

Meraki Unique Care Limited

My Homecare Redbridge

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 responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

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

At the time of our inspection, the service provided personal care to 15 people.

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

At our last comprehensive inspection on 2 January 2020, we found a number of shortfalls. We found that risk assessments had not been completed for people to minimise the risks of avoidable harm. We also found care plans were not person centred and pre-assessments of people's needs were not robust to determine if the service could support people effectively. Audit processes were not robust to identify shortfalls and to take prompt action to ensure people were safe at all times. During this inspection, we found improvements had been made.

Risk assessments had been carried out in most areas to ensure people received safe care. However, improvements were required to ensure risk assessments were in place for people at risk of falls. We made a recommendation in this area.

Regular supervisions had been carried out and staff were supported in their role.

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.

Pre-assessments systems were in place to determine if people could be supported effectively. Care plans were person centred and included how to provide personalised support to people. Quality assurance systems were in place to identify shortfalls and take prompt action to ensure people always received safe care.

Complaints had been managed in a timely manner. Systems were in place to obtain feedback from people and relatives.

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 requires improvement (published 5 February 2020) and there were multiple breaches of regulation. CQC had issued requirement notices for Regulation 9 (person centred care),

Regulation 12 (safe care and treatment) and Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Why we inspected

We undertook a focused inspection to review the key questions of safe, effective, responsive and well-led to check if the service was compliant with the requirement notices issued at the last comprehensive inspection and if improvements had been made.

No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. 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.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 Care Act 2014.

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.

The service had a registered manager. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Our inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it is a domiciliary service and we needed to be sure that the registered manager or the nominated individual would be in the office to support us with the inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications of significant incidents the provider had sent us. We used all of this information to plan our inspection.

During the inspection

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

After the inspection

We continued to seek clarification from the provider to validate evidence we found such as training records and quality assurance records. We spoke with six people, four relatives and five staff.

Is the service safe?

Our findings

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

At the last inspection, this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. We found care plans did not contain suitable and sufficient risk assessments to effectively manage risks such as with people's health conditions and current circumstances. This was a breach of Regulation 12 [Safe Care and Treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12. However, further improvements were required to ensure risk assessments were completed for people at risk of falls.

- There were risk assessments in place for most areas such as people's health conditions, skin integrity and the environment. Assessments included control measures to minimise risks. A person told us, "They understand my diabetes and asthma. I have arthritis in my lower back, they make sure there is a chair for me in the bathroom when they wash me."
- However, risk assessments had not been completed for some people at risk of fall. The registered manager told us that they would ensure this was completed. People and relatives told us that staff were aware of how to minimise the risk of falls. A person told us, "I am partially sighted, they are always pleasant. They never take any liberties. I walk with a frame, they are always careful not to get in front of me, they walk with me." A relative told us, "The carers have started to help (person) practice standing and sitting. They are gentle and take their time with [person]." Staff we spoke to were aware of how to minimise the risk of falls.

We recommend the service follow best practice guidance on falls risk management.

Staffing

At our last inspection we made a recommendation that the provider review their procedures for late calls and staff rotas to ensure the risk of missed visits or late calls were minimised. During this inspection, we found enough improvements had been made.

- The provider had purchased a digital monitoring system to have oversight of staff time keeping and attendance. Staff logged in and out of visits electronically or by using a phone. This showed they had attended and left their visit after carrying out personal care. This then generated a report, which showed the times staff logged in and out of a care call that was monitored by office staff.
- Staff were sent rotas in advance and were given time to travel in between appointments to ensure missed and late calls were minimised.

- Most people and relatives told us there were sufficient staff. A person told us, "They turn up on time, there have been no missed visits." However, another person commented, "The time varies, if there is an emergency, then they are late." A recent survey showed there were some concerns with lateness due to staff having emergencies to deal with, for example if a person required an ambulance. This meant they would be late for their next visit. However, an action plan was in place to address this.

Using medicines safely

- Medicines were being managed safely.
- People and relatives told us they received their medicines safely.
- Staff had received training on medicines management and told us they were confident with supporting people with medicines, should they need to. A medicines policy was in place.
- We checked people's medicine administration records [MAR] and found that people had been given their medicines as prescribed. Medicines audits had been introduced to ensure medicines were being managed safely.

Recruitment

- Records showed that relevant pre-employment checks, such as criminal record checks and proof of staff's identity had been carried out. References had been requested and received, which included character references and professional references, which was in line with the provider's recruitment policy. This helped ensure staff were suitable to provide safe care to people.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because there were processes in place to minimise the risk of abuse and incidents.
- Staff had received safeguarding training and understood their responsibilities to keep people safe.
- People and relatives told that people were safe. A person told us, "They look after me, do anything I ask, I can trust them." A relative told us, "They look after [person] really well. [Person] has such confidence in them. We are very pleased with the staff."

Learning lessons when things go wrong

- There was a system in place to learn lessons following incidents.
- The registered manager told us that there had been no incidents since our last inspection. They were aware that incidents would need to be recorded, investigated and lessons would be learnt to minimise the risk of re-occurrence.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection.
- Risk assessments were in place to minimise the spread of infections.
- Staff confirmed they had access to personal protective equipment [PPE] such as gloves and aprons. Information on care plans included that staff should wear PPE when supporting people. A staff member told us, "We are given PPE, an apron, face mask and gloves."
- People confirmed that staff used PPE when supporting them with personal care. A person told us, "They wear PPE, they wash their hands before and after." A relative told us, "They wipe and spray around [person] home, it is always left tidy."

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 the last inspection, this key question was rated as Requires Improvement. At this inspection, this key question has improved to Good. This meant that people's outcomes were consistently good and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
At our last inspection, the service failed to carry out robust assessments to determine if the service could support people effectively. Records showed that some needs assessments were blank and did not include information on the specific support people required and how the service could provide that support. This was a breach of Regulation 9 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. During this inspection, we found improvements had been made and the service is no longer in breach of the regulation.

- Assessments had been carried out to identify people's backgrounds, health conditions and support needs to determine if the service was able to support them. The service assessed local authority referrals of people as part of pre-service assessments to determine if people could be supported.
- Reviews had been carried out regularly to ensure people received support in accordance with their current circumstances. This meant that people's needs and choices were being assessed comprehensively to achieve effective outcomes for their care.

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.

At our last inspection, we made a recommendation as MCA assessments had not been carried out for people that may not have capacity. During this inspection, we found improvements had been made.

- Staff were aware of the principles of the MCA and had received training in this area. Staff told us that they always requested people's consent before doing any tasks. A staff member commented, "Of course, that is very important. You need to get their consent, you need to ask them when supporting them."

- Records showed that people's consent had been sought prior to receiving care from the service.
- People's ability to make decisions had been assessed and was included in their care plans. The registered manager told us that people they supported had capacity and was aware of the procedures to follow should an MCA assessment be required. An MCA policy was in place. A person told us, "They discuss my needs with me , they support me with everything, they listen and help."

Staff support: induction, training, skills and experience

- Regular supervisions had been carried out to ensure staff were supported. Supervisions enabled staff to discuss any issues they may have and their development. For staff that had been working for more than 12 months, an appraisal was carried out. Staff told us they felt supported. A staff member told us, "[Registered manager] is really good. She talks with us with respect. She is very supportive."
- Staff had completed mandatory training and refresher courses to perform their roles effectively. Staff had received an induction, which involved shadowing experienced care staff and meeting people who used the service. A staff member told us, "They have been doing training. It has been really helpful." The management team had oversight of training that had been completed by staff and when their training would expire.
- People told us that staff were suitably skilled to support people. One person told us, "They answer my needs, they get me up and wash me, they are very attentive." A relative commented, "The staff have pointed out things to me about my [relatives] condition that I have not been aware of, they are proactive regarding any issues."

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

- People were given choices and supported with meals to maintain a balanced diet.
- Care plans included information that people should be offered choices when supporting them with meals. A staff member commented, "Of course, we always ask them what they would like to eat. They make their own choice. We have to give options."
- Care plans included information if people required support with their meals and included people's likes and dislikes with meals. A person told us, "They ask what I want, there is always more than enough. They check if other foods are out of date and ask if they can throw them out if they are."

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

- People were supported to access healthcare services when needed and staff knew what to do if people were not well. A relative told us, "They come early to get [person] ready for appointments, they help [person] into the transport that is provided and make sure they are available to assist when [person] returns home."
- Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health.
- Staff were able to tell us the signs to identify if people were unwell and what actions to take to report an emergency.

Is the service responsive?

Our findings

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

At the last inspection, this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control. At our last inspection, we found that care plans had not been completed accurately or personalised 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. Improvements had been made at this inspection and the service is no longer in breach of the regulation.

- Care plans were person centred and detailed people's support needs on how support should be carried out. A person told us, "The care plan is on the table, it is accurate, it is about what I want."
- Care plans were specific to people's needs and information from local authority assessments had been reviewed and included in care plans. Care needs were summarised for staff to refer to when needed. A person told us, "They give me a shower and then dry me, I have arthritis so it is a struggle, they are good to me."
- People and relatives told us they received person centred care. A person told us, "I like the staff. I can't praise them highly enough for what they do. They use a [mobility equipment] to move me from chair to bed, bed to commode, and bed to chair. They help me, one at the front and one at the back. I feel quite sturdy, they wheel me from room to room, they are ever so gentle."
- There were care plans in place to reduce the risk of infections such as with catheter care. Information was also available on minimising infections such as COVID-19.
- Staff told us they found the care plans helpful. A staff member commented, "Care plans and risk assessments, are really helpful so we know what to do. It is very helpful. When there are changes, we know."
- There was a daily log sheet, which recorded information about people's daily routines, behaviours and daily activities. This was completed in full and also was subject to regular audits by the management team to ensure information was accurate.

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.

- Peoples' communication needs were being met. A person told us, "I also have a [health condition]. They know I have problems talking to people. They help me if I am talking too fast, telling me to talk slowly to calm down, it helps."
- The service was aware of what AIS was and told us, should they support people with specific

communication need then they would explore what equipment or resources were available. This would ensure staff communicated with people effectively and responded to their needs.

- People's ability to communicate was recorded in their care plans, to help ensure their communication needs were met and included information on how to communicate with people. For example, in one care plan information included that a person had blurred vision and was partially deaf. There was information on how to communicate with the person and also ensuring how they can be supported when mobilising.

Improving care quality in response to complaints or concerns

- Systems were in place to manage complaints in a timely manner.
- A complaints policy was in place.
- Complaints had been managed appropriately with details of the action taken to investigate. Records showed that a copy of the complaints policy were given to people to ensure they were aware of how to make complaints.

End of Life Care and support:

- The service did not support people with end of life care. The registered manager was aware should they support people with end of life care in future, then an end of life care plan would need to be in place and staff should be trained to deliver end of life care. An end of life policy was in place.

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 the last comprehensive inspection, this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last comprehensive inspection, we found service failed to ensure robust audit systems were in place to identify shortfalls and act on them to ensure people were safe at all times and maintain accurate records to ensure people received safe care. These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

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

- We found systems were in place for quality assurance of the service. At the last inspection, we found managers were not completing audits and therefore had no oversight of care being delivered. At this inspection, audits were being carried out on care plans, risk assessments and medicines by the management team. The registered manager told us the audits helped the service to identify any shortfalls and take prompt action.
- We found improvements had been made with care plans, assessing people prior to providing care and risk assessments. The service met the requirement notices on Regulations 9 and 12 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. In addition, improvements had been made with recommendations we made on staffing and the need for consent.

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

- Systems were in place to involve and engage with people and staff.
- Staff meetings were held to share information. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team.
- As part of staff spot checks, the management team also obtained feedback from people about the service and performance of staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware that it was their legal responsibility to notify CQC of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team and staff were clear about their roles and had a good understanding of quality, risks and regulatory requirements to ensure people received safe and effective care at all times. .
- Staff told us the service was well led and they enjoyed working for the service. One staff member told us, "I like it here. [Registered manager] is very good." Another staff commented, "We get good support from the management team."
- Staff were clear about their roles and were positive about the management of the service. They felt they could approach the management team with concerns and these would be dealt with.

Continuous learning and improving care

- Systems were in place to obtain feedback for continuous learning and improving care.
- Surveys had been sent out to people and relatives to gather their feedback. The results were analysed to identify best practices and areas for improvement. This was discussed with staff and were implemented. This meant that there were systems in place for continuous improvement and improving care.

Working in partnership with others:

- The service worked in partnership with professionals when needed to ensure people were in good health.
- Staff 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.