

MCDEV Healthcare Ltd

29 Hornbeam Road

Inspection report

29 Hornbeam Road
Flanderwell
Rotherham
S66 2RR

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05 July 2022

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04 August 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

29 Hornbeam Road is a domiciliary care agency and provides personal care and support to people who require assistance in their own home. At the time of our inspection five people were being supported by the service. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Medicine administration support was being provided. People received medicines as prescribed. We made a recommendation about the provider strengthening processes around the auditing of medicines.

The provider carried out checks on the suitability of staff before they started work.

There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents.

Before people started to use the service, their individual needs and preferences were discussed and recorded for staff to follow. Staff had appropriate skills to meet people's needs. People told us staff were suitably trained and records showed staff had received training appropriate to the role.

People had support to prepare their meals and drinks where they needed this. Staff and the registered manager worked effectively with community health and social care professionals to ensure people's needs were met.

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.

People were complimentary about the care and support they received from staff. There were some systems in place to monitor the quality of the service and recognise when improvements were needed. People knew how to raise issues or complaints and found the service responsive.

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 15 February 2019 and this is the first inspection.

Follow up

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

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

29 Hornbeam Road

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

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

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 available to support the inspection.

What we did before the inspection

We reviewed information we had received about 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

This performance review and assessment was carried out without a visit to the location's office. We used technology such as telephone calls to enable us to engage with people using the service, emails to staff, and electronic file sharing to enable us to review documentation. Inspection activity started on 04 July 2022 and ended 07 July 2022. We spoke with three staff, including the registered manager and three people who used the service.

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.

Using medicines safely

- People who needed assistance with medicines administration were receiving their medicines on time and as prescribed. One person said, "They [care staff] see to my tablets they look after me and talk to me."
- Care staff received training in administration of medicines and their competency was checked to ensure they were safely administering medicines.
- Medicines audits were in place and being regularly carried out. However, we found the audits were not robust in identifying where there had been gaps in record keeping or following these up.

We recommend the provider strengthens their systems around auditing and ensures they are embedded into practice.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to ensure people were safeguarded from the risk of abuse.
- Care staff had received training in safeguarding people and knew how to report concerns.
- The service was aware of their responsibility to report safeguarding concerns to the local authority and CQC. At the time of the inspection no safeguarding concerns had been raised.
- People told us they felt safe because of the support they were receiving. One person said, " They are the safest people I know and the company for me."

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

- Risks to people were identified and individual risk assessments were in place for people, which included personal care.
- Due to the size of the service there had been no documented accidents and incidents. The registered manager told us they had a system in place to learn lessons and record themes and trends, should they occur.

Staffing and recruitment

- Enough care staff were employed to meet people's care needs. People told us there were no concerns relating to missed or late calls.
- The provider always tried to maintain continuity of the care team into people's homes and people confirmed that they received care staff they knew.
- The provider had systems in place and safe recruitment procedures were followed.
- Care staff told us the provider gathered the necessary checks prior to them starting work. This included gathering suitable references and undertaking Disclosure and Barring Service (DBS) checks. 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.

Preventing and controlling infection

- The service had an infection prevention and control policy in place.
- An adequate supply of personal protective equipment (PPE) was available to staff. This was confirmed by care staff.
- Care staff completed infection control training and had up to date guidance to follow.
- Feedback indicated staff wore PPE and no issues were raised in respect of this.

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.

Staff support: induction, training, skills and experience

- The provider had an induction process for new care staff. Care workers said, "I have had both face to face and online training, and any additional training that is identified as required, I have been enrolled on it and completed it."
- Care staff had received training and had the knowledge and skills they needed to carry out their roles. Staff told us and records confirmed training was up to date.
- Staff told us they had regular supervision and were well supported.

Staff working with other agencies to provide consistent, effective, timely care

- Prior to starting using the service people's needs and choices were assessed to ensure the care could be provided to people.
- People were involved in writing their care plan and details of how they wanted their care to be delivered was recorded.
- The service considered protected characteristics under the Equality Act. For example, they asked people about any religious or cultural needs they had so they could plan for those needs to be addressed. Staff were aware of equality and diversity issues and had learnt about people's cultural differences.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- Care staff supported people with meals by preparing small meals and snacks. One person said, "When I came out of hospital, I had lost lots of weight. Since they [care staff] have been caring for me I have put weight back on. They cook food for me like sausage, bacon and egg but normally I have microwave food which they sort out for me."
- Care staff told us they monitored people's health and took prompt action if they became unwell.
- Clear daily records were completed to show what support had been provided to people at each visit.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's mental capacity had been considered in line with guidance for relevant decision-making processes. Staff had completed training in and were aware of the principles of the MCA.
- Care plans involved people and recorded where their consent had been discussed with them.

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 said, "They [care staff] help with my independence, get me bathed, dressed and get my breakfast. They put me to bed and tuck me in. They are trustworthy and I am happy with everything."
- People told us they got on well with their care workers and enjoyed their company. One person said, "I get on with them I can have a laugh with them. They help me with my independence, they are very good."
- People told us staff took an interest in their lives and respected them as individuals. One person said, "I couldn't get better service if I tried. I can't fault them."
- The registered manager promoted equality and diversity. People's care records had information about their preferences which included their preferred name, race, religion and sexual orientation.
- People's protective characteristics such as their disability, age and ethnicity were taken into consideration when supporting them.

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

- Staff we spoke with were knowledgeable about people's backgrounds and preferences. They were able to tell us about the people they supported and what was important to them.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity and were thoughtful with the care they delivered.
- People's independence was promoted. One staff member told us, " Being person centred means taking into account people's choices and preferences and recognising that everyone is an individual with individual needs."
- People told us they were treated with dignity and respect and staff told us they ensured people's privacy was protected and confidentiality maintained.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's support plans were personalised and reflected how they wanted their care and support to be provided.
- People's support plans were reviewed regularly and updated to ensure they reflected people's current needs.
- People told us they had choice and control. One person said, "If I have a little word with them [care staff] they make changes to suit me."

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.

- The registered manager and staff understood about the AIS. People's communication needs were identified and recorded in their care plans.
- Information on people's specific communication needs was gathered by the provider at the pre assessment stage, to ensure this could be met.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. The procedure gave details of the process for reporting complaints. There had been no complaints raised at the time of the inspection.

End of life care and support

- People were not receiving end of life care at the time of our inspection. The registered manager explained how they would work with a person's family and healthcare professionals to review their care to meet the person's needs and understand their wishes.

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; Continuous learning and improving care

- The registered manager monitored quality performance of the service and staff practice. This was done through checks and monitoring. The registered manager confirmed they would look to strengthen and expand their auditing tools once the service progressed and took on more packages of support.
- During the inspection the registered manager informed us they were in the process of looking at electronic systems in order to make the service more efficient for when the service expanded.
- There was evidence of learning and improving care. The registered manager was keen to implement further auditing systems.

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

- There was a positive culture evident within the staff team, supported by management. The registered manager told us, "We look after people and nurture them as much as we can."
- People told us they were happy with the service and would recommend it to others.
- The registered manager understood their responsibilities under the duty of candour to be open and transparent when things go wrong, and to share lessons learned to improve the service.
- Staff were encouraged to raise any queries or concerns with the management team. Care staff told us, "The manager always communicates regularly asking if there are any issues that we are encountering."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People told us they were encouraged to provide feedback about the quality of service they received through regular meetings, telephone calls, and quality assurance checks.
- The registered manager responded by making the necessary changes which ensured people received support and care adapted to their individual needs.
- Where required, the service communicated and worked in partnership with external parties.
- External professionals told us they were not aware of any issues with the company.