

MMR Homecare Limited

MMR Homecare South London

Inspection report

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Date of inspection visit:
08 February 2023

Date of publication:
17 March 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

MMR Homecare South London is a domiciliary care agency providing personal care to older people in their own homes and flats. At the time of our inspection there were 148 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's medicines were not always managed safely and in line with good practice. People did not always receive support from a service that managed safeguarding alerts appropriately. Potential risks to people were not as safely managed as they could be to ensure the likelihood of risk occurrence was mitigated. People were at risk of receiving care and support from unsuitable staff as the registered manager did not have an embedded and robust recruitment process in place. People did not receive care and support from a service that learned lessons when things went wrong.

People were supported by a service that did not have adequate understanding of the duty of candour. Records were not easily accessible. Although people's views were sought, the service failed to effectively document these. After the inspection we spoke with the Nominated Individual who acknowledged the issues identified at this inspection and immediately submitted an action plan to address the shortcomings. We will monitor their stated aims at the next inspection.

People received support from staff that did not always have their competency assessed. People did not always receive care and support from staff that treated them with kindness and respect.

People received support to access sufficient food and drink that met their dietary needs and preferences. People were supported to access healthcare services, were supported to maintain their independence and were treated with dignity. People's care and support was personalised to their individual needs and preferences. People received a service that was swift in responding to and investigating complaints to seek a positive outcome for those involved.

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

This service was registered with us on 19 July 2022 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels and safeguarding management. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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 medicines management and oversight and monitoring of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

MMR Homecare South London

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors 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 houses and flats in the London borough of Lambeth.

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

This inspection was announced. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 10 relatives to gather their views. We spoke with 9 staff members including care workers, the registered manager and the provider's nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed 7 care plans, records and other records relating to the management of the service. After the inspection the registered manager sent us an action plan, policies and procedures and the medicines administration records.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

Using medicines safely

- People's medicines were not always managed safely and in line with good practice.
- During the inspection, we identified people who required prompting to take their medicines did not have this recorded on a Medicines Administration Records (MAR).
- One person's MAR indicated they were prescribed pain relief medicine [PRN] 'as and when required', however, the provider had failed to ensure this was clearly documented as to whether there had been a change in the person's presentation, indicating as to whether the medicines were having an impact on their health. This meant healthcare professionals would not have accurate information when reviewing their medicines.
- Another person's MAR showed staff giving them PRN paracetamol 4 times throughout each day. However, the person was only receiving 3 care calls daily.
- We also identified medicines audits undertaken weren't robust and failed to identify the issues found during this inspection.
- One relative said, "We have specifically asked to be more involved in medication and the recording of it, but there is no MAR sheet, so we are in the dark about what [my relative] has or hasn't been given."
- Although records showed staff received medicines management training, their failure to identify issues found at this inspection, meant we were not satisfied the training provided was adequate.

Assessing risk, safety monitoring and management

- Potential risks to people were not assessed as safely as they could be to ensure the likelihood of risk occurrence was mitigated.
- During the inspection we identified people as being at risk of self-neglect, falls, depression and diabetes. However, aside from the recognition of these risks people had no specific risk assessments in place to guide staff as to how to support them.
- Risk assessments that were in place were not always fully completed. For example, some people had been assessed using the Waterlow score to assess the likelihood of skin breakdown. Whilst these had been scored, the 'action taken' section of the risk assessment contained no guidance as to how to support individuals with their skin integrity.
- We shared our concerns with the provider's nominated individual who after the inspection immediately sent us an action plan and confirmed a review of all risk assessments was underway. We will review this at the next inspection.

Failure to deliver a safe service is a breach of Regulation 12 of the Health and Social Care Act 2008

(Regulated Activities) 2014.

Systems and processes to safeguard people from the risk of abuse

- People did not always receive support from a service that managed safeguarding alerts appropriately.
- Prior to the inspection we were informed of 4 safeguarding incidents which had been reported to the local authority safeguarding team. The provider had failed to notify the Care Quality Commission of these incidents.
- We shared our concerns with the registered manager who stated this was an oversight. We will continue to review their progress at the next inspection.

We recommend the provider review their safeguarding procedures and update their practice accordingly.

- Notwithstanding the above, staff were aware of the provider's safeguarding policy and knew how to identify, respond to and escalate suspected abuse.

Staffing and recruitment

- People were at risk of receiving care and support from unsuitable staff as the registered manager did not have an embedded and robust recruitment process in place.
- During the inspection we reviewed staff recruitment files and identified instances whereby 1 staff member did not have a Disclosure and Barring Services (DBS) check, 2 staff did not have an application form, 3 staff did not have 2 references on file and 3 staff's application forms did not contain a full employment history on file.
- This meant the registered manager could not provide sufficient evidence that appropriate recruitment checks had been undertaken. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We shared our concerns with the provider's nominated individual who immediately took action to address our concerns and to ensure people received support from suitably vetted staff.
- People did not always receive care and support from sufficient numbers of staff to keep them safe. Comments included, "[The management] don't seem to have enough staff to cover all the work, so why do they keep taking work on?", "Some carers do stay the full time, others don't", "The timings of the calls can vary and [my relative] is forever on the phone asking me where they are. They don't seem to keep [my relative] informed" and, "[Staff member name] is the more regular carer and he is ok, but when they are rushed, they might only stay 10 minutes, some of them, like [another staff member] less so."
- We reviewed the Electronic Call Monitoring [ECM] systems and identified this was not being used effectively. Records showed that 22% of all calls were not allocated travel time, this means that when one call ended, staff were scheduled to immediately start at another call in a different location without time to get there.
- We shared our concerns with the registered manager who acknowledged staffing levels were being reviewed. We will review this at the next inspection.

Learning lessons when things go wrong

- People did not receive care and support from a service that learned lessons when things went wrong.
- The registered manager was unable to demonstrate adequate systems were in place to ensure sufficient action was taken to identify and respond to issues identified.
- After the inspection, the nominated individual shared their action plan devised to address the concerns identified. We will review their progress with the action plan at the next inspection to ensure their stated aims are embedded within the service.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People received support from staff that did not always have their competency assessed.
- During the inspection we identified records relating to staff induction were not easily accessible. Although staff spoken with confirmed they'd received an induction, this was not always documented.
- Where staff had supervision records on file, we identified that these were not contemporaneous, and the content was identical each month with just a change in date. We were not assured that staff has access to sufficient management contact to support them in their roles.
- Staff spoke positively about the training they received and confirmed they could request additional training should this be required.
- Records showed staff received training to enhance their skills and knowledge. However, feedback from some relatives indicated the training provided was not implemented into the delivery of care. For example, one person said, "I wouldn't say that the carers are particularly trained to understand [my relative's] needs."

We recommend the provider review their induction procedure and update their process accordingly.

- We reviewed the training matrix and identified training included safeguarding, infection control, nutrition and hydration, moving and handling and medicines management.

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

- People's care needs were assessed by the local authority prior to them commencing the service. The provider then used this information to devise people's care plans.
- At the time of the inspection the provider was reviewing people's needs and updating the care plans accordingly.

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

- People received support to access sufficient food and drink that met their dietary needs and preferences.
- Staff were aware of the level of support people required in relation to food and drink.
- During the inspection we identified care plans did not always clearly detail people's nutritional needs and preferences. However, staff knew the people they supported well and were aware of their dietary requirements.

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

- People were supported to access healthcare services as and when needed.
- Staff were aware of the procedures to follow when they identified people's health and wellbeing had deteriorated, for example, contacting the GP.
- People's diagnoses were recorded in their care plans.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's consent to care and treatment was sought prior to being delivered.
- Staff had an understanding of their responsibilities in line with legislation.
- Records showed staff received MCA training.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People did not always receive care and support from staff that compassionate.
- We received mixed feedback about the care provided. Comments included, "[Staff member] has got to know me and we rub along nicely" and, "[Staff member] is extremely caring and considerate and never rushes my [relative]." However, other comments received included, "I would say [my relative] is treated more like an object than a person" and, "It's a numbers game these days."
- Staff were not always attentive to people's needs. One person told us, "The evening carer is always on her phone and doesn't interact with anyone, apart from being very short with [my relative] and openly rude with us. We do half her job for her." Another person said, "What [the staff] do is a bit automatic rather than personal."
- Care plans referred to people's cultural and religious needs and records showed staff received equality and diversity training.

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

- People confirmed staff sought their views.
- Staff were aware of the importance of ensuring people were encouraged to make decisions about the care and support they received.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence and were treated with dignity.
- Care plans detailed the level of support people required and to have their needs met.
- One staff member said, "Some [people] really value their independence and I support them to remain as independent as possible. [Offering] encouragement really does help."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's care and support was personalised to their individual needs and preferences.
- We reviewed the care plans and identified these contained a summary of needs and conditions and how this impacted people's daily routines. Care plans also contained people's future expectations; however, these were not as personalised as they could be.
- Some of the care plans reviewed as part of the inspection documented good examples of personalisation, for example, health and well-being, medical needs and physical needs. However, this was not consistent in all care plans.
- We shared our concerns with the registered manager and nominated individual who, immediately after the inspection, sent us an action plan detailing how they would address our concerns, who was responsible for ensuring these actions were undertaken and by when.
- We were reassured care plans would be more personalised going forward and will review this at the next inspection.

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 and preferences were recorded in their care plans. Staff knew the people they supported well and were aware of their personal communication styles.
- The provider had an AIS policy in place, which ensured people's individual communication methods and needs were documented and catered for.

Improving care quality in response to complaints or concerns

- People received a service that was swift in responding to and investigating complaints to seek a positive outcome for those involved.
- People were aware of how to raise a concern or complaint with the service.
- We reviewed the complaints file and found there had been 7 complaints received, all of which had been investigated and action taken to mitigate repeat occurrences.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- People did not receive a service that was well-led. The registered manager did not have adequate understanding of their role, regulatory requirements and lacked comprehensive oversight of the service.
- The registered manager did not always undertake robust auditing of the systems and governance across the service. During the inspection we reviewed the audits and found these did not detail what the audits covered, if issues had been identified and what action had been taken as a result of the audits.
- Issues found during the inspection had not been identified by the audits undertaken. For example, medicines not being managed safely and in line with good practice, risk assessments, staff knowledge, poor recruitment and selection procedures. This meant auditing systems used were not as effective as they could be.
- Throughout the inspection we identified records were not easily accessible.
- The registered manager failed to demonstrate continuous learning and improvement.
- The registered manager was not a visible presence within the service. Not all staff were aware of who the registered manager was. One staff member told us, "I have worked here for over a year, we do not have anyone in management called [name of registered manager]." A second staff member said, "No, nobody's called [registered manager's name] that works here."
- We shared our concerns with the registered manager who told us, "I'm in the office two days a week." This meant that there was a lack of oversight of the service by the registered manager.

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

- Although people's views were sought, the service failed to effectively document these.
- During the inspection we requested to see the service quality assurance questionnaires, although the provider sent us a copy of the people and the dates they were contacted for their views, these did not contain any information of people's thoughts of the service.
- This meant we could not be assured people's views were sought and action taken to address any concerns identified.

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

- People were supported by a service that did not have adequate understanding of the duty of candour. The registered manager was unable to identify the appropriate steps to follow when things went wrong.

Failure to deliver a service that is well-led is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The registered manager failed to submit 3 reportable incidents to the Care Quality Commission in a timely manner. We shared our concerns with the registered manager who confirmed this had been an oversight. We will review this at the next inspection.
- After the inspection we spoke with the provider's nominated individual who acknowledged the issues identified at this inspection and immediately submitted an action plan to address the shortcomings. We will monitor their stated aims at the next inspection.

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

- People and their relatives spoke positively about the overall management of the service. Comments included, "They seem like a good company and they have certainly allowed [my relative] to stay living at home which has always been his number one priority", "They do what they say, so it seems to run quite smoothly" and, "My communications with the office have been very good on the whole and they get on to me if they need something."
- Where staff were aware of who the registered manager was, they were positive about the registered manager and confirmed she was approachable and available to them should they need to contact her.

Working in partnership with others

- At the time of the inspection, there was insufficient evidence to confirm the service worked in partnership with outside agencies to drive improvements.
- We contacted the local authority for feedback, who told us they had concerns over the overall management of the service.
- After the inspection we spoke with the provider's nominated individual who told us they had shared the findings of this inspection with the local authority and had taken action to address our concerns.
- We will continue to monitor the service and review this at the next inspection.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to deliver a safe service.</p> <p>Regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to deliver a service that was well-led.</p> <p>Regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) 2014.</p>