

Meraki Unique Care Limited

My Homecare Redbridge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

My Homecare Redbridge is a domiciliary care agency and is based in the London Borough of Redbridge. The service provides personal care to people in their own homes. 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.

The service was supporting 11 people with personal care at the time of the inspection.

People's experience of using this service

Risks assessments were not robust to ensure people received safe care. Systems were not in place to ensure staff attended calls on time.

Some care plans were not accurate and we found one person did not have a care plan to ensure they received safe person-centred care. Staff supervisions were not regular to ensure staff were being supported at all times. Robust assessments were not carried out on nutrition. We made a recommendation in this area.

Robust audit arrangements were not in place to ensure shortfalls could be identified and prompt action taken. Regulatory requirements were not being followed and CQC had not been notified where there had been allegations of abuse.

Staff were aware of how to safeguard people from abuse. Systems were in place to prevent and minimise the spread of infections when supporting people. Pre-employment checks had been carried out to ensure staff were suitable to work with vulnerable people. Medicines were being managed safely.

Staff had been trained to perform their roles effectively. People were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received care from staff who were caring and had a good relationship with them. Staff respected people's privacy and dignity. People were encouraged to be independent and to carry out tasks without support.

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

Rating at last inspection

The previous rating for this service was Good (published 20 January 2021).

Why we inspected

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

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last inspection, by selecting the 'all reports' link for My Homecare Redbridge on our website at www.cqc.org.uk.

Enforcement and recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, staffing, person-centred care and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

My Homecare Redbridge

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. 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 homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 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.

What we did before the inspection

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 also reviewed the information we already held about the service. This included their last inspection reports and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used all of this information to plan our inspection.

During the inspection.

We spoke with the registered manager and the nominated individual. We reviewed documents and records that related to people's care and the management of the service, which included four people's care plans and medicine records.

We reviewed four staff files, which included pre-employment checks. We looked at other documents such as quality assurance and training records.

We spoke to five people who used the service and four relatives on the telephone to receive their feedback about the service. We also spoke to three staff.

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 as Good. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Robust risk assessments were not in place to ensure people received safe care.
- Risk assessments had not been completed in relation to people's health conditions to ensure risks associated with people's medical conditions were minimised. Staff did not have information about signs and symptoms of risks or details of the type of actions to take. The registered manager told us that they would ensure risk assessments were completed as soon as possible.
- We found a person had a number of identified risks associated with their medical condition, however risk assessments had not been completed for the person to ensure they received safe care at all times.
- Risk assessments had been completed for people at risk of falls. However, we found the falls risk assessments were generic and not tailored to specific risks such as why people were at risks of falls and tailored measures to minimise the risk of falls.

Risk assessments were not completed in full to demonstrate the appropriate management of risks and to ensure support and care was always delivered in a safe way. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Staffing and recruitment

- Systems were not in place to minimise risks of late or missed calls. The service used a digital system to monitor time keeping, which provided oversight if staff were attending calls on time.
- We received mixed feedback about time keeping. One person told us, "Time keeping is good, and they [staff] always let me know if they are going to be late." However, four relatives told us that time keeping was poor and staff can be late by over two hours. A relative commented, "Time keeping has been the worst thing. Today (person) is just having lunch at 2:30pm, it should have been at 1:00pm."
- We checked the call logs and found there were a number of late entries with staff being late by over an hour. The call logs also showed that staff were not staying the allocated time to ensure all the support was delivered. This meant that people may not get the support required placing them at risk of harm.

Effective systems were not in place to ensure people received safe high-quality care in a timely manner. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- Pre-employment checks had been carried out to ensure staff were suitable to work with vulnerable people. Checks had been made such as criminal record checks, references and obtaining proof of staff identity and right to work in the UK.

Using medicines safely

- Medicines were being managed safely.
- Medicine Administration Charts (MAR) showed that medicines were being administered as prescribed. One person told us, "I never have to remind them [staff] about giving my tablets, we have a good system so they know where the tablets are kept and how to give them, which is a big reassurance to me."
- Audits had been completed on medicines to ensure medicines were being managed safely.
- Staff had been trained on medicines and their competency was checked to ensure they were competent to manage medicines. Medicine support plans were in place, which included if people required support with medicines and the type of medicines they were on.

Learning lessons when things go wrong

- There was a system in place to learn from lessons following incidents.
- We were told there had been no incidents or accidents since the service registered with the CQC. An incident and accident policy were in place and we saw the template that would be used if there were accidents or incidents. The registered manager told us if there were accidents or incidents, they would ensure they were analysed to learn from lessons.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- There were processes in place to minimise the risk of abuse. Staff had been trained in safeguarding and understood how to protect people from harm and who to report to when required. A safeguarding and whistleblowing policy were in place. A person told us, "I am very satisfied with the care." Another person commented, "I feel very safe with their care."

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infections. Staff had received training on infection control and their competency was checked on using Personal Protective Equipment (PPE) safely.
- Staff confirmed they had access to PPE such as gloves and aprons and used this when supporting people with personal care. A staff member told us, "We are always given enough PPE on calls to keep infections away."

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.

At our last inspection we rated this key question as Good. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Robust systems were not in place to assess people's needs and choices.
- Pre-assessments had not been carried out in detail to ensure the service was able to provide person-centred support to people. We found one person did not have a care plan and a pre-assessment had not been completed to ensure a care plan were in place. This meant this person may not receive safe person-centred care.

The above concerns meant that robust pre-assessments had not been completed to ensure people received high quality person-centred care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- Reviews had been carried out with people to ensure people received support in accordance with their current circumstances. People or their relatives were included as part of these reviews and decisions to ensure people received the care they wanted.

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

- Care plans did not include the level of support people would require with nutrition.
- Robust assessments had not been completed with nutrition to ensure people were able to eat their meals. Information from care agencies and local authority for one person included important information to ensure they were supported with nutrition. This had not been included on their care plan therefore there was a risk staff may not know how to support the person safely. The registered manager told us this would be updated.
- Peoples preferences with meals was recorded and they were given choices with meals. A person told us, "They always ask my choices for meals."

We recommend the service follows best practice guidance on assessing people's nutritional needs.

Staff support: induction, training, skills and experience

- Staff had been trained and supported to perform their roles effectively.
- Staff had been trained on essential areas such as safeguarding, basic life support, and, moving and handling. One staff member commented, "I am up to date with all my training. It is very helpful." A person told us, "They [staff] show a good understanding of me as a person, and what my needs are, they don't need telling."

- Regular supervisions had not been carried out for staff to ensure they were supported in their roles. The registered manager told us that supervision should be carried out monthly, but this was not formal. The registered manager told us formal supervisions will be scheduled.
- Staff told us they felt supported. A staff member said, "I am always supported. [Registered manager] is more than a perfect manager."

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

- People had access to health services to ensure they were in the best of health.
- Staff knew when people were not well and what action to take. GP details were recorded on peoples care plan and staff were aware on contacting GP as they knew the contact information or emergency service if people were not well. A relative told us, "My Homecare has been very involved in liaising with the other professionals. The carers were aware of the [risks of change to health condition], they saw it getting worse and I think the agency made a referral for more attention."

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Systems were in place to obtain consent from people to provide care and support.
- Staff had been trained on the MCA and aware of the principles of the act.
- Staff told us that they always request people's consent before doing any tasks. A staff member told us, "Of course, I always ask for consent when I help 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.

At our last inspection we rated this key question as Requires Improvement. At this inspection the rating has changed to 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; equality and diversity

- People were treated with kindness and respect. A person told us, "They [staff] are all friendly and nice in their manner, and very respectful." Feedback from relatives through the providers surveys showed that they were happy with staff approach.
- People's religion had been recorded on their care plans. People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. Staff told us people should not be discriminated against because of their race, gender, age and sexual orientation and all people were treated equally.

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

- Staff told us they always encouraged people to make decisions for themselves while being supported, such as with personal care. A staff member commented, "In terms of decision for example like clothing, when we dressing them, we do ask them and give them options to choose from so help them decide." A relative told us, "They [staff] do as much as [person] is able to consent to, and allow for me or other family members to be as involved as we need and choose."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- Staff told us that when providing support with personal care, it was done in private. A staff member told us, "With personal care, we always make sure we cover them when giving them a wash and makes sure they are covered. Very important to close doors and windows are shut." A relative told us, "They [staff] show absolute respect for [person] privacy and dignity."
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- Staff encouraged people to be independent. Care plans included information on how people can be supported to be independent such as supporting people with personal care or mobilising. A person commented, "They [staff] give all the time I need when I'm walking with my frame, and I am really slow. It helps me retain as much independence as possible, and they see that as important too."

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 as Good. At this inspection the rating has changed to Requires Improvement. This meant people's needs were not always met.

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

- Robust care plans were not in place.
- We found one person did not have a care plan. There was a referral form which was completed by a local authority. The referral form included the persons support needs, however the persons needs may have changed since the service started supporting the person. This meant this person may not receive personalised care.
- We also found care plans were not accurate. One person's care plan stated they had an injury following a fall, and, another person's care plan stated that a person needed to be moisturised. The registered manager confirmed this was not the case and told us the care plans would be updated.

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.

- Communication plan were in place and included how staff should communicate with people. A person told us, "I'm partially sighted and use hearing aids; all the staff understand how to communicate with me. New staff seem to know before they arrive that I have sight and hearing difficulties."

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. Complaints had been investigated, completed in a timely manner and action taken to ensure concerns were addressed.
- The registered manager told us people were made aware of the complaints process and were aware of how to make complaints. Staff were able to tell us how to manage complaints.

End of Life care and support

- At the time of inspection the service did not support people with end of life care. An end of life policy was in place. The registered manager told us that the policy was in place should the service support people with end of life care. The registered manager also informed staff would also be trained on end of life care when required.

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 as Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Robust audit systems were not in place to ensure people received safe personalised care.
- Audits had not been completed on care plans. The registered manager told us the last audit was completed in March 2022 and was archived. No audits had been completed recently, which meant shortfalls could not be identified and action taken to ensure people received safe person-centred care.
- Staff did not always have the information they needed to provide safe and personalised care. We saw staff did not have access to detailed person-centred accurate care plans to facilitate them providing care to people the way they preferred. Risk assessments were not robust to ensure people received safe care at all times.
- Audits had not been completed on call logs to ensure staff attended calls on time and stayed the allocated time to ensure people received safe care in a timely manner.
- We found incomplete records as risk assessments had not been completed in relation to people's health conditions. Care plan was not in place for one person and some were not up to date.
- We found notifications of safeguarding allegation were not submitted to the Care Quality Commission (CQC) as is required. Following the inspection, we spoke with the registered manager who told us they will send the notification when they were reminded of the requirement. We are considering our regulatory response.

Management systems were not robust to ensure people received safe person-centred care. The failure to maintain accurate, complete and contemporaneous records for each service user meant that service users were at risk of receiving unsafe and inappropriate care. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Audits had been completed on medicines to ensure medicines were being managed safely. Spot checks had been completed to ensure staff were competent to deliver good care.
- Staff were clear about their roles and were positive about the management of the service. One staff member told us, "I enjoy working for them, that is why I have been here for so long."
- The registered manager was aware of their legal responsibilities and had systems in place to address when something went wrong. For example, there was a complaints procedure in place setting out how to

respond to concerns raised and we saw complaints had been managed in accordance to the procedure and the service was open and transparent.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Systems were in place to obtain feedback from people about the service.
- People's beliefs and background were recorded and staff were aware of how to support people considering their equality characteristics.
- The registered manager told us they obtained feedback from people through spot checks. Surveys had also been completed focusing on care delivery and staff approach. The results of the surveys were positive.

Working in partnership with others:

- The service worked in partnership with professionals when needed to ensure people were in good health.
- The registered manager told us they would work in partnership with other agencies such as health professionals and local authorities if people were not well, to ensure people were in the best possible health.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered provider was doing everything that is reasonably practicable to make sure that people who use the service received person centred care.</p> <p>Regulation 9(1)</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider was not providing care in a safe way as they were not doing all that was reasonably practicable to mitigate risks to service users.</p> <p>Regulation 12(1).</p>
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered provider did not have effective systems in place to ensure people received safe high-quality care in a timely manner.</p> <p>Regulation 18(1)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider was not robustly assessing, monitoring, improving the quality and safety of the service users to ensure people received safe person centred care at all times. The registered provider was failing to maintain accurate, complete and contemporaneous records for each service user.</p> <p>Regulation 17(1).</p>

The enforcement action we took:

Warning Notice