

Mevtec 360 Locum Limited

Rubicon Court

Inspection report

21-23 North Street
Romford
RM1 1BJ

Tel: 02082141000
Website: www.mevtec360.com

Date of inspection visit:
05 August 2019
07 August 2019

Date of publication:
27 September 2019

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

Rubicon Court, also known as Mevtec 360 is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of the inspection only a limited number of people were using the service.

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

Care plans did not cover people's preferences related to end of life care. Whilst no one using the service was receiving end of life care, their care plans did not contain information about their wishes and preferences about end of life care. We have made a recommendation about this issue.

People and their relatives told us they were happy with the care and support provided. They told us they felt safe. Systems were in place to protect people from abuse. Risk assessments were completed to identify and manage risks to keep people safe. Staff were trained to support people to take their medicines and measures were in place to protect people from the spread of infection. There were enough staff to meet people's needs and staff were punctual. Pre-employment checks were carried out to ensure staff were suitable to support people. There were procedures for responding to accidents and incidents.

The service carried out assessments of people's needs prior to the provision of care and support to ensure they could meet their needs. 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. Policies and systems were in place to support this. Staff supported people to eat and drink enough to meet their needs. Staff had completed required training to perform their roles effectively and felt supported in their role. The service worked with other agencies to promote people's health, safety and well-being.

People received care and support from staff who were caring and compassionate. Staff treated people in a respectful manner maintaining their dignity and encouraging independence. Systems were in place to protect people's right to confidentiality. The service was respectful of people's equality diversity.

Care plans were person centred and included the individual needs of people. Care plans were reviewed monthly to reflect people's changing needs. Complaints procedures were in place and people and their relatives were provided with a copy of the procedure.

People and staff told us they found the registered manager approachable and supportive.

Rating at last inspection

This service was registered with us on 12 December 2016 and this was the first inspection.

Why we inspected

This was a planned inspection based on our current methodology of inspection scheduling.

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.

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

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 ●

Rubicon Court

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 Care Act 2014.

Inspection team

This 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.

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 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 site visit activity started on 5 August 2019 and ended on 7 August 2019. We visited the office location to see the manager and to review care records and policies and procedures.

What we did before the inspection

Before inspection we looked at information we held about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager. We reviewed a range of records. This included people's care records and risk assessments. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with one person who used the service and one relative about their experience of the care and support provided. We spoke with two care staff. We continued to seek clarification from the provider to validate evidence found. We looked at risk assessment, care plans, training data and quality assurance records.

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People using the service were safeguarded from the risk of abuse and systems were in place to minimise the risk of incidents of abuse.
- People using the service told us they felt safe and relatives did not have any concerns about safety.
- The registered manager and staff demonstrated knowledge of safeguarding processes in place to keep people safe. Records showed staff had completed safeguarding training in January 2019.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people using the service and highlighted their individual risks.
- Risk assessments included guidance for staff on how to manage and mitigate such risks. For example one person had a risk of falls due to their health condition.
- Risk assessments were reviewed monthly to identify new risks to the person.
- We found the risk assessment document for recording risks did not include all risks to people as these were sometimes recorded on the person's care plan instead. We discussed this with the registered manager. Following the inspection the registered manager sent us a copy of the person's risk assessment which had been updated to reflect their risks.

Staffing and recruitment

- People received care and support when they required it. A relative told us, "Their [staff] timekeeping is really good. They never miss calls."
- Staff rotas confirmed there were staff available to ensure people received the care they required at their preferred times.
- Staff told us they had enough time between visits. The registered manager told us that as they only had a small number of people using the service, they were able to monitor staff punctuality and attendance through direct communication with people and logging in records. Systems were in place to ensure any delays or absences were covered by other staff.
- Safe and effective recruitment practices were followed by the service. This meant the service could be assured that staff employed were suitable to provide safe care and support. Checks had been carried out during the recruitment process such as employment history, references, proof of the person's identity and eligibility to work in the UK. Criminal record checks were carried out to confirm that newly recruited staff were suitable to work with people.

Using medicines safely

- Policies and procedures were in place to ensure medicines were managed and administered safely. At the

time of the inspection the service did not administer medicines to people, as people did so themselves.

- Staff explained the principles of medicine administration and had completed medicine administration training. This meant there were systems in place to support people, should the service start administering medicines to people.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection and staff were aware of their roles and responsibilities in this area.
- People and staff confirmed the service provided a supply of protective clothing for staff to wear including gloves and aprons.
- Records confirmed staff completed training in prevention and control of infection.

Learning lessons when things go wrong

- There were systems in place to learn lessons following incidents. There had been no accidents or incidents at the service since they began carrying out the regulated activity on 1 February 2019.
- Policies and procedures were in place which guided staff on recording and reviewing such incidents.

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

- People's needs and choices were assessed to achieve effective outcomes for their care and support.
- Assessments were carried out by senior staff before people began using the service to determine if the service could provide the support to meet their needs. Records showed the assessment covered needs associated with personal care, nutrition, medicines, physical health, communication, cognition and moving and handling.
- Reviews were completed every month with people using the service. The registered manager told us reviews were carried out sooner if necessary to ensure people received the right level of support.

Staff support: induction, training, skills and experience

- Staff completed a programme of training to effectively perform their roles. Staff confirmed they attended training and told us they found it useful. One staff member said, "We get all the training we need to do the job."
- People using the service and their relatives told us they felt staff were trained to carry out their role.
- Spot checks and one to one supervision were carried out to enable staff to discuss any issues they may have and to set goals for their development. Staff told us they felt supported in their role. One staff member said, "[Supervision] is very useful. It helps to have a chance to show the manager and supervisor what you are doing and you get the good feedback and it makes you want to do more. I find it really helpful."
- Staff completed a one-week induction course when they began working at the service. Staff told us they found the induction informative. One staff member said, "I was learning and observing what the staff were doing. I had to learn how to use the equipment and going through all the documents and the policies and what to do in completing the files." This meant staff developed the required skills before providing care and support to people.

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

- People were supported with maintaining nutrition and hydration and their preferences were met.
- Care plans detailed support people required and their likes and dislikes regarding food and drink. Staff maintained detailed daily records of people's nutritional intake.
- People told us they received their meals when they required them. One staff member confirmed, "We make sure [person using the service] has enough to eat and drink and it's in easy reach on their table. Before I leave I do a jug of water and a jug of squash and a cup of tea."

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

- The service worked with other agencies to ensure people received appropriate care in a timely manner.
- Records showed staff worked with the district nursing teams and GP's to ensure people received the support they required.
- Care plans included the contact details of peoples next of kin, their GP and other health and social care professionals. This meant staff could contact them easily if the need arose. Staff were aware of what to do in a medical emergency.

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 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. 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.

- Records showed that mental capacity assessments had been carried out to determine if people had capacity to make decisions.
- Staff received training on the MCA and were aware of the principles. Staff told us people they worked with were able to make decisions about their care. People had signed a form to consent to the care set out in their care plans.
- People told us staff sought consent before carrying out care and support. One person told us, "They always ask before doing my care." One staff member confirmed, "Even for people who have certain illnesses you still have to allow them to make choices and seek their consent where they are able."

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

- Peoples equality characteristics were covered in the pre-assessment. Staff were trained in equality and diversity and were able to explain how the service met people's needs.
- People told us staff were caring and had positive relationships with them. One person said, "[Staff are gentle and really nice." A relative described staff as being, "Very polite and good to speak to."
- Staff gave examples of how they built relationships with people and their relatives. They told us they read care plans and found things they had in common with people. The registered manager told us they spoke with people and their relatives regularly to build a rapport with them.
- Staff respected people's equality and diversity and people were protected from discrimination within the service. Staff told us people were treated equally and people should not be discriminated against because of their religious beliefs, race, age, gender or sexual status. The registered manager told us, "We do not discriminate against people or staff. If you are providing a service, it doesn't matter. People are looked at as individuals."

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

- People were supported to be involved in their care and to express their views. Care plans were completed with people and their family members.
- Records showed people had made changes to how they received their care and support. For example changes made to one person's call times in agreement with them to ensure they could go to bed when they wanted.
- People and their relatives told us the service responded well to preferences and requests regarding continuity of care staff. One relative said after speaking with the registered manager, "There's consistent people [staff] coming in."
- Staff supported people to make decisions about their care. One staff member said, "It's their choices and decisions about how they want their care."

Respecting and promoting people's privacy, dignity and independence

- People using the service told us their privacy and dignity was respected and staff spoke to them in a respectful manner.
- Staff told us how they respected people's dignity and privacy. One staff member said, "I always knock and ask if I can help before doing anything. Give privacy when they are doing their own things and it shows you respect them."
- Staff told us how they promoted people's independence by encouraging people to do tasks for themselves within their capability. For example, during personal care.

- The service had a policy on confidentiality that made clear staff were not permitted to share information about people unless authorised to do so. When asked about confidentiality one staff member said, "I make sure that I follow the confidentiality rules we sign up to and don't share information with other parties. Limiting the information you divulge unless you have consent to share. Certain types of information are restricted." Confidential records at the service were stored securely to promote people's confidentiality.

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

- Care plans were detailed and contained information related to personal care, sleep routine, moving and handling, communication and eating and drinking. Daily records were maintained so it was possible to monitor that care was provided in line with people's assessed needs.
- Care plans contained details and instructions for staff regarding how people liked their care and support carried out. The plans were reviewed monthly to ensure changes to people preferences were reflected.
- Staff knew people well and were able to give examples relating to people's preferences when providing care and support. For example, one staff member explained in detail one person's morning routine.

End of life care and support

- At the time of the inspection the service did not support anyone with end of life care.
- The registered manager told us the service was able to provide end of life care if required. Some staff had been trained in end of life care and we saw certificates relating to this. Additional training was planned to ensure all staff completed training.
- Peoples care plans did not contain evidence that the service explored people's preferences and choices in relation to end of life care.

We recommend the provider seeks best practice guidance on end of life care to ensure care plans are person centred and respectful of peoples wishes.

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

- People using the service were supported to maintain relationships and participate in social activities.
- Staff told us they ensured people were supported to attend events in the community with their family members. For example, being flexible and making sure people were dressed and fully prepared for outings with their family.
- Care plans showed details of people's hobbies and preferences relating to social activities.

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.

- The service sought people's communication preferences and had processes in place to meet their needs. For example, information was provided in large print when people required this.
- Initial assessment and care plan detailed information about people's communication needs.
- People using the service received a service user handbook. The registered manager told us this was available in different formats to meet people's communication needs. For example, service user feedback forms were available in an easy read format.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. People using the service received information about complaints at the start of using the service. People told us they had not needed to make a complaint.
- We looked at the complaints log and saw the service had not received any complaints since they began carrying on the regulated activity.

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.

Continuous learning and improving care

- The service had systems in place to monitor the quality of the service and to improve service delivery of care and support.
- Systems were in place to gain feedback from people using the service and their families. This included telephone calls. People using the service confirmed they completed feedback forms and spoke with the registered manager regularly about quality of the service.
- Quality monitoring systems were in place for reviews of care plans and risk assessments. However, the providers records did not always reflect when these were due. For example one persons care plan was last reviewed in June 2019. The service had a policy of monthly care plan reviews. The registered manager was not aware of this shortcoming and told us they planned to carry out reviews. Following the inspection, the registered manager confirmed the review had been completed.
- The registered manager carried out spot checks. These involved carrying out an unannounced visit to a person as they received care. These checks ensured staff were carrying out their role safely and effectively and people were satisfied with the care and support they received.

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

- People and their relatives told us the registered manager was open and spoke positively about them. One relative said, "[Registered manager] does all we ask." They told us the registered manager responded to their queries in a timely manner and kept them informed of any concerns.
- Staff spoke positively about the registered manager and described them as, "Motivating and approachable" and a, "Good manager."
- The registered manager spoke positively about staff and ensuring people received good outcomes. They told us, "We are really proud when someone has asked us to care for their family member and entrusts us with their care."

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

- The registered manager told us they corresponded with people's relatives regularly by telephone and by email to ensure they were happy with the service provided.
- The registered manager met with staff and the operations manager to discuss the service and provide updates. Staff confirmed they spoke regularly with the registered manager. One staff member said, "We have meetings. We had one recently."

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 service had a registered manager in place who was also the owner of the business. They were supported in the day-to-day running of the service by the operations manager.
- The registered manager was aware of their responsibilities and of their duty to notify the Care Quality Commission (CQC) of significant events. There had been no such events since the service begun carrying out the regulated activity.
- The service had a clear management structure and staff were aware of who to contact regarding issues or concerns.

Working in partnership with others

- The service worked in partnership with other agencies such as health professionals, to ensure people's health conditions were well managed.
- The registered manager told us they worked with other agencies to develop practice. This included affiliation with Skills for Care and liaising with registered managers in the borough to develop and share knowledge.