

MTrec Care Limited

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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 

Overall summary

This inspection took place on 1 and 17 December 2015. The inspection was announced. We gave the provider 48 hours' notice because the service is a small domiciliary agency and we needed to be sure the registered manager was available to assist the inspection.

This was the first inspection of this service, which was registered in July 2015.

MTrec Care Limited is a domiciliary care agency providing personal care to younger adults and older people, some of whom may have a dementia-related condition. It does not provide nursing care. At the time of this inspection a service was being provided to one younger adult.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. 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.

Systems were in place to safeguard people from harm. Staff had been trained to recognise the signs of abuse and to respond appropriately. No safeguarding incidents had occurred. Risks to people were regularly assessed. Where risks were identified, control measures were put in place to minimise potential harm to people.

There were sufficient staff hours available to meet people's assessed needs. Robust recruitment systems were in place to ensure that only suitable persons were employed to work with people receiving a service. Care staff were qualified and experienced. They demonstrated the skills necessary to meet the person's needs. Care staff received the supervision and support they needed to carry out their roles effectively. People's medicines were safely administered.

People's rights under the Mental Capacity Act 2005 were understood and respected. People were asked for their consent before any care interventions took place.

People's health needs were monitored and met. Care staff displayed a caring and empathetic attitude at all times. They supported the person to make their own decisions and gave them the information they needed to do this, where necessary. The person's privacy and dignity were respected and upheld, and they were supported to be as independent as possible.

The person and their family were fully involved in deciding their care needs, and in planning how to meet those needs. The person's wishes and preferences were held to be paramount in every aspect of their care. The person was supported to have an active social life and to express choice in their daily activities.

The service was managed in a sensitive, responsive and open manner. Systems for monitoring the quality of the service were in place and were being further developed. Systems were in place for responding to complaints, but no complaints had been received.

Summary of findings

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. Staff had been trained to recognise the signs of abuse and to respond appropriately.

Risks to people were regularly assessed and control measures were in place to minimise harm.

Recruitment systems were robust and ensured only suitable persons were employed to work with vulnerable people.

Good



Is the service effective?

The service was effective. The staff team were experienced and skilled in meeting the needs of people using the service. They were given appropriate training and support.

People's rights under the Mental Capacity Act 2005 were protected.

People were asked to give consent to their care.

Good



Is the service caring?

The service was caring. The person receiving the service and their relatives spoke highly of the caring nature of the workers.

The person and their relatives were provided with all the information they required about the service, and said the registered manager and the office staff responded well to any questions or requests they raised.

The person's privacy and dignity were fully respected and they were encouraged to be as independent as possible.

Good



Is the service responsive?

The service was responsive. The service demonstrated a commitment to providing person-centred care at all times, and fully involved the person and their relatives in shaping the delivery of care.

The person enjoyed an active social life of their choice.

Systems were in place to respond to any complaints or concerns.

Good



Is the service well-led?

The service was well-led. The service was managed in an open and responsive manner.

There was a clear vision of the high quality of care the service wished to provide to people using the service.

Systems were in place to monitor and develop the effectiveness of the service.

Good



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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 1 and 17 December 2015. The inspection was announced. We gave the provider 24 hours' notice of this inspection as the service is a small domiciliary care agency and we needed to make sure the registered manager was available to assist the inspection.

The inspection team was made up of one adult social care inspector.

We reviewed the information we held about the service prior to our inspection. This included the notifications we

had received from the provider about significant issues such as safeguarding, deaths and serious injuries the provider is legally obliged to send us within required timescales.

We contacted other agencies such as local authorities and Healthwatch to gain their experiences of the service. We received no information of concern from these agencies.

During the inspection we talked with the person using the service and two of their relatives. We spoke with the provider's nominated individual, the registered manager and one support worker. We 'pathway tracked' the care of one person by looking at their care records, talking with them and with staff about their care. We reviewed a sample of two staff personnel files; and other records relating to the management of the service, including medicines, recruitment, staff supervision and appraisal, accidents and quality monitoring systems.

Is the service safe?

Our findings

The person using the service told us they felt safe when with their care workers.

The service had an appropriate policy and procedure in place for the protection of vulnerable adults. This aimed to ensure any person being abused was made safe, and the incident reported promptly to the local authority safeguarding adults unit, the police (where necessary) and the Care Quality Commission. It included a commitment to respect people's human rights. Support workers confirmed they had been trained to recognise the signs of abuse and to respond appropriately. No safeguarding issues had arisen since the service was registered.

General and specific risks to the person using the service or to staff were assessed before a service was started. Risks assessed areas included the environment, the administration of medicines and manual handling. Where risks had been identified, we saw control measures had been put in place to minimise the risk of harm. The person's care record included emergency contact details, including the person's family, the provider, and relevant health and social care professionals. The safety of staff was enhanced by the provision of personal protective equipment such as disposable gloves and aprons and a 24 hour 'on call' system for advice and guidance. There was a system for recording and analysing accidents and incidents, but no such incidents had occurred to date.

The numbers of support workers and support worker hours were negotiated directly with the person and their representatives if appropriate. This ensured appropriate staffing levels were provided at all times. The registered manager told us they aimed to ensure compatibility of the person and support workers, rather than just provide the requested hours. This was confirmed by the person's relatives, who told us the service had been very successful in matching workers to the person. Robust and professional recruitment and selection procedures were in place. Appropriate checks were carried out to ensure only suitable applicants were employed.

A care plan was in place with regard to the minimal support the person required with their medicines. A medicine administration record was in place for support workers to record the assistance given. Examples seen showed the prescribed medicines were clearly listed, and those administered by the support workers were properly recorded. Systems were being introduced for the regular auditing of the person's medicine administration record. The person's support with medicines was being reviewed during the course of this inspection, and their care plan updated. Support workers had been trained in the safe handling of medicines and arrangements were in place for regular spot checks of their competency to administer medicines.

Is the service effective?

Our findings

Relatives of the person using the service told us the person's needs were being met effectively. For example, we were told, "The manager is very good about getting good staff. And the staff seem to have the skills they need."

We noted from their recruitment records that both the currently active support workers were qualified and experienced. One worker was studying for a professional qualification; the second was studying for a Master's degree. Both had previous experience in care. All new support workers underwent induction training leading to the award of the Care Certificate. One support worker told us, "My induction was thorough and covered all the areas I needed."

Staff training records showed support workers were up to date (or had imminent training booked) in all the areas of training required to ensure the health and safety of people receiving a service. Training received included moving and handling; infection control; health and safety; safeguarding and working with people with challenging behaviour. The registered manager told us further staff training needs were identified in the course of the assessment of risks to the person. Training specific to the individual needs of the person receiving the service had been given to support workers.

Support workers were supported by a system of supervision and annual appraisal. This included a

programme of six supervision sessions and four observational visits by the registered manager. We saw the programme was yet to fully meet those targets, but that future sessions had been booked in. One support worker told us, "I have had one supervision and I've got others planned. I feel we are well-supported. We can ring for advice at any time." The registered manager told us they made contact with the support workers on most days.

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. The registered manager was fully aware of their responsibilities regarding this legislation and was clear about the actions to be taken where there were doubts about whether a person had capacity. The ability of the person receiving the service to give informed consent to their care had been established and recorded.

The person's needs with regard to eating and drinking had been assessed and met. Dietary requirements and preferences, and issues such as any allergies were recorded clearly. Support workers had been given guidance in care plans about meeting the person's wider health needs.

Is the service caring?

Our findings

The person using the service told us they liked their support workers. Relatives spoke very highly of the caring nature of the support workers. One relative said, “They all have a caring manner. One is exceptionally good.”

Relatives described generally good relationships between the person and their support workers.

The person receiving the service was involved in the recruitment of new care workers and had the ability to veto a particular worker, if they felt they were not compatible with their needs.

The service had a ‘fair access, diversity and inclusion’ policy. This gave staff guidance on personal behaviour, listening and consulting, and the workplace and team values required of them.

Efforts were made to fully involve people in all aspects of their care. For example, people’s wishes and requirements regarding cultural and religious matters were established in the assessment process. In seeking people’s consent to their care, support workers were reminded to give the person sufficient time to consider and give their answer, and not to put pressure on the person. People were given a service user guide and a contract that included all the services available to the person and their relatives, including information on the service’s philosophy of care and values; fees; rights and responsibilities. Relatives said the registered manager kept them fully informed of any changes to the service provision and they were responsive to any queries, requests or suggestions.

The person’s relatives told us there had been a significant improvement in the well-being of the person, since they started receiving the current service. They felt this was due to the carefully chosen support workers employed and the skills and commitment of those workers.

The service had a policy on advocacy which stated that, where a person appeared to have no support from persons outside the company, they would be referred to the local advocacy service or to the local social services department. This service had not been required to date.

The service user guide assured people using the service of its commitment to preserving their privacy and dignity, and ensuring the confidentiality of their personal information, at all times.

Relatives told us, “Privacy and dignity has never been an issue.” The registered manager showed a good awareness of the importance of maintaining confidentiality in the course of the inspection.

The assessment process identified those areas where a person was able to act and/or decide independently, or where required assistance was to be given by relatives or a third party. This aimed to ensure support workers maintained that independence and did not foster unnecessary dependency. We saw the person’s care plan was highly focussed on maintaining and enhancing their independence. We saw the person was facilitated to complete as many personal tasks as they were able, in private, with staff only intervening on request. Any specific needs regarding the person’s ability to communicate their needs or decisions were made subject to a specific care plan.

Is the service responsive?

Our findings

The person using the service told us their care workers gave them their care and support in the ways they wanted. They said their care workers listened to them and asked their permission before doing anything for them. They told us they knew who to tell if they had anything to complain about.

Relatives of the person receiving a service told us they were fully involved in the assessment of the needs of the person. They said they had informed the service of the person's wishes and preferences about their care needs and how those needs should be met. They said, "We told (the service) how (name)'s care was to be given." The relatives told us those wishes and requirements had been fully recorded by the registered manager in the initial assessment process, and that the care plan subsequently drawn up to meet those needs was person-centred and accurately reflected the person's preferences. They told us the person's care needs were being reviewed during the course of this inspection.

Relatives told us the person's care plan was built entirely around the person's choices. They told us, "(Name) knows their own mind, and makes their own decisions. They have choice in everything." This included choosing which support workers were acceptable to them. Relatives said the service responded well to suggestions they made, including changes to their relative's care plan, and said, "They are willing to make changes at short notice."

The person's needs for social activity and stimulation were fully met. They and their relatives had specified a comprehensive social programme, using a range of local community facilities and resources, and these were met on a daily basis. Relatives told us support workers were flexible to the changing wishes of the person. This meant the person was protected from the risks of social isolation, and were able to fully exercise choice in their daily lives.

The service had a complaints procedure. We saw a copy was in the service documentation in the person's home. Relatives told us they had been given no cause for complaint but felt confident the service would respond appropriately to any issues raised.

Is the service well-led?

Our findings

The service had a registered manager, who had been registered with the Commission in December 2015. They were fully aware of their responsibility to notify the Commission of significant events such as serious injuries, deaths and allegations of abuse.

A relative commented, “The agency is open and honest with us. They apologise if they can’t always meet our needs quickly enough, but keep in close contact (sometimes daily) to check the progress of our (relative)’s care plan. This is a well-managed service, from our point of view.” They also said, “We are very impressed with the management of the service. We have confidence in the registered manager. ”

We found an open and positive culture in the service. The registered manager was honest with us about the teething problems of developing a new service from scratch (for example, in getting appropriately skilled and experienced support workers agreeable to the person using the service) and they demonstrated they were responsive to advice.

They demonstrated good knowledge and values, and were able to articulate a clear vision of future development of the service. A support worker told us, “I’m happy with the way the service is managed.”

The service had systems in place for monitoring the quality of the service. These included a ‘service evaluation’ form, observations of support workers in the person’s home, checking of care records and formal reviews. These were being developed as the service bedded down. The registered manager told us some elements were still in the process of being implemented, but was able to demonstrate the plans in place for these. For example, the registered manager showed us the annual survey of the views of people using the service, their relatives and staff which would be sent out in due course.

We noted the comments by relatives about the attentiveness and responsiveness of the registered manager in regularly checking their satisfaction with the service being delivered. One support worker told us, “I am asked my views about the service, and I feel listened to.”