

MJ Home Care Staffing Limited

MJ Homecare North

Somerset

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

MJ Homecare North Somerset provides personal care and support to people living in their own homes. The service can also provide care and support to people living in 'supported living' accommodation. It provides a service to older people and younger adults who may have a range of needs arising from dementia, learning disabilities or autistic spectrum disorder, mental health, physical disability and sensory impairment.

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.

At the time of the inspection, the service was supporting 13 people with their personal care needs who all lived in their own homes.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

Staff received an induction, regular supervision and training. The service supported people with their healthcare and nutrition needs. The service supported people to have choice, control and independence. Risks to people were identified and managed. People received their medicines as prescribed. Staff were recruited safely.

Right Care

People were receiving person centred care. People were involved in planning and reviewing their care and support. People were supported to maintain their independence. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff communicated with people in their preferred way. People were supported to have maximum choice and control of their lives and staff supported in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right culture

Systems were in place to assess and monitor the quality of the service. Complaints were investigated and actions taken. Staff spoke positively about working for the service. Lessons were learnt when things had gone wrong. The provider was open and honest. People received care and support at the agreed times from caring staff.

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

Rating at last inspection

This service was registered with us on 07 June 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

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

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 ●

MJ Homecare North Somerset

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 conducted by 1 inspector and 1 Expert by Experience. 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 can also provide personal care and support to people living in 'supported living' accommodation so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave the service 48 hours' 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 04 July 2023 and ended on 06 July 2023. We visited the location's office on 04 July 2023.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people using the service and 4 relatives. We spoke with 8 staff members which included the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed 3 people's care records and 3 medicines records. We reviewed 3 staff recruitment records. We looked at a variety of records relating to the management of the service, including policies, procedures and audits.

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.

Systems and processes to safeguard people from the risk of abuse

- People overall told us they felt safe. Comments included, "Very safe, staff are courteous and polite," "I feel safe," and "100% safe, because staff are very lovely and kind." However, 1 relative told us their family member was, "Not very safe." This in part, related to a past incident which had been reported through the complaints and safeguarding procedures.
- Staff received training in safeguarding adults. Staff knew how to identify and report safeguarding concerns. A staff member said, "I would report concerns to the office. They would respond. However, I can contact other agencies if needed."
- The provider reported safeguarding concerns to the local authority and Care Quality Commission as required. The provider kept an overview of safeguarding concerns. Where actions were required to keep people safe, these were taken and monitored.

Assessing risk, safety monitoring and management

- Risk assessments were completed to identify and manage individual risks. For example, around medicines, mobility, finances and accessing the community.
- Care plans identified and gave guidance around managing environmental risks in people's homes. A staff member said, "We have risk assessments for using equipment such as a wheelchair."
- A business continuity plan was in place to manage unforeseen events such as staffing shortages, adverse weather, and technology failure. An on call system supported staff out of office hours. A staff member said, "Yes, I have used this."

Staffing and recruitment

- People received their care and support at the agreed times. There were no missed calls and people were given a rota of scheduled visits in advance. A person said, "I've had no late arrivals, it's all gone very well." A relative said, "Yes, [Name of person] does get a rota."
- People received consistent care from a team of staff. A person said, "I've got the same staff, they are all fantastic." A relative said, "It's only ever been the same person and the same time."
- The service operated safe recruitment processes to ensure staff employed were suitable for the role. This included confirmations on previous employment, right to work, gaps in employment and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed and administered safely.
- Staff had been trained and observed in medicines administration. Protocols were in place for as required, 'PRN' medicines. A staff member said, "I've been trained to administer medicines."
- Medicine administration records (MAR) were completed electronically. MARs we reviewed had been completed accurately. Regular audits took place to ensure medicines were given safely and as prescribed.

Preventing and controlling infection

- Systems were in place to reduce the risks of infection. Staff were supplied with personal protective equipment (PPE). People and relatives, we spoke with confirmed this was used.
- Staff received training in infection, prevention and control. A person said, "They have got gloves on, and they wash their hands on a regular basis."
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. These were analysed for patterns and trends.
- The service reflected on feedback, safeguarding and complaints to ensure lessons were learnt. This information was shared and discussed with staff to enable improvements when required.

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.

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.

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.

- People's capacity had been considered. However, we found 1 person who lacked capacity and two decisions had been assessed together. The outcome of the assessments was unclear. The registered manager acknowledged this and said this would be addressed.
- The provider was working with their electronic care plan provider to ensure the information required for mental capacity assessments and associated best interest decisions were recorded correctly.
- Documentary evidence was obtained and verified where other people had the legal right to make particular decisions.
- No one at the service currently required a Community DoLS application.

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

- The principles of the Mental Capacity Act (MCA) 2005 were implemented. Staff we spoke with described how they ensured they obtained consent and supported people to make their own choices. A staff member said, "I make sure I have consent."
- People's protected characteristics under the Equality Act 2010 were identified. This included people's needs in relation to their culture, religion and sexuality. People's gender preference around care staff was obtained and the provider was open about what they could provide. A person, "I was asked whether I was selective, I said I was open to either." A relative said, "They asked at the outset."

Staff support: induction, training, skills and experience

- Staff received a programme of induction when they started which was aligned with the Care Certificate. The Care Certificate is a set of standards that define the knowledge, skills and behaviours expected by care staff. The induction included shadowing a more senior member of staff. A staff member said, "I had a thorough induction at the office completing training and shadowing staff. I could ask any questions."

- Staff received regular supervision and an annual appraisal. Supervision is a one to one meeting with a senior staff member to discuss their performance, practice and well-being. Staff told us they were well supported. A staff member said, "Yes, I have supervisions." Another staff member said, "Managers have been supportive."
- Staff received regular training to enable them to be skilled in their roles. A staff member said, "Yes, I've had training. For example, in first aid and safeguarding." A relative said, "They [staff] are competent and experienced."

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

- People were supported with their healthcare if needed. Staff we spoke with knew actions to take. A person said, "Staff have called the doctor or nurse for me before."
- Care plans described the support people required. Relatives said they were notified of concerns if appropriate. Comments included, "They have got my mobile number if they need me, there has never been a problem," and "Anything they don't like the look of they let me know."

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

- Care plans described the support people required in relation to food and drink. People's preferences and routines were detailed. For example, a care plan said, "I like cold drinks such as squash and juice." Another care plan said, "I would like the carers to support me with cooking my meals in the microwave or oven."

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

- People were supported by staff who were kind and caring. A person said, "They [staff] are just very polite and willing to ask questions." Another person said, "We are both happy with all of them. We would be quick to say if there was anything wrong." A relative said, "The staff member who comes is very chatty, they get on well."
- Where we received 2 negative comments, these were fed back to the provider who explained the actions they would take to address.
- The service had received 10 compliments in the previous 12 months. Compliments included, "[Name of staff member] is fantastic. [Name of person] really enjoys their visits. They get on very well," "The care staff on my team are absolutely fantastic," and "[Name of staff member] had a great very effective approach."
- Staff had received training in equality, diversity and inclusion. A person said, "[Name of staff member] does communicate and treats me like a person." A relative said, "Staff do get spot checked sometimes that's good."

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

- Staff ensured people were involved in making decisions about their day to day care. A relative said, "[Name of staff member] knows the general timetable, they are aware, they check; can I do this now, then they double check." A relative said, "It's very nice, it's very polite and it [care and support] is done at her speed."
- The service had systems to ensure people were satisfied with their care they received. This included surveys, meetings and telephone calls. A person said, "Quite a number of staff ask if I'm happy with how I'm being looked after." A relative told us the provider had checked they were happy with the service, "We have had a visit, they have gone through a checklist, we have had that twice along the way."
- People told us they were involved in developing and reviewing their care plan. A person said, "Yes, I was involved." A relative said, "The care plan is accurate, it was a joint input. We go through things very carefully."

Respecting and promoting people's privacy, dignity and independence

- Care plans gave guidance about what people could do for themselves and how to support people to retain their independence.
- Staff we spoke with knew how to deliver care and support in a way they maintained people's dignity and privacy. A relative said, "The curtains get closed. Staff, always put a cover over mid care." A staff member said, "I ask consent first, for privacy I draw the curtains and close the door."

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 received person centred care. Care plans detailed individually how people wanted their care and support delivered. A person said, "I couldn't be without them."
- People's history and interests were described. Along with people's likes and dislikes. For example, one care plan described the persons previous profession and social relationships.
- Care plans explained what was important to people. For example, a care plan said, "My appearance is very important to me, so please support me with my personal grooming."

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise a complaint if needed. A person said, "There is a complaints procedure." A relative said, "We have got their brochure with the complaint procedure."
- The service had received 5 complaints in the previous 12 months. Complaints were fully investigated and responded to in a timely manner. The service was open and honest about any shortcomings and an apology issued where needed.
- Actions were taken from complaints raised to make improvements. Learning was shared with the staff team to ensure awareness.

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. 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.

- People's communication needs were described in their care plan. Staff we spoke with told us how they communicated with people in their preferred format.
- Documentation was available in alternative formats to meet people's needs. For example, easy read.
- Where communication strategies were in place to support people, these were detailed with specific responses. For example, for one person who may ask a particular question repeatedly.

End of life care and support

- Care plans described people's preferences at the end of their life if they had chosen to include this. Staff received training in end of life care.

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.

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

- Systems were in place to monitor and improve the quality and safety of the service. Audits were regularly undertaken in a range of areas such as medicines, care plans, safeguarding, training and infection control.
- An action plan detailed areas identified for improvement. The plan was monitored for progress.
- The registered manager and nominated individual were clear on their roles, responsibilities and how to meet regulatory requirements.
- Notifications were submitted as required. A notification is information about an event or person which the service is required to submit to CQC. Notifications help CQC to monitor services we regulate.

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

- The service was well-led. We received positive feedback about the managers and service organisation. A person said, "It is really well organised." A staff member said, "The registered manager is phenomenal, never seen a manager like them, responds promptly and acts on that response." Another staff member said, "The registered manager is dedicated and gets things done."
- Meetings were held regularly with staff. Staff told us they could raise any matters. Recent meeting minutes discussed training, care plan updates and infection control.
- People were asked if the service was meeting their needs. A person said, "[Name of staff member] has rang me a couple of times to check in with me, to see if I'm happy."

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 and nominated individual understood their responsibilities of the duty of candour. The service was open and honest with people and relatives when things had gone wrong.

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

- Formal feedback via a survey was obtained from people, relatives, staff and professionals. These results were analysed, and actions taken where identified. For example, in relation to food preparation and communication.
- A newsletter was distributed to people which gave updates and information about the service. For example, around the electronic systems in use, staffing and safeguarding.

- Staff told us they enjoyed working for the organisation. A staff member said, "There are open lines of communication, it is a good place to work," Another staff member said, "They value the staff and know them all well."

Continuous learning and improving care; Working in partnership with others

- The service worked with external professionals and sought to develop local partnership working. We reviewed evidence of concerns being escalated and advice sought.
- The service shared learning to make improvements. A relative said, "They listen and respond. It's been taken on board and adjustments have been made."