Mcare24 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

Summary of findings

Overall summary

This inspection took place between 4 December 2017 and 14 December 2017. This was the first inspection of the service and it was unannounced. MCare24 Limited is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of our inspection 11 people were provided with personal care.

A registered manager who was also the provider was in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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 was run.

People felt safe with all of the staff who provided care and supported them in their homes. There were arrangements in place to make sure there were sufficient staff available to meet people's care calls and who understood the need to protect people from the risk of harm and abuse The registered manager had taken measures to reduce risks to people's safety. Staff were trained in how to recognise abuse and understood the action they should take if they had any concerns people were at risk of harm. The registered manager checked staff's suitability to deliver personal care in people's own homes during the recruitment process.

People's care plans included risk assessments for their health and wellbeing and explained the actions staff should take to reduce the identified risks. Staff understood people's needs and abilities by working alongside experienced staff when they started working at the service, speaking with people about their needs and reading care plans.

The registered manager had developed a system to record accidents and incidents and to reduce any reoccurrence. Where people needed support to take their medicines they were assisted by staff who had been trained to do so. The registered manager had procedures in place to check people received their medicines as prescribed, in accordance with their health needs.

Staff received training and support to meet people's needs effectively. Staff had opportunities to reflect on and improve their practice for the benefit of providing people with care and support to effectively meet their care needs. Staff recognised how their training had provided the knowledge of how to reduce the risks of infections spreading and had been provided with the right equipment to assist them in their daily care work.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. This included involving people in decisions about their day to day care. Staff knew which people may need help to make some key decisions about their lives and understood what action to take so people received the support they needed in these circumstances

Where people required support from staff with their meals and drinks this was provided. People were happy with how they could rely on staff if they needed assistance in accessing health care services when they needed them to get the best outcomes for people's health and well-being.

People's care records were personalised and contained information about people's preferred daily routines. People who used the service and relatives were involved in the planning and review of their care so any changes could be responded to. The registered manager regularly delivered care and support, so they maintained an on-going relationship with each person.

People told us the staff who provided care and supported them in their homes were kind and respected their privacy, dignity and independence and said staff felt like their friends. People knew any concerns would be listened to and action taken to resolve any issues.

People were encouraged to share their opinions about the quality of the services provided during visits by the registered manager and at regular reviews of their care plans and through formal surveys.

The registered manager and staff team shared common values about the aims and objectives of the services they provided to people in their homes. People were supported and encouraged to live as independently as possible, according to their needs and abilities.

The registered manager had a candid approach to using the learning from external professionals and resources on the computer to aid the development of providing people with a home care service. The registered manager's quality checking arrangements were continuing to be developed and included regular checks of people's care plans and staff's practice. When issues were identified action was taken to continually improve, develop and sustain the quality of the services provided to people in their homes.

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.

People were confident their safety was met by staff who understood how to support people, so they were as safe as possible from harm and abuse. Staff understood how to provide support where people required assistance with their medicines. People's needs were met by a sufficient number of available staff who had been recruited for their suitability to work with people in their own homes. The provider was continuing to develop the arrangements in place, to record accidents and incidents and reduce these from reoccurring. Staff understood how to reduce infections from spreading whilst providing the care people required.

Is the service effective?

Good

The service was effective.

People's care needs were assessed so staff could adapt their skills and knowledge to effectively provide the care each person required. New staff received support and training to support them in obtaining the knowledge they required to use equipment and meet people's individual needs. Staff supported people to make their own decisions and to consent to their care and treatment. People received support to keep healthy and well. People were supported to follow healthy diets where this was required.

Is the service caring?

Good

The service was caring.

People who used the service and their relatives were happy with the care they received which was provided in a kind and caring way. Staff involved people in their everyday care which showed people were treated as individuals. People were treated with respect and dignity with their independence respected by staff they had positive relationships with.

Is the service responsive?

Good

The service was responsive.

People received care in the way they preferred and when they needed it. People's individual needs were documented within their care records which were personalised and held details of people's preferred daily routines. When people's needs changed staff took action so people continued to receive care which met their particular needs. People who used the service and their relatives were supported and felt confident to raise complaints with the registered manager who listened to resolve these and used these to improve people's care.

Is the service well-led?

Good

The service was well led.

People who used the service and their relatives told us they were happy with the quality of the care they currently received. Staff benefitted from a registered manager who took a 'hands on' approach to maintaining the quality of care and to assist them in developing the service in line with people's needs. People who used the service and their relatives were encouraged to share their opinion about the quality of the service, to assist the registered manager to make improvements.

Mcare24 Limited

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 4 December 2017 and was unannounced.

Inspection site visit activity started on 4 December 2017 and finished on 14 December 2017. It included sampling people's care records, talking with people and their relatives about the care provided and finding out the views of other health and social care professionals about the quality of the service. We visited the office location on 4 November 2017 to see the registered manager and office staff; and to review care records and policies and procedures. We spoke with people, their relatives and additional staff up to 14 November 2017, to find out what they thought about the care provided.

The inspection was carried out by one inspector.

We looked at the feedback provided to us by people who used the service. We sought information about the service provided to people from the local authority. The local authority has responsibility for funding people who use domiciliary care services and monitoring their safety and quality. This included recent monitoring visits made by the local authority. This information provided an insight into some aspects of the service where improvements were required and identified concerns. We used this information when planning and conducting this inspection to gain an insight into whether the provider had made improvements.

We used information the provider sent us in the Provider Information Return [PIR]. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked at information we held about the provider and the service. This included notifications which are reportable events which happened at the service which the provider is required to tell us about. We used this information to help plan this inspection.

We spoke five people who use the service and four relatives by telephone. We talked with the registered manager, one staff member and the office administrator. In addition, we spoke with two staff by telephone.

We looked at a range of documents and written records. These included sampling six people's care records, four staff recruitment files and key policies and procedures, such as how people's rights were promoted and how the staff would respond to any complaints made.

We also looked at information about how the registered manager monitored the quality of the service provided and the actions they took to develop the service further. This included surveys completed by people who used the service.

Good

Is the service safe?

Our findings

All people we spoke with told us they felt safe in the company of staff who came into their homes to support them with their care needs. People gave us examples of how staff understood their particular needs and took these into account so they felt comforted and secure. For example one person had a lifeline alarm and staff knew they required this so they were able to summons assistance. Another example was how staff had worked alongside one person to develop a certain knock on their door which the person recognised as staff visiting from the agency.

The registered manager had knowledge of her role and responsibilities in reporting concerns of potential abuse. They had the relevant contact names and numbers so they were able to liaise with local authorities if there were concerns about people's safety. Staff we spoke with informed us they had received training in how to identify the different types of abuse. What people may be at risk from and how to report incidents where they feel someone is at risk of harm and abuse.

Staff knew about the risks associated with people's care and how these were to be managed. Care records confirmed that risk assessments had been completed and care was planned to take into account and reduce identified risks. For example, staff used equipment to safely support people when assisting them to move from their bed to a chair. People were confident the care and support provided by staff met their needs whilst providing reassurance any risks to their safety were reduced. One person explained how staff assisted them with their physical needs so they could safely wash and dress. When the person talked about this example they referred to how they were at risk of falling without the support of staff. Another person told us their confidence was boosted by staff being 'on hand' to assist them to meet their needs.

Environmental risks within people's homes had been assessed so risks to staff and people who used the service were reduced. We saw these risk assessments considered the safety aspects within a person's home and the equipment staff needed to use so people's needs were supported safely. For example, consideration was made to whether there were any trip hazards within a person's home environment safely which needed to be addressed to reduce the risk of avoidable accidents. In the PIR the registered manager confirmed, 'Our Care Staff are trained on how to report and document incidents as well as clear lines of reporting.' When we spoke with staff we found this was the case as we consistently heard from staff how documentation would need to be completed and the registered manager informed.

The registered manager was continuing to develop the arrangements in place for reporting and reviewing accidents and incidents to make sure action was taken to maintain people's welfare and safety. For example, where a person had nearly fallen when trying to stand consideration was given to how risks to the person's physical needs could be addressed to reduce accidents. This included referring the person to healthcare professionals with their consent to assess for any additional equipment the person may require.

Most people who used the service were either able to take any medicines they required and/or were supported by their relatives to take their medicines. However the registered manager had procedures in place so when staff supported people with their medicines this was recorded in their care records. Staff told

us, and records showed they had received training in order to support people with their medicines safely. In addition, the registered manager told us as part of their developing quality assurance procedures staff's competencies in supporting people with their medicines would be checked. This was so the registered manager could be assured staff medicine practices were safe. Staff recorded in people's records when people had been supported with their medicines and signed a medicine administration record to confirm this.

Medicine records were checked by staff as part of their everyday practices and by the registered manager for any gaps or errors. The registered manager was ensuring improvements were continually progressed. For example they had developed arrangements in place to ensure medicine records were returned to the office on a regular basis for checking purposes. We sampled some of these medicine record checks and saw the procedures supported people with their medicines safely and as prescribed.

The registered manager had arrangements in place to assure themselves that only staff suitable to provide care and support to people in their homes were selected and recruited. Staff told us they had completed all required checks. We saw staff records confirmed this and that the required checks had been completed. For example, Disclosure and Barring Service (DBS) checks had been carried out. A DBS check helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

We were told by people who used the service, their relatives and staff, people were always supported by the number of staff identified as necessary in people's care plans. One person told us, "Always have two staff to meet my needs." People we spoke with said they usually had the same staff to assist with their care and support but occasionally different staff would assist them. They also told us staff always arrived on the days they had agreed but if this did not happen they would feel comfortable in speaking with the registered manager.

The registered manager was continually developing their staffing arrangements to ensure they had enough staff available to meet people's particular needs. We saw from looking at care records and staff rota's that staffing arrangements were determined by the number of people who used the service and their individual needs. The registered manager showed us arrangements were in place to make sure people received a reliable and safe service. For example, the registered manager used their initial assessment of a person's needs to ensure they had a team of staff with the right training, skills and experience to meet a person's needs individual needs. If staff needed additional training this was sought. In addition, because the service was small the registered manager also completed people's care calls and assisted to cover any staff absences.

Our discussions with staff assured us they understood their responsibilities in relation to infection control. One staff member told us gloves and aprons were always available, "When we assist people with personal care always wash our hands to prevent the spread of infections." Records showed staff had completed infection prevention and control training.

Good

Is the service effective?

Our findings

People who used the service and relatives explained how before their home care service started their particular needs were assessed by the registered manager. One person told us how they required the care provided to match their particular physical and health needs. The person went on to confirm staff understood how to do this which helped them to remain living in their own home. One relative described to us how the knowledge staff had gained from their family members assessed needs had resulted in effective care which had made, "A big difference to [family member's] day." Another relative told us how through a particular staff members patience and communication skills their family member's wellbeing had improved.

Staff told us they had an induction to the service when they commenced employment with the provider, which included working alongside experienced staff and training. The registered manager followed the care certificate as part of staff's induction and training. The care certificate is a set of standards that health and social care workers can work in accordance with. It is the minimum standards that can be covered as part of the induction training of new care workers. One staff member who had recently started work for the provider described how their induction had been, "Supportive" and had assisted them to, "Feel confident to meet people's needs." Another staff member told us they were supported by the registered manager to receive training to refresh their knowledge and skills. They believed this assisted them to provide care in line with people's particular needs.

Staff confirmed they had regular opportunities to discuss their practice or any concerns with the registered manager. Staff told us they felt supported and were encouraged to improve their skills and to consider their professional development. Staff said the registered manager was approachable and they were comfortable talking with them at any time. One staff member told us, "I would have no worries talking with [the registered manager], she is very approachable."

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. For people living in their own home, this would be authorised via an application to the Court of Protection.

We checked whether the service was working within the principles of the MCA. At the time of our inspection the registered manager had not needed to make any applications to the Court of Protection.

The registered manager and staff understood the principles of the Mental Capacity 2005 (MCA) and how this may affect people they supported. One staff member told us, "We support people to make their own care decisions for themselves. If they are unable to others are involved so the decision is right for the person." People who used the service and relatives we spoke with confirmed to us staff obtained their consent before they supported them. One person told us, "They [staff] always check my permission before they help me and

I have signed my consent to say I am in agreement with the help I receive." One relative said, "They [staff] involve [family member] in the care they are providing." The relative went on to confirm the registered manager also practised in this manner and used communication methods to support both their family member and their involvement. Staff gave us examples of how they had consulted with people who used the service, explained information to them and sought their informed consent.

Staff monitored people's health and wellbeing and liaised with professionals involved in their care when this was required. For example, the registered manager stated in the PIR, 'Recommendations are also made for specialist support in some areas such as incontinence care, physiotherapists, district nurses and GPs.' In addition, staff were able to provide examples when they called for paramedics when they found a person had fallen so they were able to receive medical treatment and care. One person told us how staff had noticed they were unwell and had made sure they received health treatment when they were unable to do this themselves. One relative we spoke with told us, "They always let me know if [family member] is unwell. "The relative confirmed this provided them with, "Peace of mind."

When people needed help to ensure they had enough to eat and drink as part of their home care support this was provided by staff. One person we spoke with told us staff would heat a meal in the microwave for them and always made sure they had a drink before they left. We saw people's care records gave staff information about the support needed to help people to eat and drink their meals where this was required. Staff we spoke with told us if they were concerned a person was not eating or drinking enough they would report their concerns to the registered manager.

Good

Is the service caring?

Our findings

People consistently described staff as kind and caring. One person we spoke with told us they particularly liked a staff member and were happy to confirm this with us by stating, "Could not wish for a better person." Another person said, "[staff member] is exceptionally nice, one of the best." We heard examples from relatives how their family members had a good rapport with staff who were caring towards them. One relative told us their family member, "Gets on well with them [staff], has a laugh with them."

In the PIR the registered manager noted their commitment in providing care which is centred on people's individual needs. Their comments read, 'Care Planning process approach is person-centred, which enables us to place the service user's [people who use the service] preferences at the centre of everything we do whilst considering their best interests. We recognise the uniqueness of service users and their circumstances.' We heard examples of how the registered manager and staff had incorporated this into their care practices. For example, one person described how the registered manager had ironed their handkerchiefs without being asked which made them happy as this was something which was important to them. The registered manager had recognised this made a difference to the person's sense of wellbeing. In addition, one staff member described to us how they provided reassurance to one person when they were anxious about something in their home which was not working appropriately. Through the staff member's assistance the person's anxieties were reduced by the staff member's actions.

Staff told us they involved people who used the service and their relatives in the care provided. People we spoke with gave us examples of how they were supported to be involved in their care. One person told us, "I can have a choice of female or male carers" and another person said, "I always choose what assistance I need and some days it is different, they [staff] respect this without any fuss made." One relative we spoke with said, "They [staff] know what they have to do and this helps." Staff explained how they gave people choices and involved them in making decisions about their care. One staff member said, "I help them to make their own decisions and I respect these."

People told us that they were supported to maintain their independence. One person said, "They [staff] know what I am able to do and provide encouragement. What I struggle with they [staff] will help me." Care plans we looked at showed the care and support promoted an approach which recognised people's choices and independence. People told us about how staff took time to support them to participate as fully as they could. Examples we were given included aspects of personal care including people's involvement in what they would like to wear.

We heard from people how staff promoted their privacy and dignity when they assisted them in their homes. One person told us, "I am a very independent person and know what I want help with and the carers all respect this. I feel in control." Another person told us, "They [staff] make sure my dignity is kept when they help me to have a wash." Staff we spoke with all gave us a good account of how they promoted privacy and dignity in everyday practice. This included making sure doors and curtains were closed and people were covered when undertaking personal care.

Staff recognised the importance of respecting people's homes were their private and personal space. When people had been first introduced to the care services they were asked how they would like staff to gain access to their homes. We saw that a variety of arrangements had been made that respected people's wishes while ensuring people were safe and secure in their homes. For example, staff knew how to obtain the keys to some people's homes if they preferred not to answer their door bell.

Good

Is the service responsive?

Our findings

People we spoke with told us they received care and support based on what they needed and in the way they liked. One person told us, "The care is good and the [staff] are helpful." One relative described how their family members care was very responsive to their individual needs and had a positive impact on how they experienced their day due to staff member's personalised approach.

The registered manager explained people's care and support needs were always assessed prior to their care service starting. People who used the service, relatives and staff we spoke with confirmed this was the case. Staff said they tried to provide care which met the expectations of the person receiving the service. They said they always asked them or their relative when this was appropriate how they preferred things to be done and at what times. For example, one person described how they had would advise staff of their preferred daily routines which made them feel in control of how they preferred their care. They said their care was planned, "Just how I like it and they [staff] know my preferred ways."

People said staff provided all the practical everyday assistance they needed and had agreed to receive in their care plans. This included support with a wide range of everyday support and care such as washing and dressing, using the bathroom and getting about safely. One relative told us staff stayed with their family member whilst they attended their hospital appointments, "They [staff] are helpful to me."

The registered manager told us because the service was small they knew all the 'small things' about people which assisted them to provide a personalised service. For example, one person's daily routine was important to them and they found comfort in the registered manager and staff having this knowledge. Another example was how one person's unique needs were responded to by staff who spent time with them and knew what supported the person's happiness, such as assisting them with Christmas decorations.

From sampling people's care plans we saw the registered manager had taken on board learning from external professionals to continually develop these. For example, people's care plans were continuing to be improved so they were more personalised and contained information about people's preferred daily routines. Staff told us if a person's needs changed they would tell the registered manager and their care plan would be updated.

People's care was reviewed with their views on the support they received sought. People who used the service and their relatives confirmed they were involved in the planning and review of their care. One relative told us if they needed to change a day or time they could always talk to the registered manager who was, "Extremely approachable."

People told us staff arrived on time but if they were going be late then they were usually contacted to let them know. Staff we spoke with told us they covered certain geographical areas and they had use of a car provided by the registered manager so they could be taken to the areas they covered where this was required. The registered manager told us they had taken into account staffs travelling distances when planning visits to people's homes so this did not impact upon how responsive they were in meeting people's

care call times.

There were arrangements were in place to investigate and respond to people's concerns and complaints. In the PIR the registered manager informed us they had received three complaints in the last 12 months which had been investigated and resolved. In addition the registered manager used complaints to improve people's home care service. People who used the service and relatives spoken with knew they could telephone the registered manager and speak with staff if they wanted to make a complaint or raise a concern. One person told us, "I know how to complain, but never had the need, everything is very good. I can always ring [the registered manager] if I need to." Another person said they would, "Speak with [the registered manager] if I have any concerns, they would sort any problems I had, they are very good." A further person said they had spoken with the registered manager about some issues they had in relation to their care. The registered manager had taken action to try to resolve the person's issues. Staff were aware of the complaints procedure and told us if someone did complain to them, they would offer reassurance in the first instance and then offer to support them in contacting the registered manager to make a complaint.

Good

Is the service well-led?

Our findings

People who used the service and relatives held positive views about how the care services offered and managed in order to meet their expectations and particular needs. One person told us, [Registered manager] is there if I want to know anything." Another person said, "I am impressed by the [registered manager's] attention to detail and how they run the company to make sure care continues to be improved." One relative told us, "[Registered manager] is very helpful and amenable."

The registered manager told us they encouraged people who used the service and staff to share their concerns and opinions to help them improve the quality of the service. People who used the service and relatives told us they had many opportunities to feedback to the registered manager because she often delivered care herself, conducted regular reviews of care and invited them to complete regular satisfaction surveys. We looked at a sample of competed questionnaires which showed us people were happy with the service they received.

People said they knew who the registered manager was and they were helpful. We noted the registered manager knew about the important parts of the care people were receiving. They also knew about points of detail such as which staff members were allocated to complete particular visits. This level of knowledge helped them to manage the service and provided guidance for staff. Staff told us the registered manager would provide them with feedback about their care practices which supported them when required to make improvements. One staff member told us, "The manager and the people tell me I am doing a good job." Another staff member said, [Registered manager] asks how I am doing and always pays attention to staff welfare." Staff told us they liked their job and were happy with the organisation and management.

In addition, staff we spoke said the positive leadership provided by the registered manager reassured them they would be listened to and action would be taken if they raised any concerns about poor practice. They also knew they could use the providers whistle blowing procedures in order to do this if they needed to.

The provider who was also the registered manager had experience of working in health settings as a registered nurse. This was the first inspection since they had registered with us. The registered manager told us they were dedicated and committed to providing outstanding care to people, and was working towards achieving this. The registered manager gave us examples of how they were continually developing the home care service people received. For example, they had completed the required improvements which had been identified by the local authority when they had undertaken a monitoring visit. In addition, the registered manager informed us there was a suspension in place in terms of accepting new people's home care services as they had needed to complete the required improvements.

The registered manager told us how they had worked hard and talked about the examples of how they had worked to drive through the required improvements. One example was to make sure people's risk assessments were completed to provide staff with all the information required to guide their practices so people's needs were met effectively and safely. We saw one person's risk assessment reflected what the registered manager had told us. The risk assessment was very detailed including a photograph of the

person's particular hoist which staff used to support the person's physical needs.

The registered manager understood their responsibilities in reporting incidents which potentially placed people at risk of harm. The registered manager had knowledge of when they were required to send the Care Quality Commission statutory notifications to report incidents and also their responsibilities to inform the local authority.

The registered manager reflected a candid approach to the improvements they had made and how by implementing these it had provided them with further learning in effectively managing people's home care services. They were proud of their achievements but also acknowledged these would need to be sustained over time. In sustaining the improvements the registered manager knew they would need to manage the time they spent undertaking care calls and their management activities. This included evidence to reflect the registered manager was continually checking people's care experiences. We saw the registered manager had introduced quality monitoring procedures which they acknowledged were still in their infancy. However, the registered manager was using their developing monitoring procedures, such as checking people's daily records which staff completed so they were able to identify any gaps. In addition the registered manager had a vision which incorporated continual improving people's care experiences and providing quality services.