management. This was confirmed by records that we looked at and staff we spoke with. We looked at two people's medicine records and saw that they had been completed to show that they had been supported by staff to take their medicines as they had been prescribed by their doctor.

A staff member said, "I was not allowed to start work before my references and other checks had been done". The registered manager confirmed that no staff started work until all their clearances had been completed and were satisfactory. Records that we looked at confirmed that before staff started to work checks had been carried out with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. We also saw that references from previous employers had been obtained. However, we found that gaps in employment history had not always been explored and that some staff had not confirmed why they had left their previous job. This meant that the provider had not gathered all of the required information to enable them to make a judgement, about potential new staff to ensure that, they would be suitable to work with people who used the service.

A person said, "Staff have not been bad to me". A relative said, "Absolutely no abuse. In fact it is totally the opposite. The staff are very kind and patient". Staff told us and records confirmed that they had received safeguarding training. All staff we spoke with were aware of the different types of abuse and what they should do if they had a concern. A staff member told us, "I would not hesitate to report anything that I thought was not right to the manager". The registered manager told us that they would refer to the local authority safeguarding team any concerns that they had to ensure that the people were protected from

harm and abuse.

A person said, "I always feel safe. The staff help me to move so I don't fall and hurt myself". A relative told us, "I have no concerns at all. I know they [person's name] are safe". A staff member told us, "I know that the people we care for are safe". The registered manager confirmed that staff were issued with identity badges to prevent people who used the service allowing unauthorised staff into their home. Records of spot checks undertaken by managers confirmed that they always looked to see that staff were wearing their identity badges. The Provider Information Return [PIR] document completed and returned to us by the registered manager stated, "We ensure that the service is safe by carrying out risk assessments before the start of any package. The manager will visit the service user's home and assess the current situation". Records we viewed highlighted that this happened and that where risks were identified they were assessed and minimised.

People who needed equipment for moving around such as a hoist told us that staff used the equipment appropriately. Staff told us and records confirmed that they had received hoist training and felt confident to use it safely. Records highlighted that no falls or injuries to people had occurred when staff were present providing care. We saw that risk assessments had also been undertaken to prevent potential risks to people that included skin damage. We saw that care plans were in place giving staff instruction about the need to support people to change position regularly to prevent a risk of sore skin and be careful when providing support to prevent skin damage. Records of daily support provided and staff we spoke with confirmed that they followed the care plans. This demonstrated that systems were in place to reduce a range of potential risks to the people who used the service.

A person said, "There seem to be enough staff. I always get the staff I need to look after me". A relative said, "I have never known there to be a problem with staffing". A staff member told us, "I think there are enough staff. Where two staff are needed to hoist people, two staff are always provided". The registered manager told us that there were always sufficient staff available and contingency arrangements such as senior staff covering staff sickness to prevent missed calls were in place. A person told us, "I have a small group of staff. I am okay with this. We could not have the same every day as staff have to have days off and holidays". A relative said, "A few staff provide their [person's name] care and it works well". A staff member said, "Generally staff work with the same people and we know them well". This showed that the provider ensured that people received their care and support from staff that they were familiar with.

Is the service effective?

Our findings

A person said, "I am happy with the service I get". A relative told us, "The service is really good". All staff we spoke with felt that the service provided to people was good. Completed provider feedback forms that we saw highlighted people and relative satisfaction. One read, "Wonderful service" and, "Very happy" [with the service].

People and relatives told us that the service provided was reliable. A person said, "The staff never miss me and they call at the time they should". A relative told us, "They [person's name] are a stickler for time and very regimental. It is good that staff 'turn up' when they should or they would not be very pleased".

A staff member said, "I had a good induction. I had to do training, looked at people's records and care plans and then met the people I look after. I worked with the experienced staff at first so saw what I had to do". Other staff also told us that they felt that their induction training was good. The registered manager told us that they had introduced the Care Certificate and we saw staff certificates to evidence this. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care.

All staff we spoke with told us that they felt they had day to day support. A staff member said, "I am supported by the manager. I know I can get advice anytime I need it". We spoke with a 'field supervisor' [senior care staff member] who described the support that was available to staff every day. This included telephone and face to face contact. Staff we spoke with told us that they received supervision sessions from a field supervisor or the registered manager. Records that we looked at confirmed this.

A person said, "Oh, I think the staff are well trained to do their job". A relative told us, "The staff do their job well. They know how to look after [person's name] and that can be difficult". Staff we spoke with told us that they had the training they needed to provide effective, training in the subjects they needed.

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. 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. The application procedures where personal care is being provided must be made to the Court of Protection. The provider had knowledge of the principles of the MCA.

A person said, "The staff always ask me before they start looking after me". Staff confirmed they knew that they should ask people's permission before providing care and that is what they did. They also knew that they should not restrict people in any way. Records confirmed that staff had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS) training. We spoke with staff and found that they were aware of the principals of the MCA and DoLS. This promoted a service that ensured that people

received safe care in line with their best interests.

A person said, "If I was poorly the staff would suggest I call the doctor or telephone the doctor for me". People and/or their families took responsibility for their healthcare needs. However, where people needed this staff supported them to access healthcare services. Records that we looked at highlighted that staff worked closely with the local teams of healthcare professionals to ensure people received effective healthcare support. This included GP's and district nurses. This ensured that the people who used the service received the health care support and checks that they required.

A person told us that staff knew what they liked to eat and drink. Records that we looked at highlighted what each person liked to eat and drink and if they had an allergy or any special dietary needs. Staff we spoke with knew of people's individual food and drink likes and dislikes and foods people should not eat to prevent any risk to their health. Care plans highlighted that one person was at risk of choking when eating and drinking. Staff we asked were aware of this risk, what the food consistency should be to prevent them choking, and that they needed to be observed when eating and drinking. Staff told us that they knew it was important that people had sufficient diet and fluids to prevent illness caused by malnutrition and/or dehydration. Records that we looked at confirmed the food and drink that had been offered to each person during their care call. Records that we looked at and staff confirmed that they had received food hygiene training. This training would give the staff the knowledge about safe food handling to prevent people being placed at risk of food related illnesses including food poisoning.

Is the service caring?

Our findings

One person told us that a staff member had spoken with them in a way they did not like. With their consent we spoke with the registered manager about this who told us that they would look into the issue. All other people we spoke with told us that all the staff were very nice and kind. Provider feedback form comments that had recently been made by people echoed this. The relatives we spoke with described the staff as being, "Kind, "Caring", "Helpful," and "Patient". A compliment form that had been received from a relative said, "We all witnessed the care, compassion and devotion given by staff".

A person said, "I feel that the staff are very polite to me". A relative confirmed that staff were polite and showed respect to them and their family member. Staff told us how they ensured that people's privacy and dignity was respected. They told us they closed curtains and doors when they provided personal care to people and ensured that they were covered with a towel. These actions promoted people's dignity and boosted their self-esteem.

A person said, "I like the staff and one in particular who cares for me most days. They are going on holiday I will miss them". A relative told us, "They [person's name] get on very well with the staff. They don't get on with many people but have 'jelled' with the staff and like them very much". The registered manager described to us how they decided which staff member they 'matched' to a new person when they started to use the service. They told us that they considered the person's culture, gender, personality and interests. The registered manager tried where possible that people had a choice of the gender of staff that provided their care and this was confirmed by the staff we spoke with. The registered manager told us that staff were always introduced to new people who were to use the service before they started to provide their care and support. This was confirmed by relatives and staff we spoke with. This showed that the provider knew the importance of providing a service where people would feel comfortable being cared for by their staff.

A person told us, "Oh, no. The staff ask me to do what I can. I don't want to lose my abilities so I am glad". The registered manager told us that staff were instructed to maintain people's independence at all times. A staff member told us, "All the staff know that maintaining people's independence is very important".

The registered manager told us that people had not chosen to use an advocate. Records that we looked at confirmed that in general people lived with, or were supported by and had contact with a family who would speak on their behalf. We saw that contact details were available if people wished to access this type of service in the future. An advocate is an independent person who may assist people who have difficulty voicing their views, or who need support to make informed decisions about their life.

Is the service responsive?

Our findings

A person told us that, "Someone asked me a lot of things before my care started". A relative told us that an assessment of needs was carried out to find out what support would be needed. The Provider Information Return [PIR] that we received said, "Before each package starts and following an assessment of needs carried out by the manager we put together a support plan with the service user and their family once the needs have been identified. The support plan highlights how the needs and outcomes will be met". The registered manager told us that they undertook an assessment of each person's needs before a service would be offered and records that we looked at confirmed this. An assessment of needs is a process undertaken to ensure that the staff could meet people's identified needs. We also saw that support information had been provided by the funding agency to complement the information gathered during the assessment of need. All of the information had then been included in people's care plans. A relative told us that they had been invited to contribute to the care planning process. We saw that care plans reflected people's needs and staff told us that they used the care plans to make sure that the support they provided was appropriate and safe.

A person told us that if they wanted to change their care call time staff tried their best facilitate that. A relative told us that if they phoned the 'office' to change care call times, if they had an appointment or for other reasons, this was arranged. We looked at staff time sheets to check that they were carrying out care calls at the time agreed. We found that one person had often had their care call later than agreed. We asked the registered manager why this was. The registered manager said, "They [person's name] like to go out, and when they do, they ask for a later call. Often when the recent football was on people asked for times to be changed so that they could watch the match and we did that for them". This was confirmed by staff who provided support to that person. This showed that the registered manager offered a service that was flexible and responsive to meet people's needs.

A person said, "The staff come and ask me if things are okay". A relative told us, "I am asked my views and I am listened to". The registered manager told us that reviews with the person who used the service and/or their family were held soon after the service started and then regularly thereafter. Staff we spoke with and records that we looked at confirmed this. This showed that processes were in place to regularly determine if any changes to the care and support offered were needed and to ensure that appropriate safe care was provided.

A person who used the service said, "I have not made any complaints. It is a good service". A relative told us, "I would feel comfortable to complain if I had to. The manager is really approachable". We saw that a complaints procedure was given to people to keep for future reference if they had a need. The complaints procedure gave the contact details for the local authority and other agencies people could approach for support to make a complaint. This demonstrated that a system was in place for people to access if they were not satisfied with any part of the service they received. A person told us that they did not like the way a staff member had spoken with them. They gave consent for us to inform the registered manager about this. The registered manager told us a few days later that they had visited the person to discuss the issue with them. They told us that they had given the person options and the person had chosen the way to go forward

with the issue. The registered manager told us of the actions they would take to achieve a positive outcome. This showed that the provider had systems in place and that action would be taken if people were not happy about something.

Is the service well-led?

Our findings

A person told us, "It is a good service and the manager is nice and helpful". Relatives we spoke with were complementary about the service provided to their family member and used the words, "Excellent", "Happy" [with the service] and "Very Good" to describe it. Staff we spoke with told us that they felt that the service was well organised and of a good standard.

A person told us, "I think the staff work properly". Another person said, "They [management] come from the office to make sure that staff are doing things right". The Provider Information Return [PIR] completed by the registered manager read, "To ensure that staff are working in line with guidelines spot checks are carried out". Records that we looked at confirmed that 'spot checks' were undertaken to make sure that the staff were working correctly. This was confirmed by staff we spoke with.

The provider had a leadership structure in place that relatives and staff knew of. There was a registered manager in post who was supported by two 'field supervisors'. People and relatives we spoke with knew who the registered manager was and were complimentary about them. A relative said, "The manager is very nice and they are approachable".

We saw that audits had been carried out and where improvements had been required action was taken. We found that records staff completed to confirm the care and support they had provided were returned to the office regularly for the registered manager to check. We saw that these records were checked so that the provider could determine if they had been completed correctly. We saw that some medicine records had not been completed fully. They lacked confirmation of allergies people may have. Processes were not always in place to guide staff on how creams should be applied and when 'as needed' medicines should be given. The registered manager told us that they had, through the checking of the records, identified that improvements were needed and how they had worked to rectify the situation. They showed us new medicine records that staff would be using. This confirmed that the provider took corrective action when shortfalls were identified.

Providers are legally required to inform us of incidents that affect a person's care and welfare these could be medicine omissions or accidents and injuries. The registered manager knew of the processes they would need to follow to report any incidents. The provider completed their Provider Information Return (PIR) to a good standard and returned it within the timescale we gave. This meant that the provider knew the importance of achieving what was legally required of them. The registered manager showed us documentation to confirm that any incidents were analysed to prevent the risk of them re-occurring.

A person told us, "I filled in a survey [provider feedback form]". A relative said, "I am given the opportunity to give my views and I know that surveys are used". The registered manager told us that they used provider feedback forms to gain the views of people, relatives and staff on the service provided. We found that feedback was very positive in that they highlighted that the service was good as were the staff.

Staff we spoke with told us that they enjoyed their job and that they felt that the management in place was provided to ensure a well-led service. A staff member said, "I love my job. I feel supported and guided at all

times. Provider feedback forms completed by staff all highlighted positives about their employment with the provider. Comments provided confirmed that the staff were well-led and that because of this people received the care and support that they needed. Staff confirmed that the provider was, "Good to work for" and "Had a willingness to listen". The registered manager and staff confirmed that regular staff meetings were held. The registered manager told us that they knew it was important to listen to staff and act on their feedback. They told us that on a number of occasions staff had informed them that some people's call durations were not adequate to meet their needs. Records and staff confirmed that on receipt of this information the registered manager had referred to the funding agency to increase the call duration time.

A staff member we spoke with said, "I know about whistle blowing. It is if I saw something I was concerned about I could report this and feel comfortable to". We saw that the provider had a whistle blowing policy in place and staff we spoke with was aware of this policy.