

Metro Homecare 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

Metro Homecare Ltd is a domiciliary care agency. It provides personal care to mostly older people living in their own homes. It also supports some adults who are living with dementia. At the time of our inspection there were 37 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were consulted in all aspects of their care and support and their choices were respected.

People's healthcare and nutritional needs were assessed and met.

People who used the service and their relatives were happy with the service they received. People said the staff were kind, caring and respectful and they had developed good relationships with them.

Risks to people's health and safety had been identified and assessed. Risk assessments contained guidelines for staff about how to reduce risk and support people to remain safe. Initial assessments contained the correct and necessary information so staff would know how to meet people's individual needs.

The provider had systems in place for the safe management of medicines and people received their medicines safely and as prescribed.

Care plans were detailed and person-centred. They contained enough information for staff to know people's individual needs and choices.

The provider had improved their monitoring systems and had made improvements where needed.

Staff were happy and felt well supported. They enjoyed their work and spoke positively about the people they cared for. They received the training, support and information they needed to provide effective care. The provider had robust procedures for recruiting and inducting staff to help ensure only suitable staff were employed.

The provider worked with other professionals to help make sure people had access to health care services.

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.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 17 December 2020) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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.

Metro Homecare 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience undertook telephone interviews with people who used the service and relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 24 hours' notice of the inspection. This was because we needed the provider to inform people and seek their consent to be contacted and we wanted the registered manager to be in the office to support the inspection.

Inspection activity started on 19 May 2022 and ended on 20 May 2022. We visited the location's office on 19 May 2022.

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 and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 16 March 2022 to help plan the inspection and inform our judgements.

During the inspection

We spoke with 11 people who used the service and three relatives about their experience of the care provided. We spoke with the director, registered manager, business manager and a care coordinator. We also received feedback by email from nine care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has improved to good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection, we found the provider had not always robustly assessed the risks relating to the health safety and welfare of people and this put people at risk of avoidable harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvement had been made and the provider was no longer in breach of regulation 12.

- The provider had appropriately identified and assessed risks to people's health and safety such as risk of falls and skin deterioration as well as the environment they lived in. Risk assessments included a risk management plan or guidance for staff to follow to help ensure they understood the person's condition and knew how to meet their needs.
- The risk assessment for a person at risk of choking contained information about how to recognise the person may be choking, what action to take, and how to prepare suitable food for them. We saw they were prescribed a thickening agent to add to fluids to prevent choking and instructions were clearly defined for care workers. For example, how many scoops of the powder was needed for 200ml of liquid.
- The provider recognised and acted upon any risk they identified during assessments and reviews. For example, due to mobility concerns, one person had been assessed to use a mobility aid. However, the care workers had identified they required two care workers to support the person with this. We saw evidence of communication with the local authority, which resulted in the person's care package to be increased to meet the person's needs.
- One person was being cared for in bed and at risk of skin deterioration. We saw their skin integrity risk assessment described how to prevent the person's skin from breaking down, for example for care workers to apply prescribed cream to the person's body. The person did not have any problems with their skin integrity at the time of our inspection.
- Each person using the service had a fire action plan in place. These stated emergency escape routes, location of windows and door keys, location of smoke alarm and the person responsible for calling emergency services.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place for noting and responding to safeguarding concerns. People told us they felt safe with the care workers who supported them. Their comments included, "Oh yes, I feel safe with them", "It's all alright thanks, I'm very happy, and they're all nice" and "Yes, it's lovely – they are more like

friends now."

- There was a safeguarding policy and procedure in place and staff were aware of these. Staff completed training on safeguarding adults and demonstrated how they would recognise and respond to safeguarding concerns. A staff member told us, "I have safeguarding training, I have had no concerns, but if there was I would report any issues to the office making sure the client is safe. Safeguarding policies are in the office and the client's home."

Staffing and recruitment

- The provider had appropriate procedures for recruiting staff. These included formal interviews and carrying out checks on their suitability and identity, such as Disclosure and Barring Service checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- New staff underwent training and were assessed as part of an induction, before they were able to work independently.
- There were enough staff deployed to meet the needs of the people who used the service. Where possible, people were supported by the same group of care workers and developed a good rapport with them. One person told us, "[Care worker] has got to know me, and how to work with me."
- People told us they mostly received their visits on time and if care workers were running late, they were informed of this. One person stated, "They are normally on time, but if they know they are going to be late, they call me" and another said, "They are sometimes a little late, but I'm OK with that." The senior staff monitored closely people's daily visits. The electronic monitoring system required staff to log in and out of people's homes, and this was recorded in real time on the system.
- People told us the staff who supported them stayed the allocated time and never rushed them. One person stated, "No, never rushed. I'm a bit slow these days but [care worker] doesn't rush me."

Using medicines safely

- People received their medicines safely and as prescribed. There was a policy and procedures for the safe administration of medicines and staff were aware of these. Staff received regular medicines training and refreshers and had their competency assessed. A care worker told us, "I have had medication training, how to safely administer medication. During spot checks, competency to safely administer can be assessed as well as checking MAR chart."
- People who required support with their medicines had a risk assessment in place. This contained information about the person, their medicines, and any instructions the care worker needed to help ensure they administered medicines in line with the provider's policy and procedures and as prescribed.
- The senior staff carried out regular medicines audits to help identify any concerns. Where concerns were identified, we saw these were noted and action taken to make the necessary improvement. For example, a staff member's signature was unclear and they had used the wrong colour pen and another had signed with only one initial instead of two. This was recorded and addressed with both staff members.
- We looked at the medicines administration record (MAR) charts for 11 people who used the service and saw these were completed appropriately with no gaps in staff signature indicating people were receiving their medicines as prescribed.
- One person was prescribed a medicine for which the dosage varied depending on their condition. The person's care plan contained details about the person's condition and the importance of following the GP's instructions at all times. We saw evidence the staff followed these instructions correctly. In addition, the care plan provided information about the prescribed medicine and how to ensure the person received this appropriately and as prescribed.

Preventing and controlling infection

- There was an infection control policy and procedures and staff received training in this. Staff were provided with suitable personal protective equipment such as aprons, masks and gloves, and were able to obtain these when they required.
- The staff confirmed they had received adequate training in infection control including relevant information about COVID-19.

Learning lessons when things go wrong

- The provider had a procedure for the management of accidents and incidents and kept a log of these.
- The provider conducted incident and accident audits, to help ensure they had taken appropriate action, for example providing training to staff if necessary, improvements made as a result of the incident and relevant agencies informed.
- Lessons were learned when things went wrong. The registered manager told us they learned and improved their systems daily using feedback from people who used the service and staff. They also liaised with colleagues and external professionals who provided advice.

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.

The last inspection was a focused inspection and we did not look at this key question. We have rated this key question 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 were assessed before they started using the service, to help ensure these could be met. People were referred to the service from the local authority who funded their care.
- We saw assessments were detailed and contained the necessary information about the person, such as their healthcare needs, living arrangements, communication needs and mobility.
- People's choices in all areas were considered and recorded, for example, their communication needs and how they wanted their care at each visit.

Staff support: induction, training, skills and experience

- People were supported by staff who were well trained, and regularly supervised and appraised. One staff member told us, "If I have any issues, I can talk to my manager who is friendly and approachable, [they] will listen to my concerns and help me." People and relatives thought the staff were well trained and had the necessary skills to meet their needs. One person told us, "Yes, [they do] appear well trained."
- New staff received an induction which included an introduction to the service and its policies and procedures and shadowing more experienced staff. They were assessed in all areas of their work, such as moving and handling and personal care. When assessed as competent, new staff could support people unsupervised.
- Staff received training in subjects the provider identified as mandatory such as safeguarding, moving and handling, medicines, mental capacity and infection control. Staff were supported to complete the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives new staff to care an introduction to their roles and responsibilities.
- Staff also received training specific to the needs of people who used the service, such as dementia awareness, epilepsy and strength-based approach. We saw evidence staff training was up to date and regularly refreshed.

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

- People's nutritional needs were recorded and met. People were happy with the support they received with their meals. They were supported by staff with food and drinks of their choice. Some required already prepared meals to be warmed up and other required snacks to be prepared. One person told us, "I tell them what I would like, and they do it for me" and another said, "My [relative] has shown the carer how to poach eggs, and [they] now do it for [their] family."
- People's care plans contained details of their food likes and dislikes. For example, one person being cared

for in bed requested porridge and a cup of tea with milk and two sugars for breakfast and this was respected.

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

- People's healthcare needs were recorded and met. The registered manager expected all staff to be vigilant during visits and report any concerns they may have about people's health conditions. We saw evidence care workers communicated well with the office and reported any concerns promptly.
- Care plans contained details of people's health conditions, what impact these had on the person and how to support people. For example, the care plan for a person living with diabetes included how to recognise signs the person's blood sugar was becoming abnormally high or low, and what action to take.
- The registered manager liaised with the relevant healthcare professionals to meet people's needs, such as the GP and district nurses.

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.

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 told us they were consulted about their care, and their choices were always respected. One person stated, "Yes, I choose what to wear and [care worker] helps me on with it."
- The registered manager told us where people had the mental capacity to make decisions about their care, these were respected.
- Where people lacked the capacity to make certain decisions, they had their capacity assessed, and decisions were made in their best interests. We saw, where possible, people had signed their records to show they had been consulted and agreed with the content of these.
- Staff received training on the principles of the MCA and demonstrated an awareness of this.

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.

The last inspection was a focused inspection and we did not look at this key question. We have rated this key question 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 told us they were treated with kindness and respect by the care workers who supported them. Their comments included, "[They are] friendly, and we have nice chats", "Yes, I would say very kind. I've got a nice relationship with [them]" and "Yes, I think we're a team now."
- People described occasions when care workers went 'above and beyond' to meet their needs. One person told us, "On one occasion I was not feeling too well, and [care worker] wanted to stay with me, but I told [them] [they] should go. [They] then phoned me later to check how I was feeling – plus [they] rang the agency to tell them I wasn't feeling well today – really nice."
- The provider identified people's individual's communication and diverse needs prior to admission, and these were recorded in their care plans. When possible, they paired people with care workers from the same background to help build a rapport and communicate effectively. The business manager told us, "People's preferences are identified and considered at all times."
- Staff received training in equality and diversity and demonstrated a good understanding of this. The provider had an equality and diversity policy in place which included details about how to support people from the Lesbian, gay, bisexual and transgender (LGBT+) community. At the time of our inspection, they were not supported anyone from this community.

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

- People told us they were consulted and involved in decisions about their care. They told us staff took time to explain things and listen to them. One person said, "The supervisor comes around, or phones to checks on everything" and another stated, "Yes, [senior staff member] comes round sometimes to check on things and asks me questions."
- People were encouraged to express their views via quality questionnaires, visits and telephone monitoring. Documents we viewed indicated people were happy with the service.

Respecting and promoting people's privacy, dignity and independence

- People's choices and wishes were recorded in their care plans and respected. People told us the care workers knew their individual needs and met these. They confirmed the staff supported them to maintain their independence as much as possible. One person told us, "Yes, I can do more now. But [they] help if I need [them] to – [they are] there" and another said, "[They] help me put my clothes on as I have limited movement, [they] wash the bits of me that I can't reach – [they are] careful – no problems."

- Care plans reflected how people wanted their care, and there were details about how to do this, including personal care and dental hygiene whilst respecting the person's dignity. For example, "[Person] would like to maintain [their] dignity by being appropriately dressed in fresh, clean and comfortable clothes daily."
- Care workers demonstrated they enjoyed their job and cared for the people they supported. One care worker told us, "I enjoy seeing my clients happy as they are going through different situations, I am there to help them as much as I can."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained 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 needs were recorded and met in line with their needs and preferences. All the people and relatives we spoke with were happy with the care they received. Care plans detailed how each person required to be supported at each visit and people confirmed they had been involved in planning their care. One person told us, "Yes, I contributed to the plan."
- Care plans were divided in sections which covered every area of the person's needs, such as mobility, communication, personal care and communication. Each area stated the current situation regarding the person's needs, what assistance was required, and any equipment they needed.
- In addition to their care plans, people had individual support plans in place. These included background information about the person so the care staff would get to know them. They also included a list of the person's medicines, the person's weight and specific details of the person's individual needs and how to meet these.
- Care workers completed daily log sheets, to records the care they had provided to people, and any concerns they may have. These were regularly audited by senior staff. However, although we were assured the care workers had formed meaningful bonds with the people they supported, this did not always come across in their notes, as these lacked details about the social aspect of the visits. We fed this back to the registered manager who told us they would address this with the care workers.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded and met. During the recruitment process, potential new staff were expected to undertake a literacy test to help ensure they were able to communicate and understand the people they supported.
- The service provided support to several people for whom English was not their first language. As much as possible, the provider matched people with care workers who spoke their language. If they were unable to do this, they informed the person of this before providing care. Information was available to people in accessible formats when this was required.

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

- Most of the people who used the service lived with relatives and were able to maintain relationships with their extended family. Those who lived alone were encouraged to take part in community activities.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place. People knew how to make a complaint and were confident their concerns would be addressed. They found the office staff to be prompt and responsive. One person told us, "Yes, I know what to do if I need to – it's never needed." We saw evidence that when concerns had been raised, appropriate action had been taken in a timely manner.

End of life care and support

- The provider had an end of life policy in place and staff received training in end of life care as part of their induction.
- At the time of our inspection, nobody was receiving end of life care. However, the provider had systems in place in the event they had to support someone at the end of their life.
- We saw evidence the provider had in the past cared for people who were reaching the end of their lives. Documents we viewed reflected the person's individual needs were recorded and met.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has improved to 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

At our last inspection, we found systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvement had been made and the provider was no longer in breach of regulation 17.

- The provider had improved their monitoring systems which included audits about recruitment, care plans, accidents and incidents, health and safety and medicines.
- The senior staff undertook regular spot checks of the care workers, so they could help ensure people received the support they needed.
- We viewed spot checks for five people over the last three months and saw these were detailed and included all aspects of the visit and care provided. For example, the conduct of the care worker, their attitude and rapport with the person, recording of the care, medicines administration and punctuality. In addition, people's feedback about the care workers who supported them was sought and recorded and we saw they were happy with the care they received. One person told us, "The supervisor comes often to checks on things."
- The provider's electronic monitoring system was effective and the registered manager was able to monitor the care people received in real time, therefore they were able to address any concerns without delay.

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

- People who used the service were supported in a person-centred way and were happy with the service. They spoke positively about staff and management. They told us the management team was approachable and they knew them well.
- Staff told us they enjoyed their work, felt supported by the management and could contact them at any time. Their comments included, "My manager is approachable and fair to all staff. Staff morale is good. Metro homecare is a nice agency to work for, they provide help when needed and listen to all concerns and I enjoy my job", "I am supported by my manager and office staff with any difficulties. Metro Homecare is a

great company to work for, they always help me when I need it" and "I feel very supported in my role as they are always looking to improve our practice and the care I am providing to my clients."

- The registered manager demonstrated how they valued the care workers particularly during the pandemic. They told us they ensured they had all the support they needed to carry out their duties, such as a supply of PPE and up to date guidance. They also ensured all staff received a financial reward for their work.

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 provider understood their responsibility in relation to duty of candour and was open and transparent. We saw evidence they had informed the relevant bodies when incidents and accidents had happened and had offered an apology when this had been necessary.
- Following a recent safeguarding concern, we saw evidence that the provider had communicated to the staff team the necessity of being transparent to the local authority, CQC and directors and to learn from mistakes.

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

- People who used the service were consulted regularly to ensure they were happy with the care and support they received. This included telephone monitoring calls as well as visits and surveys. We viewed records of these which showed people were happy with the service they received and the care workers who supported them.
- There were regular staff meetings where a range of subjects were discussed, such as risk assessments and care plans, new referrals or any important information. The staff had the opportunity to discuss any concerns and share communication.

Continuous learning and improving care

- The registered manager worked to develop their knowledge and skills in order to make sustainable improvements to the service. They held a degree in Human Resources management and had achieved a level five qualification in health and social care. They kept up their knowledge and skills by undertaking relevant training.
- The nominated individual was experienced and held professional qualifications in Health and Social Care management as well as degrees in Business Management, Accounting and Finance. They provided support to the registered manager and undertook six-monthly internal inspections and monitoring.
- The registered manager was supported by a business manager who helped the team make sustainable improvements. They told us they enjoyed working with the team and felt they were moving in the right direction.
- The provider kept a log of any compliment they received from people and relatives. We saw a sample of these which contained comments such as, "[Care worker] has prioritised my wellbeing... [They] go above and beyond", "[Care worker] is really calming for [Person] and was helpful today" and "The carer [Name] has a sparkling personality which I think is a natural talent and looks after me very well."

Working in partnership with others

- The registered manager kept abreast of developments within the social care sector by attending meetings and training courses organised by the local authority. They increased their knowledge by liaising with a range of healthcare professionals such as social workers, district nurses, occupational therapist to ensure they met the needs of people they supported. The registered manager told us they had felt supported by their line manager and the local authority throughout the COVID-19 pandemic.

