

MAM T Healthcare Services Limited

MAM T Healthcare Services

Inspection report

17 Review Road
Dagenham
RM10 9DJ

Tel: 07958046299

Website: www.mamthealthcareservices.com

Date of inspection visit:
02 December 2021

Date of publication:
31 January 2022

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

MAM T Healthcare Limited is a domiciliary care agency providing personal care to people in their own homes. The service was supporting one person. At the time of the inspection, two members of staff who worked at the person's accommodation were also employed by MAM T healthcare to provide personal care to this person.

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

Risk assessments were not always carried out to ensure potential risks to the person were identified and managed safely. The registered manager was not checking and ensuring staff were being tested for COVID-19 in line with government guidance.

The registered manager was not monitoring call times due to the size of the service. This meant we were not assured that care was always carried out at the agreed times. We have made a recommendation to the registered manager to establish systems to monitor care calls to ensure people receive care at their agreed times.

The registered manager was not aware of their responsibilities under the accessible information standard. We made a recommendation to the provider to attend training and update their working practices.

Due to the size of the service the registered manager did not have systems in place to monitor the quality of the service. This meant the registered manager did not have adequate quality assurance systems in place to improve service delivery and to review the care that was being provided to this person.

The registered manager did not have up to date care plans in place which meant there was not detailed information about how people would like their care to be received.

The registered manager had not provided training to the staff team as they had sought evidence of training certificates from previous employers which demonstrated that they had the appropriate skills to care for people.

Staff understood the provider's safeguarding policies and were familiar with the reporting procedures.

The person's relative was happy with how the care and support was being delivered and felt that the care staff were kind and helpful.

The person was supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible. 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

The service was registered on 05 November 2021, but it was previously registered at a different location. This was the service's first inspection.

Why we inspected

We carried out this inspection following a routine review of information we held about this service. Our intelligence indicated there may be a higher level of risk at this service due to the length of time it had been registered and not been inspected.

Enforcement

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. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We identified breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to safe care and treatment (regulation 12) and good governance (regulation 17). Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up

We will continue to monitor intelligence we receive about the service which will dictate when we return to inspect. If any concerning information is received, 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?

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 ●

MAM T Healthcare Services

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.

Service and service type

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

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

Notice of inspection

Inspection activity started on 24 November and ended on 14 December 2021. We visited the office location on 08 December to meet the registered manager and to review records related to the service.

What we did before inspection

We reviewed information we had received about the service. The provider was not asked to complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection

We reviewed a range of records. This included one person's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with one relative and a member of staff.

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 for 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.

Preventing and controlling infection

- The provider did not have effective systems in place to safeguard people from the risk of infection. The registered manager had not ensured staff were being regularly tested for COVID-19 in line with current government guidance. We raised this with the registered manager who was not aware of this requirement. They told us, staff were being tested by their other employers, but they did not have any records to evidence this.
- The registered manager was providing staff with PPE (personal protective equipment) to help prevent the spread of healthcare related infections. However, the registered manager did not have robust systems in place to monitor infection control practices as we did not see any monitoring of staff practices to ensure that staff were using PPE correctly.

This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staff were not always recruited safely as two people did not have full employment histories. The registered manager was also not aware that this was a legal requirement. We raised this with the registered manager when we first started the inspection. When we visited the office location the registered manager provided us with evidence of staff's full employment histories.
- The provider carried out checks on the suitability of staff before they started working at the service. These included checks on their identity, eligibility to work in the United Kingdom, checks on any criminal records and references from previous employers.
- The registered manager was not monitoring call times due to the size of the service. This meant that we were not assured the person was receiving their care at the agreed time each morning.

We recommend the registered manager establish systems to monitor care calls to ensure people receive care in a timely way.

Assessing risk, safety monitoring and management

- The provider's procedures for assessing and mitigating the risks to people's health and safety were not sufficiently robust as we did not see enough information to guide staff to care for this person in a safe way.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies in place which provided clear guidance on how to respond to allegations of abuse. We reviewed the providers safeguarding policy and we found some of the information was out of date. We raised this with the registered manager, and they told us they would update their policy.
- There had been no safeguarding concerns raised since the service started providing care. However, the manager was able to tell us what they would do if there were. They would follow their own policy, raise the concern with the local authority and notify the Care Quality Commission.

Using medicines safely

- The provider had a medicine policy in place. At the time of the inspection the provider was not supporting anyone with medicines.
- Staff had received training in medicines with their other employer and we saw evidence of this in staff files. We were unable to determine from the documentation if staff had been assessed as competent to administer medicines as the registered manager did not have these records. We raised this with the registered manager, and they told us they would review staff training and medicines competency assessment if they were to be supporting someone with medicines.

Learning lessons when things go wrong

- The service has been open a year and to date there had been no recorded incidents, accidents or concerns. There were systems in place for the reporting of incidents and accidents. The registered manager was aware of the procedures to follow. There had been no incidents or accidents at this service, so we were unable to see whether this process was used effectively.

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

- Staff received supervision every month, but it was unclear who was responsible for completing this task. For example, the registered manager told us they were responsible for completing one staff members supervision whilst another staff member told us they were responsible for this task. Supervision notes were identical for each month. We raised this with the registered manager as they were not completing supervision in line with their policy. They told us they would review their practice.
- The registered manager had not provided training to the staff team as they had sought evidence of training certificates from previous employers which demonstrated that they had the correct skills and knowledge to care for people.

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

- People's needs were assessed before they began using the service. Assessments covered various aspects of people's health issues. However, we did not see any written evidence to demonstrate that the person was involved in the assessment of their care needs.
- People's diverse needs such as culture, religion and language spoken were not considered as part of the assessment process. We raised this with the registered manager about ensuring people's wishes were correctly documented.

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.

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.

- At the time of the inspection the person was able to consent to their care. We saw evidence of the

registered manager having the correct paperwork in place to support people who may not have the capacity to make decisions.

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

- The provider was not supporting people with their nutritional needs. The registered manager told us that they would record people's needs and preferences where they were responsible to support people with eating and drinking. The registered manager had fluid and monitoring charts in place should they be required.

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

- The provider was not working with any healthcare professionals because they had other arrangements in place to receive support with their healthcare needs. The registered manager told us they would work with healthcare agencies if required.

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 good. This meant people were supported and treated with dignity and respect; and involved as partners in their care

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- Staff knew the person well. We received positive feedback from the relative about the care received. They said, "Its good care and I know [family member] is treated well.
- Relatives confirmed that they did not have regular contact with the registered manager, but they felt they would be able to get in touch should they need to discuss the person's care and support.
- Staff told us that the people were able to make choices about their care and their views were sought and respected.
- Staff explained that care was provided in the morning at a time that suited the person. They told us they were flexible as this was important for the person.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us the person's privacy and dignity was respected. One relative told us, " Yes, they understand how important it is and they make sure [family member] privacy is respected."
- Staff told us they gave people privacy and treated them with dignity. One staff member said, "It is important that we close the curtains, and we work at a pace that supports the person."
- The registered manager knew how to support people to access advocacy services if required, however at the time of inspection no one was offered this service. Advocacy services offer trained professionals who support, enable and empower people to speak up.

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 service. This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant services were not planned or delivered in ways that met people's needs.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider did not have care plans in place for the person they provided support to. They did have a copy of the person's care plan from their primary care provider which they relied upon. This can place the person at risk of not receiving person centred care as the registered manager was not aware of when it was last reviewed or updated. The registered manager told us they were planning to introduce new care plans to address the support that they provided to the person.
- Daily communication logs were completed by staff. From reading these notes, we could see they were task focused and repetitive. We raised this with the registered manager, and they recognised this was an area on which staff needed further support and guidance.
- The provider told us they were meant to review the person's file every six months. We reviewed the person's file and we read about health issues which were no longer relevant. This told us the provider was not reviewing their paperwork in line with their policy. When we brought this to their attention they told us they would make the necessary improvements.

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.

- The registered manager was not aware of the AIS standard and within the assessment process we did not see any sections where people's communication needs could be recorded. We raised this with the registered manager who told us they would update their paperwork.

We recommend the registered manager and staff attend training on the AIS and update their paperwork accordingly.

Improving care quality in response to complaints or concerns

- The provider had not received any complaints. The provider told us they would follow their policy should they receive a complaint.

End of life care and support

- End of life care was not being provided at the time of the inspection. The provider had an end-of-life care policy in place. We discussed with the registered manager about the importance of recording people's end of life wishes.

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 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; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager did not have effective quality assurance systems to monitor service delivery as they had not identified the issues and concerns, we found at the inspection, so they could take action to make the necessary improvements. For example, the provider's checks on staff recruitment were not robust to identify concerns we initially found regarding staff's employment histories. There were no environmental risk assessments completed to mitigate potential risks to the person and staff.
- In addition, the provider's quality assurance arrangements were not effective as they were not aware staff needed to be tested for COVID- 19 in line with government guidance.
- The registered manager had not sought regular feedback from the person receiving care which meant we were not assured they were consulted about the care they were receiving. The provider had not ensured care was delivered in a person -centred way as daily records were task focused.
- There were no clear management structures in place. Staff were not clear on who was responsible for delivering supervision which meant the registered manager was not following their policy,
- In addition, the registered manager did not have any quality assurance arrangements in place as they had limited contact with the person and were reliant upon the person's main care provider to carry out all of the quality assurance processes and monitoring. This demonstrated a lack of understanding on what was required to ensure people received safe care and support.

This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The person's relative was unclear about the involvement of the agency however they did feel that the person was well cared for.
- The registered manager was aware of their responsibilities in ensuring that CQC were notified of significant events if they occurred within the service.
- Records were securely stored within a locked office.

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 registered manager understood their responsibilities to be open and honest. They told us there were still learning and were committed to improving the service.

Working in partnership with others

- The provider had liaised with local authorities and had attended some online webinars. They had plans to further engage with provider networks to build up their relationships with local agencies.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered manager had not taken steps to prevent, detect and control the risk of infection. Regulation 12 (1) and (2)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider was not always operating effective systems and processes to assess, monitor and improve the quality and safety of the service and to assess, monitor and mitigate risks Regulation 17 (1) (2) (a) (b) (c)