

Murray Healthcare Services Ltd

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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 ●

# Summary of findings

## Overall summary

### About the service

Murray Healthcare Ltd is a domiciliary care agency providing personal care for people in their own homes. At the time of the inspection, 10 people were being supported by the agency.

Not everyone who used the service received personal care. The Care Quality Commission (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

People were protected from potential risks of abuse. One person told us, "I feel so safe with the staff, I trust them completely. They are the best care staff ever." Potential risks to people's health and wellbeing were recognised, assessed and managed by staff. There were enough staff to ensure that people's needs were met safely. People received their medicines on time and were protected from the risk of infection by good infection control practice. Staff were open and honest about incidents meaning lessons could be learnt.

People's needs and choices were met in line with national guidance and best practice. People were supported by staff who had relevant training, skills and experience to care for them. People were able to have genuine choice with food and drink and cultural needs were respected during mealtimes. People were involved in decisions about their care and staff gained consent to care.

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 treated with dignity, kindness and respect and staff made time to support people to be involved in their care. People were treated with privacy and dignity and their independence was promoted. One person summed up their views of the service by telling us, "I could not wish for anyone better."

People and their families were involved in developing care plans and the support given to them. People were supported by staff who understood and supported their communication needs. People were supported to maintain their hobbies and interests. The registered manager was proactive and responsive to any concerns raised.

People, staff and the registered manager described a culture which focussed on people and ensuring they received good person-centred care. One person told us, "This company are exceptionally good. [Name of registered manager] is my friend not my carer." The registered manager spoke with people and their relatives about any concerns in an open and honest fashion. Staff had a clear understanding of their roles and responsibilities. People, their relatives and staff were involved in the improvement of the service. The provider was transparent, open and collaborative with external agencies.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 8th July 2020 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on their registration date.

#### 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.

## 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.

# Murray Healthcare Services Ltd

## **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

The inspection was completed 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 activity started on 4th November 2021 and ended on 10th November 2021. We visited the office location on 10th November 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with 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 four people who used the service and five relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager and care workers.

We reviewed a range of records. This included six people's care records and multiple medication records. 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 accident and incident reports, complaints and action plans were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further parts of staff 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 were protected from potential risks of abuse.
- People and their relatives told us they felt safe with the staff. One person told us, "I feel so safe with the staff, I trust them completely. They are the best care staff ever." A relative told us, "The staff know what they are doing; and [name] is safe. I rely on care staff having a good relationship with [name] and they think the world of them. I know the care staff will do everything they need to do."
- Staff told us, and records showed staff received training in safeguarding and they were able to tell us what constituted abuse.
- The registered manager told us they had not had to make any safeguarding referrals but were able to describe their role and responsibility in the event of an allegation of abuse.

Assessing risk, safety monitoring and management

- Potential risks to people's health and wellbeing were recognised, assessed and managed by staff.
- People told us staff knew them well and knew how to keep them safe when using equipment. One person told us, "The staff use the hoist to get me into the bed. They know what they are doing and that makes me feel safe."
- Care records were written with risks to people's health and wellbeing in mind. As part of the ongoing care plan review, the registered manager told us how risks were in the process of being formalised further using tools within their care plan system.
- Staff told us how they were kept up to date with risks to people through effective handover messages and staff meetings.

Staffing and recruitment

- There were enough staff to ensure that people's needs were met safely.
- People were supported by a small group of staff to provide consistency. This also allowed for relationships to develop between staff and people.
- People told us the timings of their calls were appropriate for them and felt care staff were always punctual. One person told us, "The calls are timed well. The staff work around me. I let them know if I am going to football and they come earlier." A relative told us, "The times are set, and the staff are very good at getting there on time. We have had no calls missed either which reassures me."
- We checked call records and found calls were attended to on time or a few minutes early. Staff stayed for the full length of time allocated and, on some occasions, longer. The registered manager told us staff often stayed if people required any further support.
- Recruitment records showed us checks to employ safe and suitable staff to work with people were

completed.

#### Using medicines safely

- People received their medicines on time.
- We saw records were not always clear about staff's role with medicines. This meant in some cases, medicines administration was not always recorded. We found these instances related to people whose relatives held the responsibility for medicines. We discussed with the registered manager the importance of clarifying roles and responsibilities with regards to medicines.
- Where it was clear staff had responsibility for medicines, we saw records were completed appropriately.
- People and their relatives told us they received medicines on time. One person told us, "The staff make sure I have all my medicines on time."
- One person received time sensitive medicines. Timings of calls could not be guaranteed at the times required for these medicines, so the registered manager worked with the family to ensure the time-sensitive medicines were administered by family. The relative told us, "The staff understand the importance of the [time-sensitive] medicines. They double check [name] has had them."

#### Preventing and controlling infection

- People were protected from the risk of infection by good infection control practice.
- People and their relatives told us how staff wore correct PPE and would refresh this at each necessary step, for example, changing gloves before preparing food.
- Staff told us they received training on correct use of PPE, especially in light of the COVID-19 pandemic. The registered manager told us PPE use was in line with national guidance.
- We saw records of risk assessments in relation to COVID-19 for each person.

#### Learning lessons when things go wrong

- Staff were open and honest about incidents meaning lessons could be learnt.
- Staff recorded any accidents or incidents, and this was reviewed by the management team. There was a clear description of the incident, actions taken, and lessons learnt.
- The registered manager was able to describe accidents and incidents which had occurred but there was no formal audit to review this. We discussed ways of doing this to ensure any patterns and themes were recognised and this was added to the action plan the management team had in place.



# 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 met in line with national guidance and best practice.
- Staff used an electronic app for care records. These records were in the process of being reviewed and more detail was being added. Despite the records not having all the detail yet, it was clear staff knew people well and respected their protected characteristics. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, gender reassignment, marriage and civil partnership, religion etc.
- One person told us, "I trust the staff completely. I have a little team and they all know me well." Another person told us, "I get on with my team very well. They always ask if I need anymore and they do everything automatically now as they know me so well."

Staff support: induction, training, skills and experience

- People were supported by staff who had relevant training, skills and experience to care for them.
- People and their relatives all told us they felt staff were well trained. One relative told us, "Staff are trained with the hoist and use it safely."
- We saw training records which demonstrated staff had access to a wide range of training modules relevant to their role. The registered manager told us how they would then review the effectiveness of this training through competency checks and shadowing.
- Staff records had detail of staff members' induction and regular supervisions. Staff told us these were productive and supportive conversations which helped develop them as care staff.

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

- People were able to have genuine choice with food and drink.
- People and their relatives told us staff were respectful of choice. One person told us, "The staff make me whatever I want."
- People's cultural needs were respected during mealtimes. For example, one person was matched with staff who were able to cook meals in a traditional way from the country the person originated.
- Care records had details on risks associated with choking and people's likes and dislikes with meals, snacks and drinks.
- Nutrition care records were detailed and respectful of eating and drinking being a sociable activity also. For example, one record detailed how one person liked to be supported into the kitchen whilst staff make their food, so they could engage in conversation whilst food was being cooked.

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

- Staff worked with agencies when appropriate to deliver effective care.
- A staff member told us, "We work with district nurses and other health professionals, especially when delivering end of life care."
- The registered manager told us how they would share any concerns about people's health and wellbeing with relevant agencies. For example, liaising with the GP when someone is unwell.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services.
- Staff did not attend hospital appointments with people, but some people liked to have their care staff around when on the phone to healthcare services to be able to clarify what was said.

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.

- People were involved in decisions about their care and staff gained consent to care.
- People and their relatives told us how staff knew them well and were respectful in gaining consent when delivering care.
- Staff, including the registered manager, demonstrated a good understanding of the MCA and were able to give scenarios where capacity was assessed.
- Care records were in the process of being updated and MCA documentation was being improved to be clear about any best interests' decisions which may need to take place. The registered manager had already identified this documentation as an area which required improvement and was in the process of doing this as a priority. We found no evidence any impact had taken place through MCA documentation not being fully complete for a small number of people.

# 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 treated with dignity, kindness and respect.
- People and their relatives spoke highly of the service provided and the staff. One person told us, "They are very caring. The staff are wonderful. They take time and do not rush me. I recommend them to everyone." Another person told us, "The staff are very helpful and caring." A relative told us, "The staff are very respectful. [Name] always appears clean and how they would want to look."
- Staff were given the time to build and maintain relationships with people. Each person had a team of care staff who would visit to maintain consistency. One person told us, "[Name] has a team of four staff who know [name] very well. The staff are such lovely people."
- Staff were matched with people who had similar interests or cultural backgrounds. For example, one person followed a certain religion and the relative described to us how staff with the same religious needs worked with them and would sing with them during care calls, making the person feel secure.
- Care records were written in a caring manner with detail on people's emotional and psychological needs each day, as well as physical needs.

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

- Staff made time to support people to be involved in their care.
- One person had visual difficulties and the registered manager told us how they would sit and read the person's care plan to them, to ensure they understood each part.
- Due to the consistency of staff for each person, staff were able to quickly respond to people's needs. One relative told us, "The staff are able to pick up signs of [name]'s mental health and the manager will text me if needed."

Respecting and promoting people's privacy, dignity and independence

- People were treated with privacy and dignity and their independence was promoted.
- People gave consistent feedback how dignity was always respected. One relative told us, "The staff are really good with dignity."
- Care records had a focus on independence and choice. For example, one person was unable to wash certain parts of their body, but the care plan prompted staff to assist the person to wash what areas they could themselves. This independence was of great importance to the person and their relative described to us how happy it made them.
- Care records were kept on a secure computer system which had a safety feature with an alert system when care records were opened outside of a safe region, e.g. not in that person's home.

# 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 and their families were involved in developing care plans and the support given to them.
- One person told us, "We work together as a team. They asked me what I wanted and keep asking me if there is anything new I need help with." Another person told us, "The staff asked me what I want, and I was able to say everything I require." A relative told us, "The registered manager liaised with [name] and me but they also gained a handover from the previous company involved. As a relative I also have access to the electronic app with the care records so can add updates and send messages to the registered manager."

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.

- People were supported by staff who understood and supported their communication needs.
- One person who is partially sighted was supported to understand their care records through staff having dedicated time to read this to them. A relative told us, "Staff are very good at respecting [name's] sight difficulties."
- Care records included information and tasks to help staff understand the communication needs of each service user.

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 were supported to maintain their hobbies and interests.
- Although none of the staff actively supported people with hobbies outside the home, call times were arranged to support people to be able to go out.
- One person told us, "I go out to the football and to shows and the staff set me up with a packed lunch if I'm going out for the day. I let them know if I am going to football and they come earlier."
- Staff were able to tell us about each person's hobbies and interests and showed genuine interest in these.

Improving care quality in response to complaints or concerns

- The service had received no formal complaints. The registered manager was proactive and responsive to any concerns raised informally.
- People and their relatives told us they knew how to complain if needed and felt comfortable any issues would be quickly rectified.

- One person told us, "I have never had to complain but the staff have made me feel comfortable that they would listen to me." A relative told us, "I raised some concerns once about my relative and the registered manager was brilliant and sorted it out that day."
- We saw a record of a conversation between the registered manager and a relative about some concerns. It was clear the concerns had been acknowledged and taken seriously. Actions were put in place to resolve the issue and for learning to take place.
- We discussed with the manager ways of recording these informal complaints and concerns to become part of a formal audit procedure which could aid improvement of the service.

#### End of life care and support

- The provider was not providing any end of life care at the time of inspection.
- Staff we spoke with felt comfortable with providing any future end of life care and felt the registered manager gave time and support to do this. One staff member told us, "We had one person who died recently, and we had plenty of time to give the care needed."
- The registered manager was in the process of reviewing all care plans and we discussed how more information could be sought to provide good 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.

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

- People, staff and the registered manager described a culture which focussed on people and ensuring they received good person-centred care.
- People and their relatives spoke highly of the registered manager and the service they provided. One person told us, "The registered manager is very approachable. You cannot get a better owner than [name of registered manager]." Another person told us, "This company are exceptionally good. [Name of registered manager] is my friend not my carer." A relative told us, "The registered manager is very efficient. They are easy to talk to and come regularly to do reviews. I can talk to any of the management team."
- When we spoke to staff and the management team, it was clear there was a strong culture which revolved around the people the service cared for. The registered manager was passionate about their vision and values and was constantly looking for ways to improve. One staff member told us, "The culture here is all about good people delivering good care."
- Staff told us they felt supported by the registered manager and felt inspired to be passionate about the people they cared for. The registered manager felt strongly about having a team for each person using the service to drive consistency and person-centred care.

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 understood their duty of candour responsibility. They spoke with people and their relatives about any concerns in an open and honest fashion.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff had a clear understanding of their roles and responsibilities.
- The registered manager demonstrated a good understanding of the day to day running of the service. They worked closely with the deputy manager to keep oversight.
- The registered manager understood the strengths and weaknesses of the service at present and had already devised an action plan which was being worked through to address these. They felt strongly that growth of the service had to be done slowly and safely. They felt it was important to keep the people using the service as the priority. They were confident to give back contracts or not take on new contracts, if they felt they could not deliver a good service safely.
- Audit processes were being improved to strengthen the oversight of the service. The management team

had a real-time alert system for any missed or late calls and for any issues with tasks being missed.

- The registered manager understood their responsibilities of registration with CQC. . There had be no notifiable incidents yet, but the registered manager was able to describe scenarios where a notification to CQC would be required.

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

- People, their relatives and staff were involved in the improvement of the service.
- People and their relatives told us they had regular contact with the management team and felt able to raise concerns and give compliments. They all told us they felt confident concerns would be followed up.
- Staff told us they felt supported by management. They had regular staff meetings where they were given opportunities to suggest new ways of working or raise concerns. One staff member told us, "The registered manager and their team are kind and honest. They are easy to get a hold of and they respond quickly if there are any issues."
- The registered manager told us they ensured people had the informal opportunity to give feedback most weeks, but they were looking at restarting a formal feedback survey to gain themes for improvement. This had been in place previously but due to staffing issues, had not taken place the last few months.

Working in partnership with others

- The provider was transparent, open and collaborative with external agencies.
- The registered manager told us how they regularly communicated with external professionals when considering the growth of the service.
- The registered manager also described how they had improved their relationship with the local authority by being open and honest about the capabilities of the service at that time. They told us they felt the mutual respect had greatly improved between the two parties.